Regional Management of Ingested Button Batteries in Children

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- Button battery ingestion has time-critical associated morbidity and mortality.
- Endoscopy should be performed when there is diagnostic doubt.
- Delayed management of battery ingestion is associated with negative outcomes.
- Pathway development can aid decision-making and standardise care across a region.

Aims
- The presentation of oesophageal foreign bodies in children can be extremely varied, running either an acute or sub-acute course.
- Ingestion may not have been directly observed and life-threatening complications of viscus perforation or airway impingement can occur rapidly.
- Button battery ingestion is now more widely recognised as an emergency and the consequences of delayed treatment can be life-changing.
- We developed a regional guideline and recommended equipment list for the management of button battery ingestion in hospitals in our region.

Methods
- Non-systematic review of the English literature and review of local cases.

Results
In our region in the recent past we have experienced two cases of children suffering a trachea-oesophageal fistula, following button battery ingestion, requiring tracheal repair with a pericardial patch. We have developed the above guideline for the regional management of button battery presentations in order to reduce the frequency and severity of complications from button battery ingestion. We have also provided a list of recommended equipment for secondary care units in our region to facilitate early local removal of oesophageal bodies where appropriate.

Conclusion
The complications of button battery ingestion can be devastating. Early input to remove the battery is paramount to minimize complications, while continued surveillance in minimally injured cases, and multidisciplinary team involvement in more advanced cases are essential to optimise potential recovery.