8th WORLD CONGRESS of PEDIATRIC SURGERY

WOFAPS

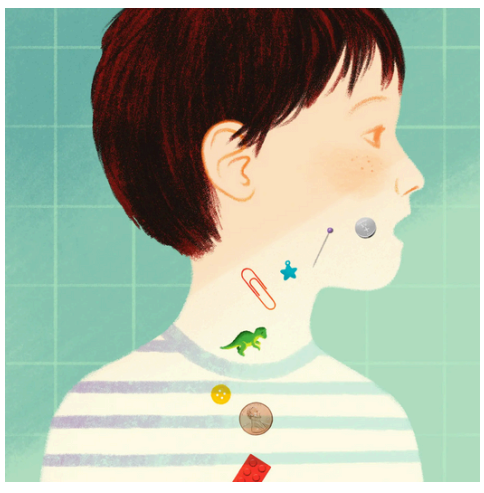
12-15 November 2025
Titanic Mardan Palace Hotel
ANTALYA, TÜRKİYE

Our Approach to Patients Presenting with Button Battery and Sharp Object Ingestion

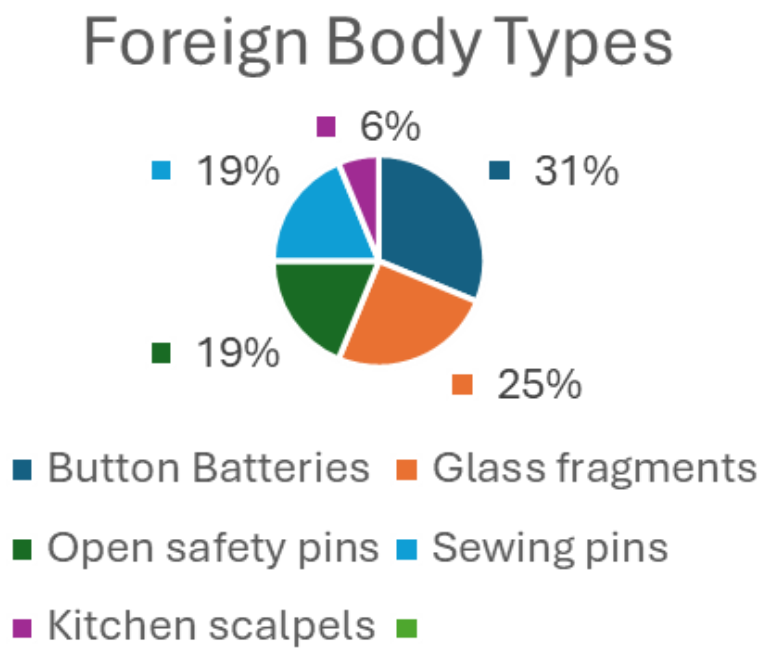
Atakan Uysal, Nazile Ertürk, Alev Süzen, Ahmet Dursun, Serra Sabuncu, Süleyman Cüneyt Karakuş
Department of Pediatric Surgery, Faculty of Medicine, Mugla Sıtkı Kocman University, Mugla, Turkey

Keywords: Foreign body ingestion, battery

- **Objective:** This study aimed to assess the demographics, treatment approaches, and endoscopy needs of patients admitted to the pediatric surgery department due to ingestion of button batteries and sharp or penetrating objects.



- **Methods:** Patient records from June 2024 to June 2025 were reviewed retrospectively. A total of 34 patients (38 foreign bodies [FBs]) were included, with a mean age of 4 years and a gender distribution of 16 males and 18 females. The most common FBs were button batteries (n=5), glass fragments (n=4), open safety pins (n=3), sewing pins (n=3), and kitchen scalpels (1 patient with 4 scalpels).



- **Results:** No intervention was required in 22 patients, as radiographs confirmed esophageal passage without signs of perforation or obstruction. All FBs in these cases passed naturally. Endoscopy was performed in 12 patients: 7 underwent esophagoscopy (4 FBs removed), 4 underwent gastroscopy (1 FB removed), and 1 underwent duodenoscopy (2 scalpels removed). In half of these cases, the FBs had already migrated distally during anesthesia or the procedure.

- In one notable case, a patient who swallowed kitchen scalpels had one removed from the stomach and one from the duodenum; another was found in the jejunum and monitored. Later imaging revealed a total of four scalpels, two of which passed naturally without issue. Eleven patients did not recall when the FB was ingested. No mortality or morbidity occurred, and the average length of stay was 2.5 days.

- **Conclusion:** Endoscopy retrieved only 5 out of 38 FBs. As 80% passed spontaneously without complications, a conservative approach is recommended for asymptomatic patients with mobile FBs. Further studies are needed to confirm the safety of this strategy.