

Ingestion of a lead FB does not produce toxicity unless it is retained in the stomach for more than two days or not passed within two weeks.

Examples of lead FB:

- Lead shotgun pellets, bullets, sinkers, curtain weights, lead paint flakes

Toxicity / Risk Assessment

- Absorption and clinical toxicity occur more readily if lead FB remains in an acidic environment (stomach or synovial space)
- Retention of FB in the stomach for < 2 days is unlikely to produce significant toxicity
- Absorption is very slow and incomplete once past stomach

Clinical features:

See separate *Lead* guideline for symptoms and signs of lead toxicity

Management

All suspected ingestions require determination of the object's location by plain CXR and AXR

Most FBs pass spontaneously - laxatives may assist

Ingestion of multiple lead FBs may require Whole Bowel Irrigation (please discuss with clinical toxicologist)

Measurement of blood lead concentration in acute lead FB ingestion is not routinely indicated

If the FB is lodged in the airway, urgent assessment and removal is required

If the FB is lodged in the oesophagus arrange endoscopy for urgent removal

If the FB is lodged in the stomach + patient is asymptomatic

- Discharge and encourage fluid intake
- Repeat X-ray in two days if the FB has not passed

If FB has been retained in stomach for two days or more

- Remove endoscopically and discuss with clinical toxicologist regarding utility of measuring blood lead concentration

If the FB has moved beyond the pylorus

- Intervention is not indicated and there is no need to measure a blood lead concentration
- Repeat X-ray in 10-14 days' time if has not already passed OR earlier if develops abdominal symptoms:
 - surgical consult and discuss with clinical toxicologist regarding utility of measuring blood lead concentration in these cases