

## Button Battery in Oesophagus

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A 4-year-old patient was brought to the paediatric emergency department due to dysphagia after swallowing an unknown foreign body approximately 2.5 hours previously without any other accompanying symptoms. The laryngeal endoscopy revealed salivary stasis; the rest of the examination was normal.

An anteroposterior chest x-ray was taken and an opaque circular foreign body was observed with the appearance of a coin (Figure). The patient's father remarked that it might be a button battery as he had lost the battery for his PDA. When the x-ray was checked, a double radio-transparent halo typical of a button cell battery was confirmed, and so the possibility of a coin was ruled out.

It was decided to extract it urgently under general anaesthesia and, using Magil forceps, the foreign body (button-type battery) was extracted from the upper oesophagic sphincter; an alteration in the colouring of the mucosa and brownish secretions were observed, indicative of tissue damage due to the release of the components in the battery, which measured 20 mm in diameter and contained lithium. He was discharged that same night with correct food tolerance. He is now being monitored by his paediatrician to ensure that there are no subsequent sequelae.

It is important to perform a differential diagnosis to distinguish between a coin and a button-type battery cell as the latter requires urgent extraction in less than 4 h in order to prevent its contents from leaking out and damaging the oesophagic mucosa with considerable sequelae. The radiological image of a double radio-transparent halo is characteristic and facilitates this differentiation.



**Figure.** Anteroposterior chest x-ray. Opaque image with evident transparent halo corresponding to the button battery in the upper third of the oesophagus.

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