

## NEWS

# For young hands, a peril too easily in reach

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Lincoln Punch was a week old in April 2011 when his 3-year-old sister found a pair of tweezers with a tiny light attached. The girl broke open the compartment containing two button batteries that powered the light, then fed the shiny disks to the baby.

Lincoln nearly died.

The batteries stuck in his throat and stomach and burned through his esophagus and trachea. Each breath was channeled into his stomach instead of his lungs.

His parents, Jennie and Tony Punch, of Sugar Grove, Pa., a small town two hours northeast of Pittsburgh, are suing the chain store that sold the tweezers. The company, they say, should have had warnings on the package that the batteries were dangerous and should be kept away from children.

"It's a huge part of society today and it has to be dealt with," said Shanin Specter, one of the attorneys in the case.

Children, especially under age 3, live hand-to-mouth in the most literal way. Their developing minds make them hell-bent investigators, so almost anything they can curl their fingers around is quickly deposited in the sensory lab of an orifice.

The Consumer Product Safety Commission first warned about button batteries in 1983, saying they should be kept away from children. And yet each year, about 3,000 children are injured and several die after swallowing the coinlike objects or sticking them up their nose.

"I wish we could get the message out about button batteries," said Glenn Isaacson, a professor of otolaryngology at Temple University School of Medicine. "They're in everything. Everything. That's part of the problem."

In his 30 years of practice, Ralph Wetmore, chief of otolaryngology at the Children's Hospital of Philadelphia, has retrieved a trove of objects from places where they did not belong: earrings, pendants, charms, toys, wads of paper, lentils, beads.

In babies like Lincoln Punch, the items are often a gift offered by siblings. Glitter in the ear, for instance, is considered a "positive sister sign."

And sometimes no human is to blame at all. To cite a particularly revolting example, cockroaches, seeking a dark, warm retreat, venture into ears all on their own.

Usually, thingamabobs fall out or pass through the body without causing a problem, Wetmore said. But the button batteries in hundreds of household objects, such as remote controls, hearing aids, toys, watches, and flashing jewelry, are the right size to become lodged in the nose or throat or the narrowing channels at the bottom of the stomach.

Isaacson recalled once trying to save a child who was taken to the hospital with flulike symptoms. As is often the case, the parents did not see him swallow anything.

Even batteries that are too weak to power small devices, he explained, carry enough charge to set up a current when they come in contact with the moist tissues of the nose and throat.

Within two hours, that current can erode through the nasal septum or the walls of the esophagus.

By the time Isaacson operated and removed the battery, the child had bled to death.

Since 1985, 45,476 children younger than 6 have ingested batteries, with a dramatic increase in more recent years. In 2012, 2,276 children swallowed them, more than four times the number in 1985.

Specter believes that parents are already overwhelmed with cautionary labels and public-service messages advising them of the dangers that everyday products pose to their children.

"We don't have to get rid of button batteries, and we don't have to get involved in a bunch of warnings," Specter said. "The first line of defense is a childproof package."

Nearly everyone agrees about the need for safer packaging, but most specialists say that warnings, too, are essential.

"In most cases, children get hold of them when they get thrown away," said Dr. Nicholas B. Slamon, a critical care specialist at the Nemours/Alfred I. duPont Hospital for Children.

Slamon recalled a recent case in which a mother tried to take her son's temperature, realized the thermometer's battery was dead, removed it, and tossed it in the trash. When the mother's back was turned, her toddler daughter dug through the garbage, found the battery, and popped it in her mouth.

Her doctors were not optimistic that they could save the girl, Slamon said, and they were intensely relieved when she survived.

"Our local, often heroic efforts ... are insufficient in addressing what is a national epidemic that requires national attention," said Peter Koltai, chief of the division of pediatric otolaryngology at Stanford University School of Medicine, announcing a task force to develop better "consumer education, product labeling, device X-ray specificity, political action, and fund-raising."

Koltai appointed Ian Jacobs, medical director of the Center for Pediatric Airway Disorders at Children's, to lead the task force.

Progress is being made, Jacobs said. The electronics industry, greeting-card companies, and battery makers are working with health professionals and consumer groups. Together, he said, they are developing warning labels, designing more secure battery compartments, and producing smaller batteries that won't get lodged even in the narrow passages inside a child's body.

These changes are welcome, Specter said, but they come too late for Lincoln Punch.

After swallowing the batteries, the baby required multiple, complex surgeries and spent months in the hospital. He developed blood clots that clogged the circulation to his extremities.

On his first birthday, his mother, Jennie Punch, posted an update on the website [caringbridge.org](http://caringbridge.org), where she has kept a journal of his recovery.

"Now that everything has been done, Lincoln lost all the tips of his fingers on his right hand, all of his toes on his right foot, his thumb, pointer finger, and half of his middle, ring, and pinky finger on his left hand. His left foot ... is almost half gone," she wrote. "But the good news is that he is learning to do all the things that he should be doing and it doesn't seem to bother him a bit! I'm so proud of my little man!!"