

KNOWN FOREIGN BODY INGESTION

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Critical Consults

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PATIENT PRESENTED WITH KNOWN FOREIGN BODY INGESTION

INVESTIGATION

History

- ▶ Observed ingestion of foreign material
 - Time since ingestion
- ▶ \pm change in stool production
- ▶ History of eating foreign material (eg, socks, toys, towels, blankets, underwear, trash, thread/string, dental floss, hair ties)

INVESTIGATION

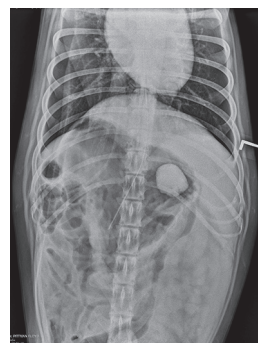
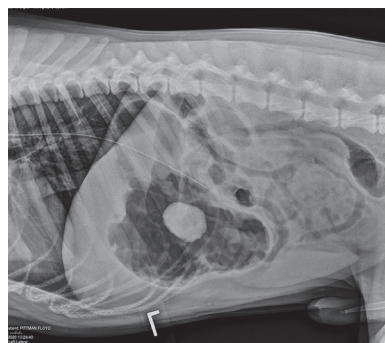
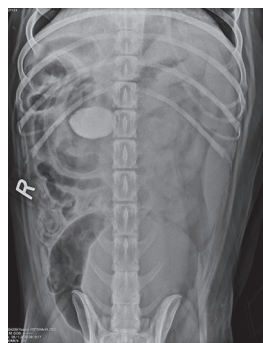
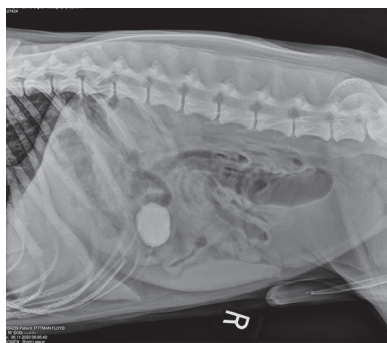
Observe for clinical signs

- ▶ Vomiting
- ▶ Lethargy
- ▶ Inappetence
- ▶ Change in stool production (eg, diarrhea, decreased stool production)
- ▶ Coughing
- ▶ Gagging
- ▶ Pronounced swallowing

INVESTIGATION

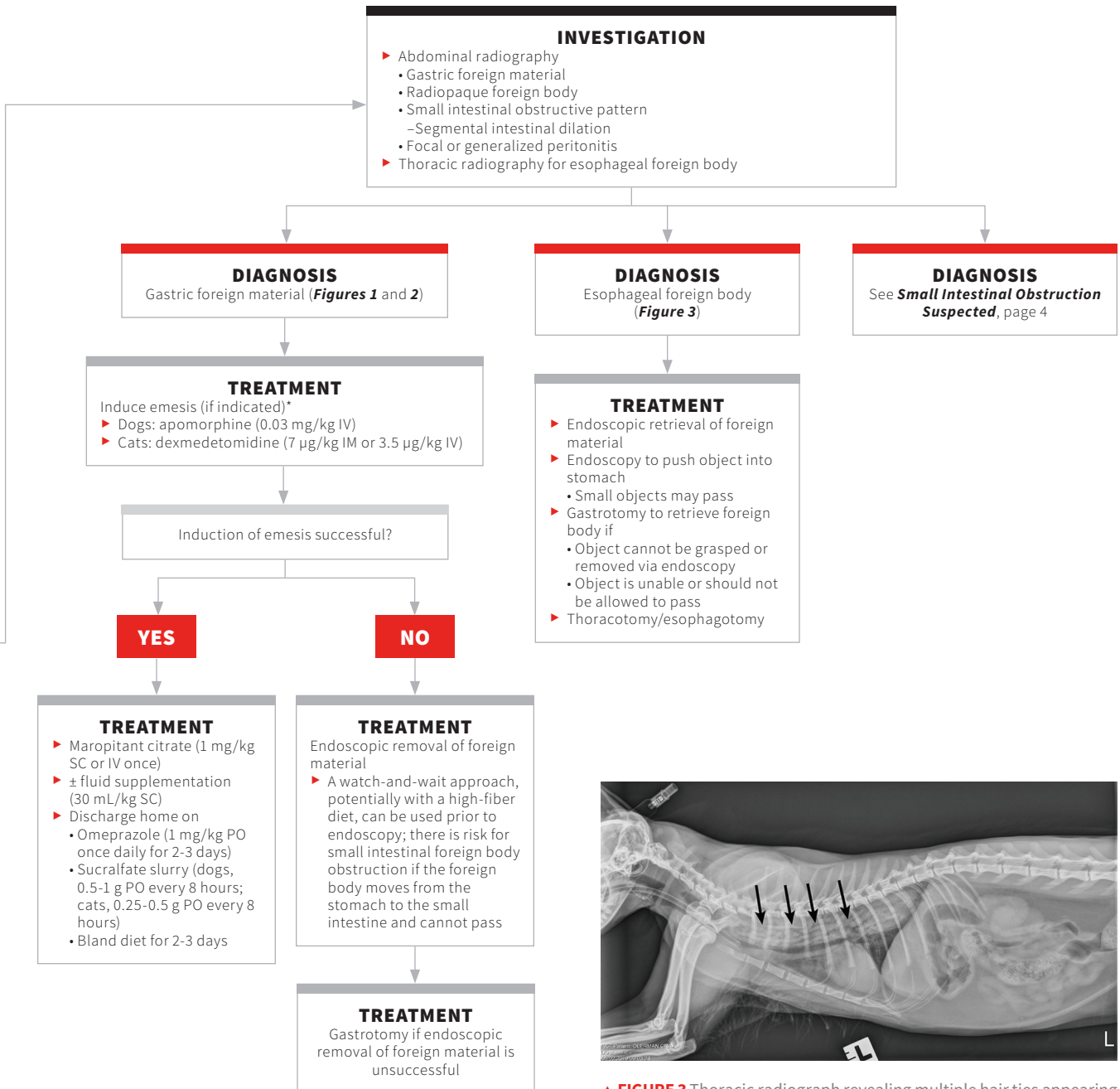
Physical examination to assess for

- ▶ Dehydration
- ▶ Apparent abdominal pain
- ▶ Possible palpable foreign body
- ▶ Scant stool or diarrhea
- ▶ Foreign material on rectal examination
- ▶ Linear foreign body (eg, string or dental floss under tongue [especially in cats])
- ▶ Coughing, gagging
- ▶ Pronounced swallowing
- ▶ \pm pyrexia



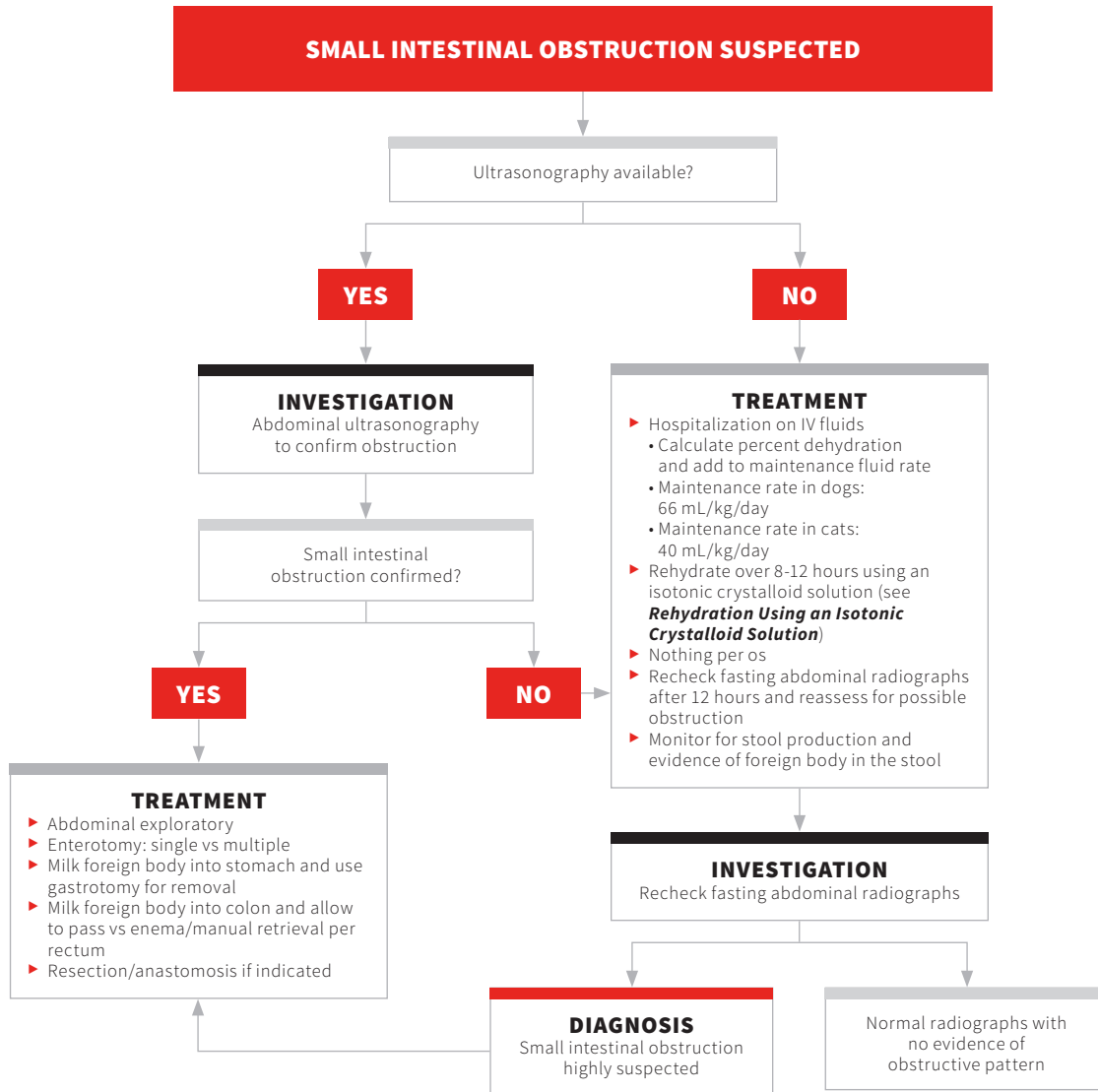
▲ **FIGURE 1** Abdominal radiographs showing a rock foreign body that appears to be located in the small intestine. No small intestinal foreign body could be located on abdominal ultrasound; however, a shadowing foreign object was possibly located in the stomach.

▲ **FIGURE 2** A nasogastric tube was placed into the stomach, and air was insufflated through the tube. A rock was definitively diagnosed to be located in the stomach based on these radiographs, and endoscopy (vs surgical exploration) was pursued to attempt to remove the rock foreign body.




▲ **FIGURE 3** Thoracic radiograph revealing multiple hair ties appearing as soft-tissue striations (**arrows**) in the esophagus of a cat. The cat was presented in respiratory distress, necessitating emergent sedation and intubation. The hair ties were removed with endoscopy, and the cat recovered uneventfully.

*Do not induce emesis if there is a concern for esophageal obstruction when the foreign body is vomited, such as with a large object. Emesis is contraindicated if there is a concern for caustic mucosal damage (eg, from any acidic/alkaline chemicals, batteries).



REHYDRATION USING AN ISOTONIC CRYSTALLOID SOLUTION

Example of using an isotonic crystalloid solution for rehydration:

- ▶ Dog weighing 22 lb (10 kg) with 7% dehydration
 - 7% of 10 kg = 0.7 kg = 700 mL
 - 66 mL/kg/day = 660 mL over 24 hours or 330 mL over 12 hours
 - 700 mL + 330 mL = 1,030 mL over 12 hours = 86 mL/hour for the first 12 hours