EMERGENCY CASEBOOK

Case of the month: Accidental mobile phone card ingestion

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Accidental overdose, poisoning and foreign-body ingestion are common presentations to the emergency department. Usually, the ingested material is a common drug or household product. We present an unusual case of accidental ingestion where the foreign body was a mobile phone simulation (SIM) card.

CASE REPORT

A 14-year-old boy attended the emergency department at 21:24 h, saying that he had swallowed part of his phone 2 h ago. He had taken the SIM card out and placed it between his teeth. Unfortunately, he managed to swallow it.

He coughed initially, then his father attempted the Heimlich manoeuvre, with no success. The boy proceeded to vomit later on; however, this did not contain the card.

Subsequently, he had no dysphagia or shortness of breath. He had been able to drink fluids since, with no ill effects. He had no relevant medical history.

On examination, he looked well. He had a pulse of 72 bpm and a respiratory rate of 14/min. Oropharyngeal examination showed no abnormality and no sign of the card. Respiratory and abdominal examinations were unremarkable.

In the department there had been no previous experience of a similar case, hence the poisons unit was contacted. Again, they had no prior experience, but said there was only a small quantity of metal in the card and this would cause no concern.

With this in mind and the boy's clinical well being, we thought it safe to discharge him home. We advised him to return if he developed further vomiting, or abdominal pain, and warned him of the small chance of perforation and bowel obstruction.

The boy did not return and is believed to be well.

DISCUSSION

Accidental ingestion of foreign bodies in the paediatric population and subsequent emergency department attendance is a common occurrence.¹ Usually, reassurance and advice is the only management required. The foreign bodies are usually small pieces from toys or other household objects.

Most oesophageal foreign bodies impact at the thoracic inlet, accounting for 70% of cases.¹ Once in the stomach, the next point of possible impaction is the pylorus, especially with larger foreign bodies, as in this case. Beyond this, foreign bodies may

impact at the ileocaecal valve. Impaction can cause local irritation, stricture formation, pain, bleeding, obstruction and erosion or perforation. Presentation can be as simple as history of ingestion through to peritonitis. Symptoms such as streaks of blood, oropharyngeal oedema and pooling or drooling of secretions suggest considerable injury.

Routine investigation, including chest *x* rays, are only indicated if there is suspicion of the foreign body being above the diaphragm, or if there are related symptoms. The use of handheld metal detectors has also been advocated.²

Discussion with a mobile phone provider explained that SIM cards are essentially silicon chips, with gold and copper wiring, on a plastic base. As confirmed with the poisons unit, the quantity of metal is small, hence complications would be purely mechanical.

This is the first reported case of ingestion of a mobile phone card, to our knowledge. Fortunately in this case the boy was well. Emergency physicians need to be aware of the possible complications and need for investigation, as well as enlisting specialist help.

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