Life-threatening case of upper gastrointestinal bleeding in a 15-month-old boy.

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Introduction: Button battery ingestion has increased in children under 6 years during the last decade. These foreign body ingestions may go unrecognized even for days. As soon as they are diagnosed, they must be managed as a life-threatening emergency.

Case report: A 15-month-old boy was admitted to the emergency department due to haematemesis and hypovolemic shock, with a presumptive diagnosis of upper gastrointestinal bleeding due to NSAIDs ingestion. However, the chest radiography showed an image suggestive of button battery located in the midesophagus, so a cervicothoracic CT was performed, which dismissed signs of esophageal perforation. The patient underwent endoscopic removal of the battery. A CVC via the IJV and an arterial line were placed and BIS and NIRS were monitorized. Button battery was removed and the exploration was completed with evidence of erosion of the esophageal mucosa but not deeper damages. During a day the child was kept sedated and intubated, and 24 hours later of being hemodynamically stable and asymptomatic he was discharged from intensive care unit. In less than 24 hours, the patient suffered a new episode of severe haematemesis, so he went through rapid sequence intubation, Sengstaken-Blakemore tube placement and femoral artery and CVC canalization. In the course of the emergent arteriography a pseudoaneurysm of left internal carotid artery was discovered. Consequently, the child underwent pseudoaneurysm resection, end-to-end anastomosis and esophageal suture. Perioperative monitorization included CVP, IAP, BIS, and NIRS. To maintain hemodynamic stability he required 400 cc blood cells concentrate transfusion and low dose norepinephrine infusion. Cardiac massage and an epinephrine bolus of 10 mcg were administered due to ventricular tachicardia with satisfactory recovery.

Discussion: A multidisciplinary approach is required in button battery ingestions, because of their important associated morbidity and mortality. Angiography can be very useful with a presumptive diagnosis of arterial-esophageal fistula.