



# Esophageal Button Battery Retrieval: Time-in May Not Be Everything

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## INTRODUCTION

- Ingested button batteries may cause gastrointestinal injury via electrical discharge, corrosive contents, and toxicity leading to increased risk of fistulas, perforation, and stricture.<sup>1,2</sup>
- Current guidelines recommend emergent endoscopic retrieval within 2-6 hours for disk batteries in the esophagus.<sup>3,4</sup>
- We present a case of delayed endoscopic removal in which the patient did not suffer any adverse effects due to prolonged dwell time.

## CASE DESCRIPTION

History

45-year-old male with no past medical history presented 4 days after ingestion of “two magnets” with complaints of dysphagia. He was able to tolerate secretions but not able to eat or drink. Remaining review of systems was negative.

Objective Data

T 98.7 BP 124/80 HR 82 RR 16 SpO2 98% on RA

Physical exam was unremarkable with benign abdomen and clear oropharynx

Labs were without leukocytosis or anemia

Diagnostic Testing

CXR: One radiopaque foreign body in esophagus at the level of T1 and one in rectum

Patient initially refusing EGD until day 6 after ingestion

EGD: A 20mm button battery found in esophagus (Fig 1) and mild localized mucosal necrosis underlying object (Fig 2).

Treatment

The button battery was removed endoscopically with a Roth net.

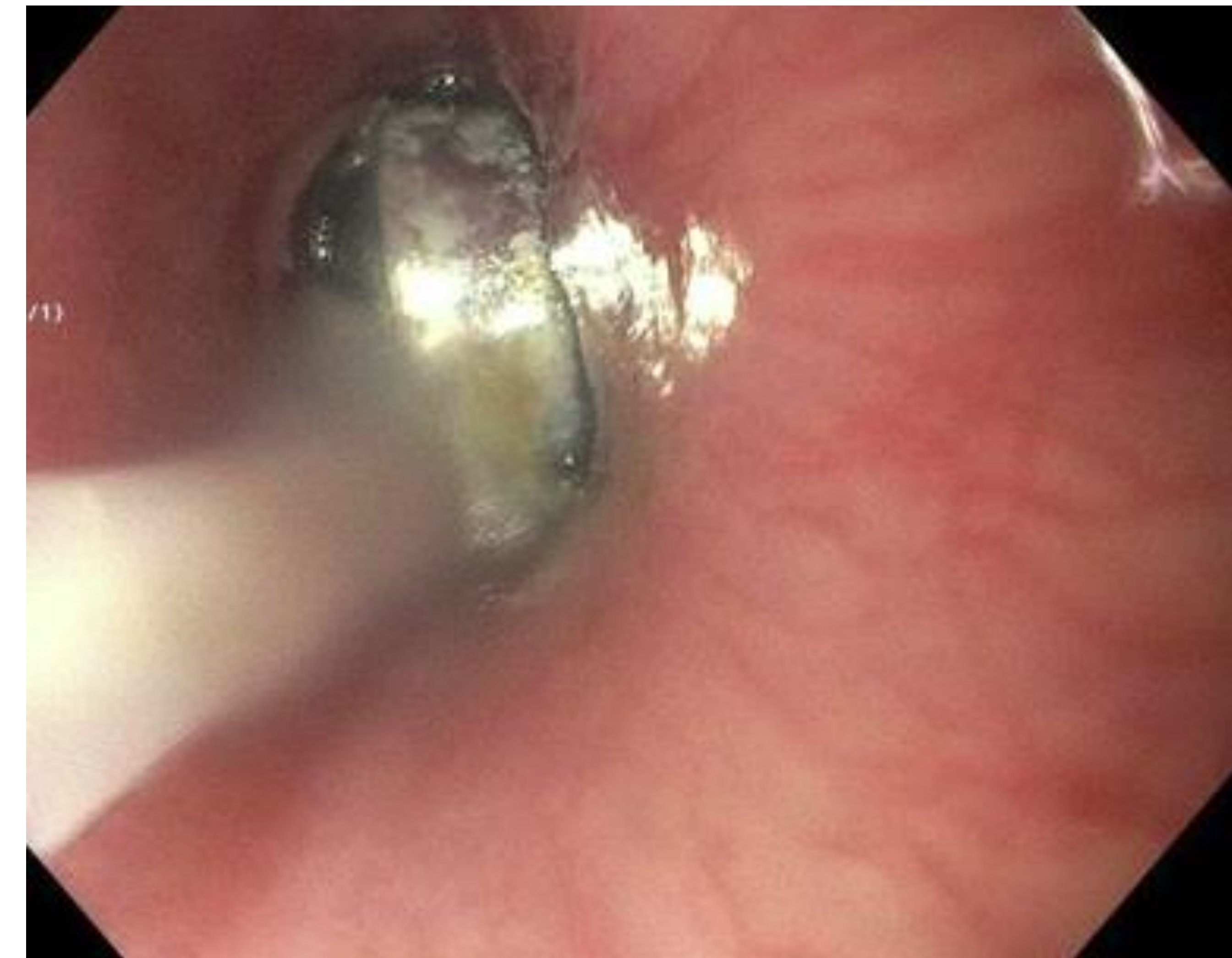


Figure 1: Identification of a 20mm button battery in the upper esophagus

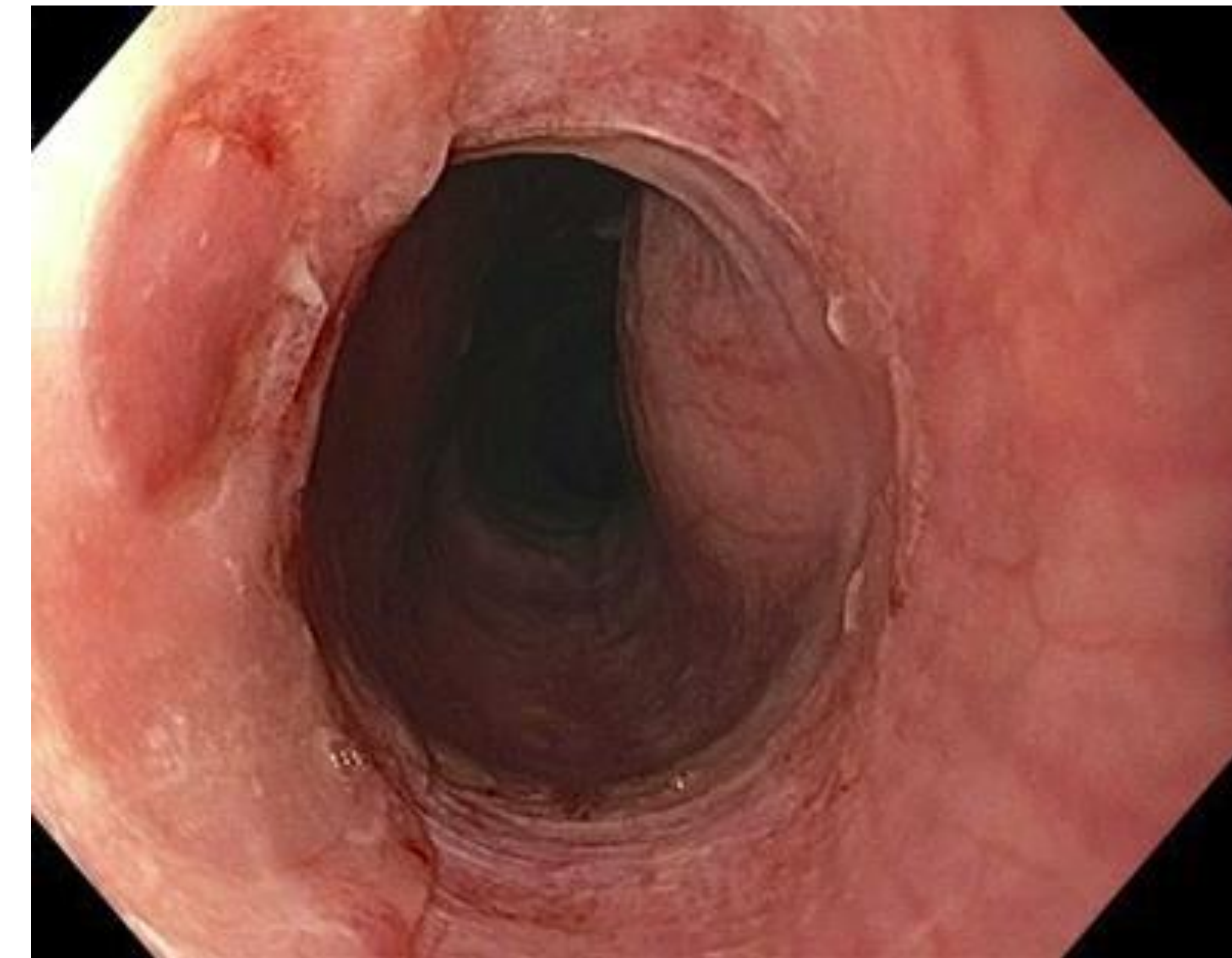


Figure 2: Mild localized necrosis of the esophageal mucosa directly underlying the object

## DISCUSSION

- This case demonstrates that esophageal dwell time alone is not an independent risk factor for complications and may not correlate with severity of mucosal injury.
- It is important to identify when procedures can be performed under controlled circumstances.
- Risks associated with performing emergent endoscopic procedures include availability of on-call staff, abbreviated time for full preoperative evaluation, and logistical challenges.<sup>5</sup>
- Our case contributes to a fund of knowledge regarding delayed retrieval of button battery ingestion and requires additional data to help guide current management.

## REFERENCES

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