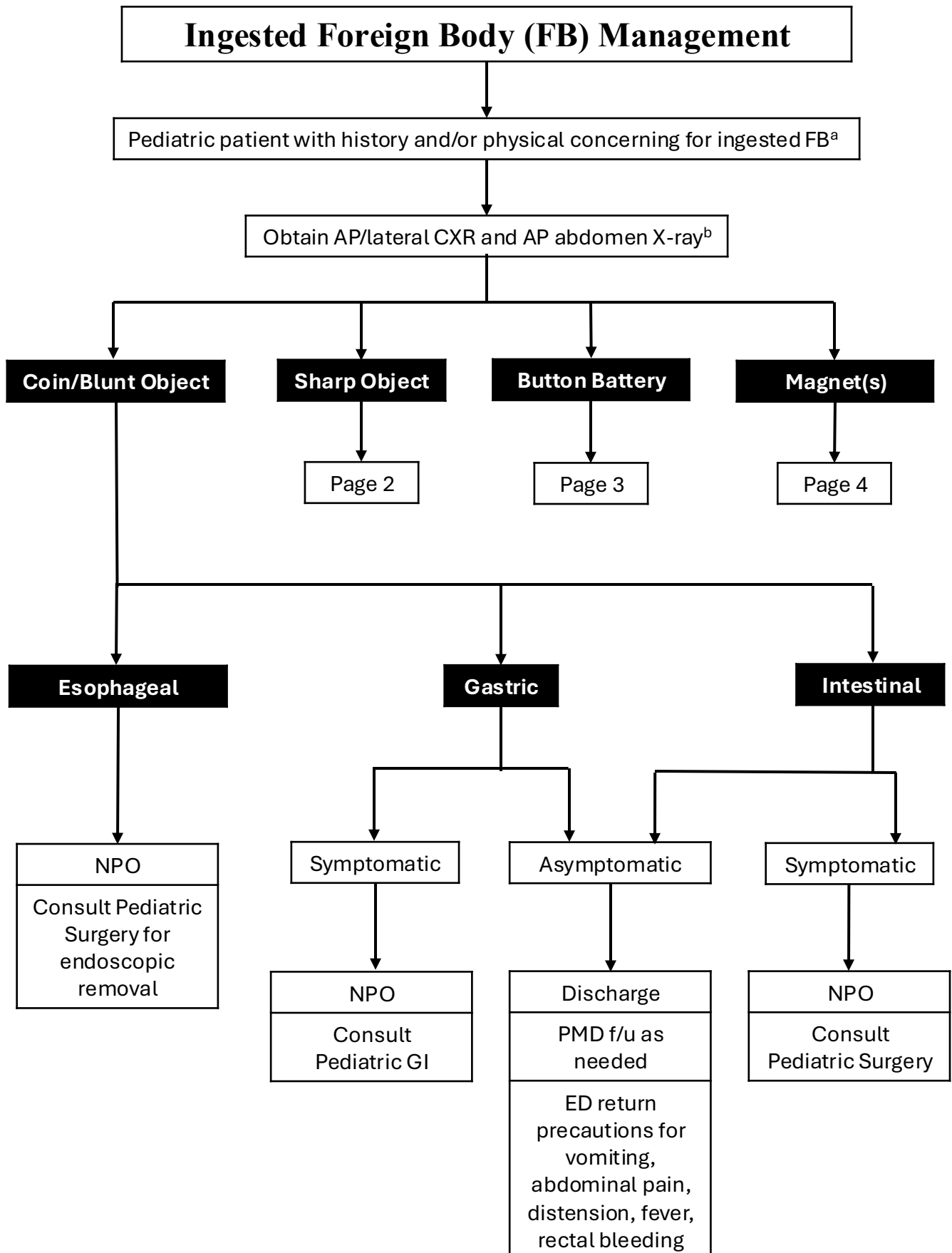




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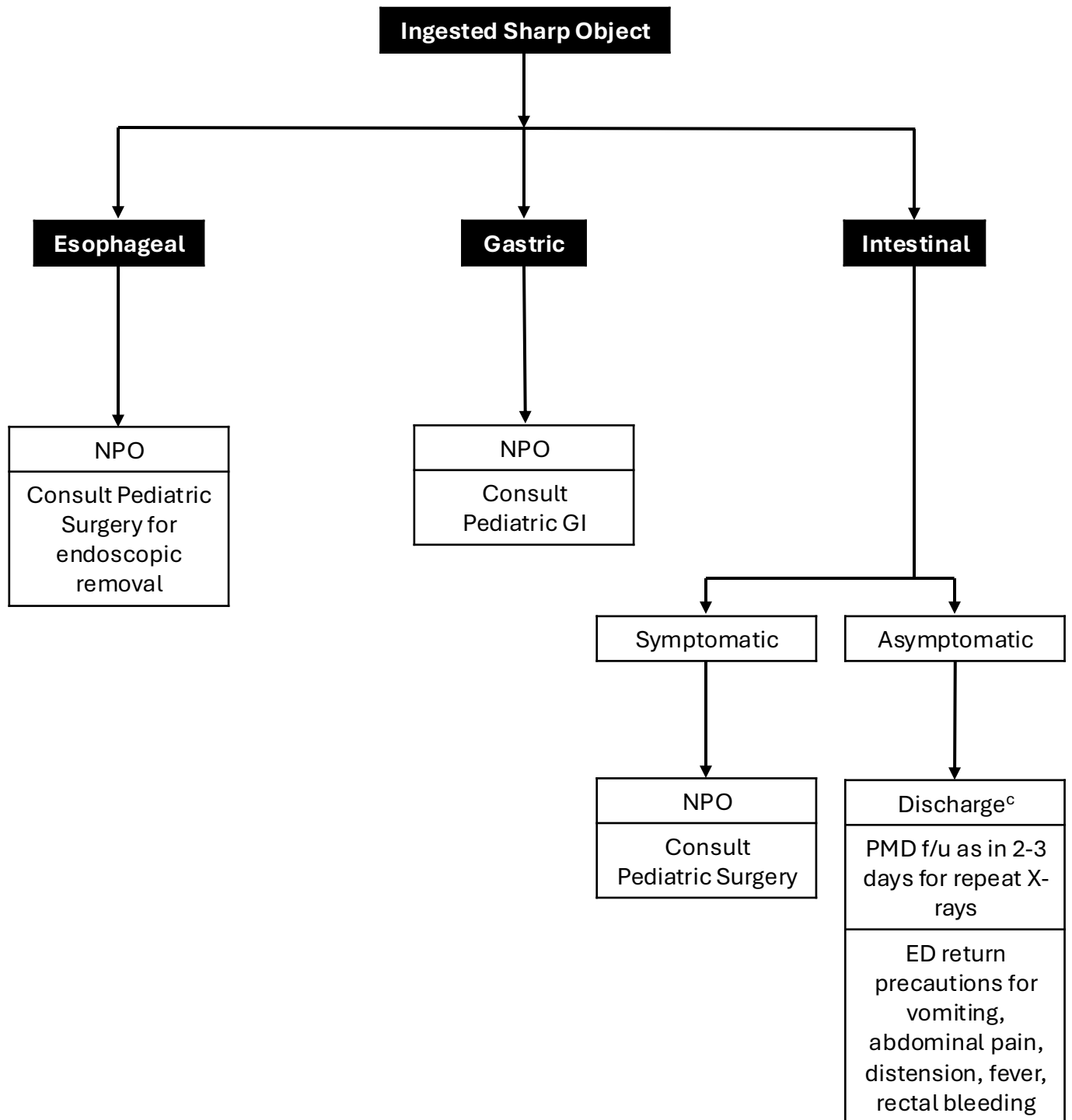
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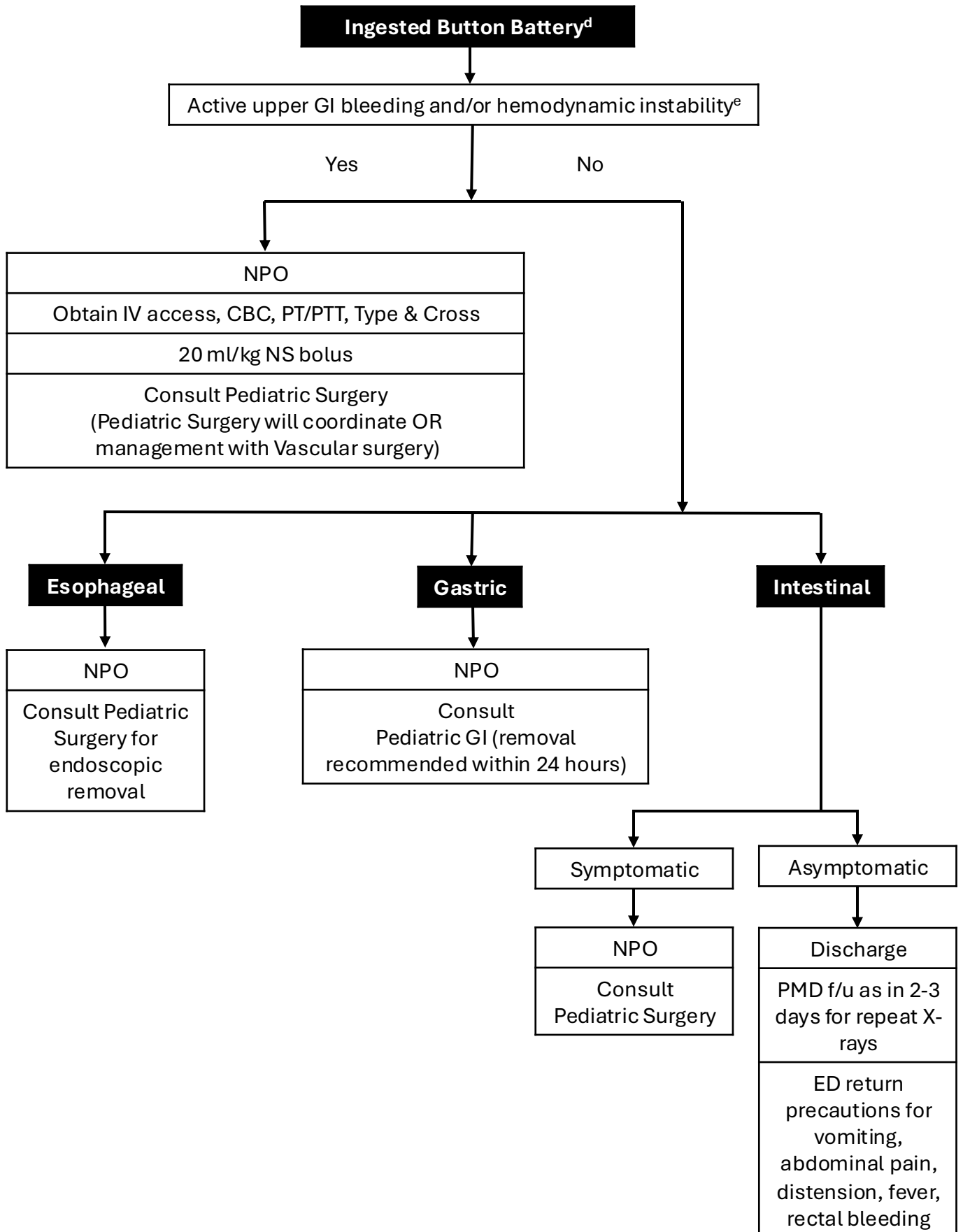
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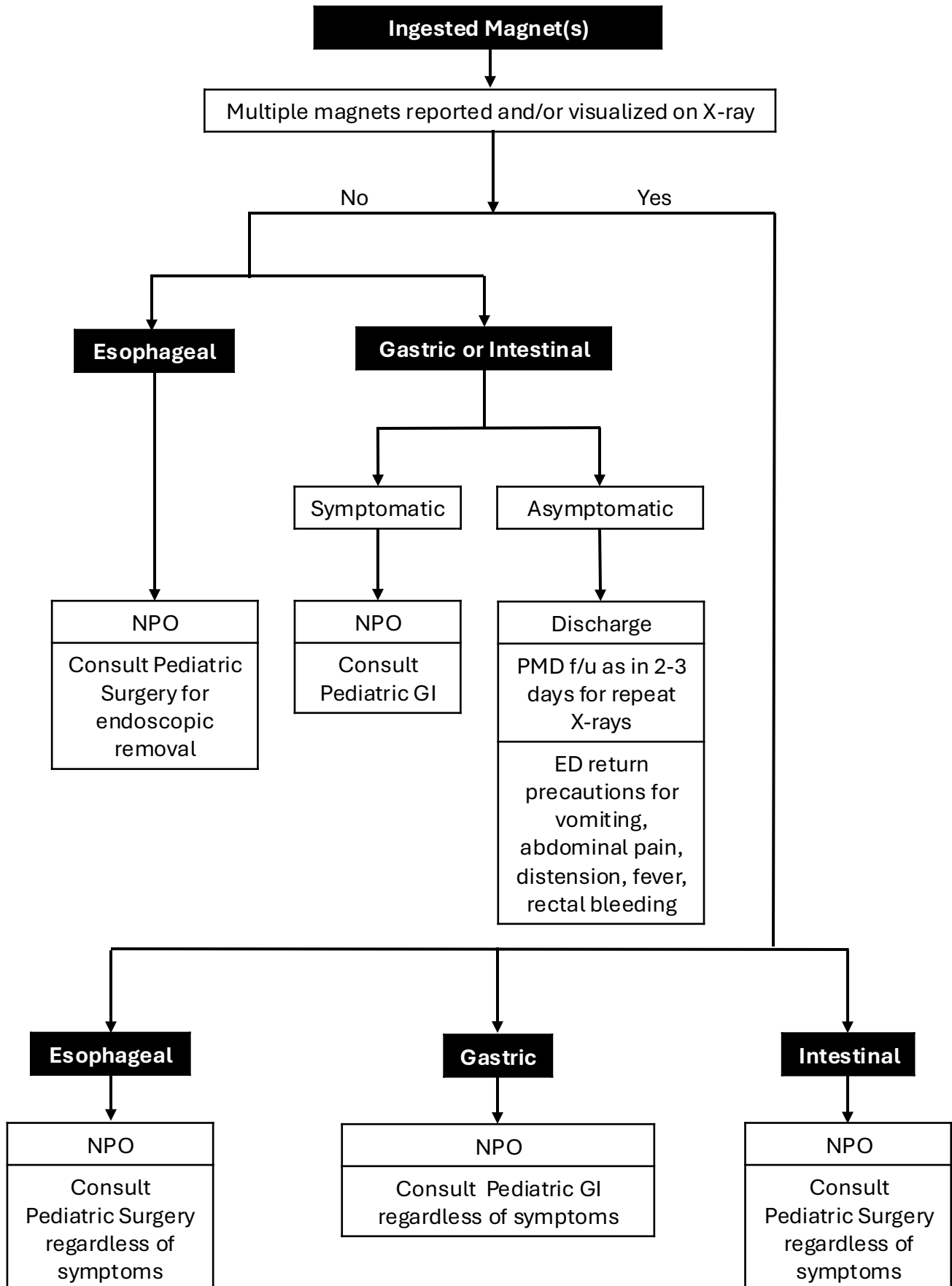
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## **Footnotes:**

- a. Patients may be asymptomatic. Common presenting symptoms include respiratory distress, dysphagia, chest pain, drooling.<sup>1</sup>
- b. X-rays are recommended as the initial imaging modality of choice, including when the FB is believed to be radiolucent because X-rays can sometimes show indirect evidence of FBs (i.e. air fluid levels, free air).<sup>2</sup> Consult Pediatric Surgery if concern for symptomatic radiolucent FBs not well visualized on X-ray.
- c. Consider consulting Pediatric Surgery for large, sharp FBs (especially if length  $\geq$  3 cm and/or width  $\geq$  2 cm) and/or if concern for lack of access to follow up.
- d. Examine X-rays carefully for evidence of button batteries, including “double halo sign” on AP views and “step-off sign” on lateral views.<sup>2</sup>
- e. Patient transfers from outside hospitals with active upper GI bleeding and/or hemodynamic instability due to ingested FBs should be accepted by the Pediatric Surgery attending on call.

## **References:**

1. Powers K, et al. Pediatric Esophageal Foreign Bodies and Caustic Ingestions. *Otolaryngol Clin N Am*. 2024.
2. Kramer R, et al. Management of Ingested Foreign Bodies in Children. *J of Ped GI and Nutrition*. 2015.
3. Children’s Hospital of Philadelphia Emergency Department Clinical Pathway for Evaluation/Treatment of Children with Foreign Body Ingestion, 2024.