

**A (Potentially) Fatal Attraction: Incidentally Found Multiple Magnetic Foreign Body  
Ingestion Necessitating Surgical Intervention**

(Title: 129 Characters with Spaces)

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## **Abstract (Word Count: 291)**

Introduction: Foreign body (FB) ingestion can be considered a common occurrence in childhood with FBs passing spontaneously without complications; however, certain FBs such as button batteries, multiple magnets, sharp objects, larger objects/coins, or superabsorbent objects can present with complications that may be potentially life-threatening. This report describes the unique challenges and complications of multiple magnetic FB (MMFB) ingestions.

Case Description: Our case includes a previously healthy, 34-month-old male who presented due to a 3–4-day history of cough and congestion with intermittent fever and emesis. Further evaluation incidentally noted 2 round metallic foreign bodies attached in the left upper quadrant that parents later revealed to be 2 round magnets. The patient was admitted for observation as MMFBs were not visualized on endoscopy. Despite an extensive bowel regimen, serial radiographs noted no movement of the FBs for 5 days. At 48 hours surgery was consulted but no surgical intervention was recommended as the patient was asymptomatic. Repeat EGD with lower endoscopy noted erosion of one FB into the gastric cardia mucosa with second FB not visualized on lower endoscopy up to ileum. The patient was transferred to a second facility and underwent gastrostomy with closure for the first FB retrieval and appendectomy for the second FB retrieval with repair of a jejunal serosal tear which he tolerated without complication postoperatively.

Discussion: This case indicates the importance of close collaboration between gastroenterologists and surgeons in the management of patients with MMFB ingestion. Despite their asymptomatic nature, these patients must be managed as potential surgical candidates. Failure of progression of MMFBs on radiograph can be an initial indicator of potential development of serious complications including bowel wall ischemia or perforation despite the lack of a surgical abdomen and is an indication for surgical intervention.