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Summary

USE OF A HANDHELD METAL DETECTOR FOR MANAGEMENT OF METALLIC FOREIGN BODY INGESTION IN CHILDREN

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A pediatric emergency department study of 43 children found handheld metal detectors matched X-ray findings in 90% of cases for locating ingested metal foreign bodies, though X-ray remains necessary when detectors yield negative results.

KEY POINTS

- Metal detectors detected signals in 81.4% of children with suspected metal ingestion and correctly matched X-ray location findings in 90.0% of positive cases.
- The most commonly ingested objects were coins (32.6%), button batteries (18.6%), and hair pins (11.6%), with the stomach being the most frequent location (42.5%).
- Objects not detected by metal detector had a mean delay of 7 days from ingestion to referral, compared to 1 day for detected objects, suggesting time from ingestion affects detection.
- X-ray examination remains necessary when metal detectors fail to confirm presence of a foreign object, as smaller objects and low detector sensitivity can limit detection.
- Endoscopic removal was performed in 25.4% of cases, primarily for button batteries and sharp objects within endoscopic reach.

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