



DIGITAL ACCESS TO  
SCHOLARSHIP AT HARVARD  
DASH.HARVARD.EDU



HARVARD LIBRARY  
Office for Scholarly Communication

# A magnet-induced stomach ulcer causing abdominal pain

The Harvard community has made this article openly available. [Please share](#) how this access benefits you. Your story matters

Citation	Yadav, Abhijeet, and Joseph D. Feuerstein. 2017. "A magnet-induced stomach ulcer causing abdominal pain." <i>Annals of Gastroenterology</i> 30 (4): 464. doi:10.20524/aog.2017.0162. <a href="http://dx.doi.org/10.20524/aog.2017.0162">http://dx.doi.org/10.20524/aog.2017.0162</a> .
Published Version	<a href="https://doi.org/10.20524/aog.2017.0162">doi:10.20524/aog.2017.0162</a>
Citable link	<a href="http://nrs.harvard.edu/urn-3:HUL.InstRepos:33490877">http://nrs.harvard.edu/urn-3:HUL.InstRepos:33490877</a>
Terms of Use	This article was downloaded from Harvard University's DASH repository, and is made available under the terms and conditions applicable to Other Posted Material, as set forth at <a href="http://nrs.harvard.edu/urn-3:HUL.InstRepos:dash.current.terms-of-use#LAA">http://nrs.harvard.edu/urn-3:HUL.InstRepos:dash.current.terms-of-use#LAA</a>

## A magnet-induced stomach ulcer causing abdominal pain

Abhijeet Yadav, Joseph D. Feuerstein

Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, USA

A 24-year-old female with a history of major depressive disorder, borderline personality disorder, and post-traumatic stress disorder presented complaining of worsening abdominal pain over the last 48 h. She reported previously watching an episode of a television medical drama in which a patient swallowed magnets and found out this was very dangerous. She then tried this herself and swallowed multiple cylindrical magnets. Her vital signs were stable. The abdomen was tender but there was no rebound or guarding. The abdominal X-ray showed a cylindrical column in the patient's stomach (Fig. 1). An emergent esophagogastroduodenoscopy (EGD) was performed, which showed one cylindrical magnet magnetized through the stomach wall to another two cylindrical magnets (Fig. 2A). Multiple attempts were made to remove the magnets but the magnetic force continued to keep the magnets adherent to each other. Eventually, using a Roth Net, one magnet was bent laterally and all three cylindrical magnets were dislodged off the mucosa and attached together as one large magnet that was removed through her mouth. However, given the prolonged magnet compression of the stomach mucosa, two cratered oozing ulcers were noted at the sites of the magnets (Fig. 2B). Epinephrine was injected and endoclips were applied with successful hemostasis.

This case highlights that ingestion of magnets can cause abdominal pain due to ulcer formation from prolonged magnet compression of the stomach mucosa. Urgent evaluation and EGD should be considered [1,2]. It can be difficult to remove magnets during EGD, and a Roth Net can be used to facilitate their removal [1,2].

Department of Medicine and Division of Gastroenterology, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA-02215, USA

Conflict of Interest: None

Correspondence to: Joseph D. Feuerstein, MD, 110 Francis St 8E Gastroenterology Boston MA 02215, Boston, MA 02215, USA, Tel.: +1 617 667 2136, Fax: +1 617 667 5826, e-mail: jfeuerst@bidmc.harvard.edu

Received 3 May 2017; accepted 16 May 2017; published online 29 May 2017

DOI: <https://doi.org/10.20524/aog.2017.0162>

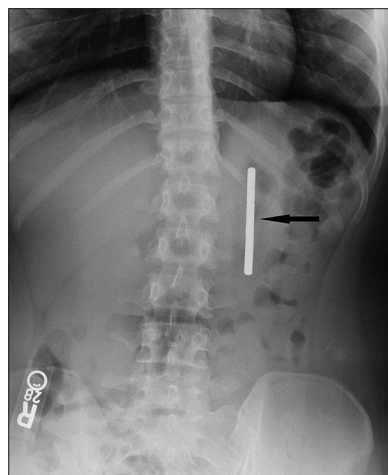


Figure 1 Magnet in stomach

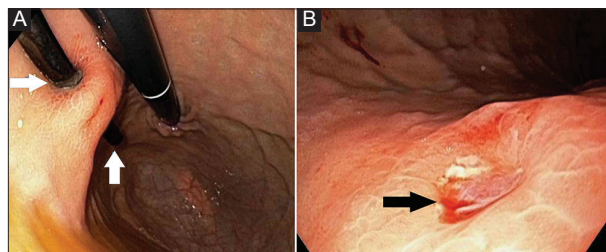


Figure 2 (A) One magnet attached to two magnets with stomach mucosa between them. (B) Bleeding ulcer at the prior site of magnets compression

### References

1. Ikenberry SO, Jue TL, Anderson MA, et al; ASGE Standards of Practice Committee. Management of ingested foreign bodies and food impactions. *Gastrointest Endosc* 2011;73:1085-1091.
2. Sugawa C, Ono H, Taleb M, Lucas CE. Endoscopic management of foreign bodies in the upper gastrointestinal tract: A review. *World J Gastrointest Endosc* 2014;6:475-481.