



[Home](#) → [Medical Encyclopedia](#) → Foreign object - swallowed

URL of this page: [//medlineplus.gov/ency/article/000036.htm](https://medlineplus.gov/ency/article/000036.htm)

Foreign object - swallowed

If you swallow a foreign object, it can get stuck in the gastrointestinal (GI) tract from the esophagus (swallowing tube) to the colon (large intestine). This can lead to a blockage or tear in the GI tract.

Considerations

Children ages 6 months to 3 years are the age group most likely to swallow a foreign object.

These items may include coins, marbles, pins, pencil erasers, buttons, beads, or other small items or foods.

Adults can also swallow foreign objects due to intoxication, mental illness, or dementia. Older adults who have swallowing problems may accidentally swallow their dentures. Construction workers often swallow nails or screws, and tailors and dressmakers often swallow pins or buttons.

Causes

Young children like to explore things with their mouths and may swallow an object on purpose or by accident. If the object passes through the food pipe and into the stomach without getting stuck, it will probably pass through the entire GI tract. Sharp, pointed, or caustic objects such as batteries can cause serious problems.

Objects will often pass through the GI tract within a week. In most cases, the object passes through without harming the person.

Symptoms

Symptoms include:

- Choking
- Coughing
- Wheezing
- Noisy breathing
- No breathing or breathing trouble (respiratory distress)
- Chest, throat, or neck pain
- Turning blue, red, or white in the face
- Difficulty swallowing saliva

Sometimes, only minor symptoms are seen at first. The object may be forgotten until symptoms such as inflammation or infection develop.

First Aid

Any child who is believed to have swallowed a foreign object should be watched for:

- Abnormal breathing
- Drooling
- Fever
- Irritability, especially in infants
- Local tenderness
- Pain (mouth, throat, chest, or abdominal)
- Vomiting

Stools (bowel movements) should be checked to see if the object has passed through the body. This will take several days and may sometimes cause rectal or anal bleeding.

A procedure called endoscopy may be needed to confirm if the child has swallowed an object and to remove it. Endoscopy will be done if the object is long or sharp, or is a magnet or disk battery. It will also be done if the child has drooling, breathing difficulty, fever, vomiting, or pain. X-rays may also be done.

In severe cases, surgery may be needed to remove the object.

DO NOT

DO NOT force feed infants who are crying or breathing rapidly. This may cause the baby to inhale liquid or solid food into their airway.

When to Contact a Medical Professional

Contact your health care provider, or call 911 or the local emergency number if you think a child has swallowed a foreign object.

Prevention

Preventive measures include:

- Cut food into small pieces for young children. Teach them how to chew well.
- Discourage talking, laughing, or playing while food is in the mouth.
- Do not give potentially dangerous foods such as hot dogs, whole grapes, nuts, popcorn, food with bones, or hard candy to children under age 3 years.
- Keep small objects out of the reach of young children.
- Teach children to avoid placing foreign objects into their noses and other body openings.

Alternative Names

Foreign body ingestion

References

Goodloe JM, Soulek J. Foreign bodies. In: Walls RM, ed. *Rosen's Emergency Medicine: Concepts and Clinical Practice*. 10th ed. Philadelphia, PA: Elsevier; 2023:chap 51.

Kliegman RM, St. Geme JW, Blum NJ, Shah SS, Tasker RC, Wilson KM. Foreign bodies and bezoars. In: Kliegman RM, St. Geme JW, Blum NJ, Shah SS, Tasker RC, Wilson KM, eds. *Nelson Textbook of Pediatrics*. 21st ed. Philadelphia, PA: Elsevier; 2020:chap 360.

Pfau PR, Benson M. Foreign bodies, bezoars, and caustic ingestions. In: Feldman M, Friedman LS, Brandt LJ, eds. *Sleisenger and Fordtran's Gastrointestinal and Liver Disease*. 11th ed. Philadelphia, PA: Elsevier; 2021:chap 28.

Schoem SR, Rosbe KW, Lee ER. Aerodigestive foreign bodies and caustic ingestions. In: Flint PW, Francis HW, Haughey BH, et al, eds. *Cummings Otolaryngology: Head and Neck Surgery*. 7th ed. Philadelphia, PA: Elsevier; 2021:chap 211.

Review Date 1/2/2023

Updated by: Jesse Borke, MD, CPE, FAAEM, FACEP, Attending Physician at Kaiser Permanente, Orange County, CA. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

Learn how to cite this page



A.D.A.M., Inc. is accredited by [URAC](http://www.urac.org), for Health Content Provider (www.urac.org). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#), and [privacy policy](#).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Links to other sites are provided for information only – they do not constitute endorsements of those other sites. No warranty of any kind, either expressed or implied, is made as to the accuracy, reliability, timeliness, or correctness of any translations made by a third-party service of the information provided herein into any other language. © 1997-2025 A.D.A.M., a business unit of Ebix, Inc. Any duplication or distribution of the information contained herein is strictly prohibited.

