INTARABDOMINAL CONNECTIONS AS A BARRIER FOR MAGNETIC NECROSIS AND PERFORATION OF THE INTESTINE IN A 10-MONTH-OLD BABY

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Introduction: To date, with the development of toy products there are many cases of ingestion of certain parts by children, which, fortunately, usually pass through the gastrointestinal tract asymptotically and without adverse effects. The most dangerous are magnetic products that lead to severe complications and surgery.

Most cases of swallowing foreign bodies in children occur at the age of 6 months to 3 years. In 10-20% of foreign bodies are removed endoscopically and only in 1% - operatively, within which mainly magnetic foreign bodies fall.

Purpose: to determine the tactics of recognizing symptoms, examination and medical care for children with digestive tract magnets, sponsoring preventive measures and safety measures to promote and protect health.

Materials and methods: Here is a clinical case of perforation of the cecum, mesentery and stomach, which is delimited by intra-abdominal adhesions and complicated by gastrointestinal bleeding, which occurred in a child 10 months old, who swallowed the magnets the day before. Patient D., 10 months old, was admitted to the pediatric surgical department on 05.01.20, with his mother's complaints of dark diarrhea, which arose 72 hours before hospitalization. From the anamnesis: the parents did not suspect and did not see that the child could swallow a foreign object, as it turned out later the child swallowed it about 2 weeks before admission, when the older brother did not add magnetic balls in his collection, treated for gastrointestinal dyskinesia. On objective examination, the child's condition remains unchanged. The skin is pale. Pulse 120 in 1 minute. The tongue is dry, covered with a white layer. The abdomen is involved in the act of breathing, painless on palpation, the Blumberg symptom is negative. Gregersen's reaction is positive. Blood group (06.01.20) - A (II), rhesus positive;
Clinical blood analysis (05.01.20) - Er - 4.0 million; HGB - 122 g / l; KI - 0.91; Tr - 470 thousand; L - 12.6 thousand; e-3, n-14; c-48; l-32; m-3 Esr - 15 mm / h, the time of coagulation of the beginning. 3'10 " end 4'00 ".

Biochemical blood (08.01.20) - gluc - 5.0 mmol / l, urea - 3.0 mmol / l, creatinine - 43.3 μmol / l, bilirubin total. - 10.4, total protein - 62.5 g / l. Amylase - 12.5 mg / (h.ml).

Abdominal ultrasound (06.01.20) - without pathological changes.

Preoperative diagnosis: foreign body of the gastrointestinal tract, gastrointestinal bleeding. After preoperative preparation under endotracheal anesthesia, the child was operated. Transaction protocol № 003 dated 06.01.20. Operation. A mid-midline laparotomy, removal of 22 magnets, suturing of perforations of the stomach and cecum, mesentery of the transverse colon, lavage appendectomy were performed. The course of the operation: after processing the operating field, a middle-middle laparotomy was performed. During the audit of the abdominal cavity: in the pelvic area on the right revealed a dense infiltrate, represented by the cecum, mesentery of the transverse colon, parietal peritoneum and large omentum. Partly sharp, and partly stupid - divided. The appendix is secondarily altered, hyperemic, and the vessels are injected. In the area of the cecum dome there is a perforation hole, measuring 0.5x0.5x0.4 cm at the base of the appendix with uneven and dense edges, through which a magnetic chain is visible. Subsequent revision revealed a pronounced adhesion process between the cecum and stomach through the mesentery of the transverse colon, formed by dense, infiltrated walls. The mobilization of adhesiolysis and separation of the conglomerate with suturing of perforated holes with nodal, two-row seams PDS 3/0, 4/0 was performed. Due to the presence of secondary appendicitis: a typical appendectomy was performed with immersion of the stump of the appendix under the purse and Z-shaped sutures. Lavage of the abdominal cavity with 200 ml of decasan solution, drained. Layered sutures on the wound. Aseptic dressing. Preparation: 1. Worm-shaped appendix, up to 8.0 cm long, hyperemic, vessels injected.

Postoperative diagnosis: Foreign bodies of the gastrointestinal tract (ball magnets). Perforations of the stomach, mesentery of the transverse colon and cecum. Secondary catarrhal appendicitis. The postoperative period proceeded without complications. Received ceftriaxone, post-syndrome therapy.

The interesting thing about this case is that the child swallowed magnets, which are strong aggressors and require immediate surgery, stayed at home for 2 weeks without symptoms, except for black diarrhea. Tactics of urgent surgical intervention on the basis of anamnestic data and at detection of radiologically foreign bodies - magnets are justified.

Conclusion:
1. Doctors of the district pediatric service and family practice should take preventive measures with parents to prevent children from swallowing foreign bodies, especially magnets.
2. If these cases are detected, urgent hospitalization in the pediatric surgery department for further examination and treatment.
3. It is dangerous to get into the gastrointestinal tract of several magnetic foreign bodies or magnets together with metal parts, which cause severe consequences with the development of intestinal perforation and fecal peritonitis.
Pic. 1. Foreign bodies in the composition of 22 ball magnets are in the stomach and cecum at the level of LI, LIII.

Pic. 2
Pic. 3. The area of perforation of the cecum through the mesentery of the transverse colon to the stomach is connected by magnets.