

Question: What is the novelty of the described case?

Reply:

Magnetic objects pose a unique risk, as they can lead to pressure necrosis and perforation if not promptly removed. The attractive force between the magnetic objects can cause them to adhere to each other across the intestinal wall, leading to pressure necrosis, perforation, or obstruction.

Children have a shorter gastric emptying time than adults, with research reporting that gastric emptying time after consuming solid food is less than 4 hours for children. For children, this means that foreign objects accidentally swallowed by the child may be expelled into the small intestine within a shorter period of time. Therefore, timely endoscopic intervention can prevent magnetic foreign bodies from entering the small intestine, thereby avoiding the occurrence of intestinal perforation, bleeding, ischemia, and necrosis. Current guidelines recommend that children undergo general anesthesia after fasting for more than 6 hours. However, after 6 hours, as food is emptied from the stomach, foreign objects may also be expelled into the small intestine, thereby increasing the difficulty of their removal. General anesthesia with endotracheal intubation can prevent the occurrence of aspiration and choking after anesthesia, while ensuring the safe implementation of endoscopic procedures under general anesthesia.

In order to protect the airway and minimize the risk of aspiration and choking, tracheal intubation anesthesia is our preferred measure. By implementing timely tracheal intubation anesthesia and initiating early endoscopic intervention, we can avoid the occurrence of potential complications. In this case, the gastric endoscopic foreign body removal procedure was successfully completed within 38 minutes of admission.

It is important to highlight the significance of timely intervention and the use of appropriate techniques, such as tracheal intubation anesthesia and endoscopy, in managing cases involving magnetic foreign bodies. These interventions not only help in the safe removal of the foreign body but also reduce the risk of complications. By prioritizing the well-being and safety of the patients, we can ensure successful outcomes in such cases.

Problem : References to the literature data should be updated to strengthen the Discussion section of the manuscript.

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