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The authors declare this article contains no personal information that could identify patients.

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## Conflict of interest

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## Magnet ingestion knows no borders: A threat for Latin American children, aspects not considered in the study



### La ingestión de imanes no conoce fronteras: una amenaza para los niños latinoamericanos, aspectos no considerados en el estudio

After analyzing the article, “Magnet ingestion knows no borders: A threat for Latin American children”,<sup>1</sup> we wish to share some of our observations.

The title is not precisely specific to the material and methods employed. Forming a very generalized idea through limited information from a few countries, the present work expresses it as a single concept of an entire continent. We feel it is overly ambitious and erroneous to attempt to create a general idea of Latin America, when there are aspects that could be more deeply explored, such as the specialists consulted, the number of countries, and socioeconomic levels, among other inclusion criteria we will detail below.

With respect to the first point, we can see how a consensus is arrived at from the ideas and contributions of gastroenterology and endoscopy specialists from different countries, but we also believe the work of sonographers should be included, given that the majority of cases are emergencies, and a specialist is not always available, whether because of the type of healthcare center or due to some other factor. In contrast, sonography is a much more accessible procedure that can be performed quickly, and because it is not an invasive method, like endoscopy, it can be more tolerable for a child.<sup>2</sup>

Next, the socioeconomic and cultural levels should be taken into account as variables of interest because they can affect the health of the child in different ways. The socioeconomic level is reflected in the area of residence (which may be far from a medical center, the family may not have the resources necessary for getting to a center quickly, or due to economic limitations the advantage of choosing a center is not a possibility, making the closest center the only option) or in the money available (having insurance or not) for paying for the necessary procedures and tests. Culturally, the educational level of the child’s parents can have a notable influence on how quickly it is understood that magnet ingestion is a medical emergency and must be treated as quickly as possible.<sup>3</sup>

In addition, the mental health status of the child should be considered in the inclusion criteria, given that a child with an intellectual disability requires special care, different from that of a healthy child. Even though it is a small group of patients in whom foreign body ingestion is volun-

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tary, it does occur and for different reasons. For example, patients with affective, psychotic, or personality disorders and/or intellectual disability can ingest them as an act of self-harm or an attempt to seek attention in their environment.<sup>4</sup>

Lastly, the type of magnet ingested should also be considered, i.e., whether it involves a magnetic metal or a magnetic battery. The distinct types can be located at different levels of the digestive tract and their attraction to each other can cause severe complications, such as transmural pressure necrosis, fistulas, perforation, intestinal volvulus, and even death due to sepsis.<sup>5</sup>

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## Response to L.A. Llanco-Albornoz et al. concerning “Magnet ingestion knows no borders: A threat for Latin American children, aspects not considered in the study”



### Respuesta a L.A. Llanco-Albornoz et al. sobre «La ingestión de imanes no conoce fronteras: una amenaza para los niños latinoamericanos, aspectos no considerados en el estudio»

In response to the letter to the editor related to our article on the ingestion of magnets in Latin American children, we wish to make the following points. Llanco-Albornoz et al. describe elements that can be interesting to study, but that in no way, were objectives of our study. Our aim was to call attention to a problem that had little or no presence in the medical literature of the region, whereas it was an eminently discussed topic by the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (whose member countries are the United States, Mexico,

and Canada), even reaching the highest political spheres of the United States. Given that dichotomy, we wanted to find out if the problem existed in Latin America or if it simply was not seen. Our study confirmed the suspicion that magnet ingestion also occurred in Latin America and we wanted to bring attention to that fact. As is the case with many entities described in the medical literature, a problem must first be identified, to then be advanced and examined in detail. The authors of the letter make some valid points to be addressed in future studies. If our article has led to an increased interest in the topic and motivates other groups to conduct more studies on it, as I assume could be the intention of Llanco-Albornoz et al., we are pleased and satisfied at having achieved our goal. Magnet ingestion is a serious problem that should continue to be investigated, and education about it should be widespread.<sup>1,2</sup> I invite the authors of this letter and other researchers to carry out studies on the theme and to persevere in the search for a solution to the problem. The children in our care deserve that.

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