Objectives: The objective of this report is to educate medical professionals and parents about the importance of recognizing and urgent treatment and intervention for cases of battery-induced local tissue injury, and to emphasize the importance of prolonged follow-up of patients suffering such damage to ensure proper recovery and management.

Methods: Two cases of battery-induced local tissue injury were reported. The anatomical basis for this study was the clinical presentation and outcomes of the two cases were compared.

Results: A 13-month-old girl with a history of severe upper respiratory infection was brought to the hospital with a history of several days of fever, cough, and vomiting. The patient was also noted to be tachypneic and tachycardic. Upon arrival, the patient was found to be in respiratory distress and was immediately intubated. An immediate laryngoscopy was performed and revealed a disc battery in the upper esophagus. The battery was removed and the patient was discharged home on postoperative day one.

A 15-month-old girl with a history of recurrent respiratory infections was brought to the hospital with a history of several days of fever, cough, and vomiting. The patient was also noted to be tachypneic and tachycardic. Upon arrival, the patient was found to be in respiratory distress and was immediately intubated. An immediate laryngoscopy was performed and revealed a disc battery in the upper esophagus. The battery was removed and the patient was discharged home on postoperative day one.

Discussion: The number of major or fatal outcomes from battery ingestion has increased by 6.7 fold over the past 25 years, given the rapidity and severity of tissue damage, efforts must focus on primary prevention. A large study of battery ingestions in children found that in 61.8% of cases the battery was directly from a product and in 8.2% from battery packaging. Manufacturers should produce more battery cases. Finally, the length of time of exposure to esophageal disc batteries removed several hours after ingestion, tissue damage may be severe and may last for days to weeks. Hence, early intervention and removal of the battery may be crucial.

Conclusion: Early recognition of this entity is crucial. Patients with symptoms of upper respiratory infection should be evaluated for foreign body ingestion, and active follow-up with an otolaryngologist is necessary for timely intervention and management.

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