Battery Ingestion: The Importance of Careful Radiographic Assessment

Tohru Tanigawa¹, Rei Shibata², Nobuyuki Katahira¹ and Hiromi Ueda¹

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A 25-month-old boy with no medical history presented with progressive difficulty in swallowing and a cough of several hours’ duration. Radiographs revealed a coin-shaped foreign body with a double rim sign (Picture A, arrow) in the esophagus (1). A foreign body was removed by emergency direct esophagoscopy under general anesthesia and it was identified to be a lithium disc battery (Picture B). After battery removal, the mucosa showed multiple areas with superficial erosion and a black precipitate (Picture C). These burns had been produced by local direct current (2). Postoperatively, the esophageal burn was treated with antibiotics and corticosteroids. Four days postoperatively, fiberscopy revealed no evidence of any esophageal burns (Picture D). After 5 days, the patient was discharged without complications.

Mediastinitis or aortoesophageal fistulas can result from delayed treatment of disc battery ingestion, thus leading to life-threatening complications (3). Routine coin ingestions can be distinguished from battery ingestions by careful radiographic assessment (Picture A, B, double rim sign).

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¹Department of Otolaryngology, Aichi Medical University, Japan and ²Department of Cardiology, Nagoya University Graduate School of Medicine, Japan
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Correspondence to Dr. Tohru Tanigawa, tanigawa@aichi-med-u.ac.jp
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