Sunday evening, immediately after putting our two year old to bed, my wife and I watched 60 Minutes and settled in to begin to enjoy what we thought would be a ‘relaxing’ evening.

Unfortunately, one of the lead stories that the program featured involved the dangers of ‘button batteries’. These batteries are especially dangerous to small children, because, as I learned from the show, the electrical current of the battery, once stuck in the esophagus, literally burns through the tissue surrounding it, causing holes in the esophagus. They are also, unfortunately, very easy to get stuck in a child’s throat.

My mind starting racing; “OK, what products do we have in the house that are powered by button batteries?” My concern was well-justified, as the vast majority of these tragic incidents occur to children under the age of four. Scouring the internet this morning, I found several articles warning the parents of small children about dangers they should heed. Sadly, I also saw blogs from the parents, in which they recount how they lost their child because of such a tragedy. These products are not the subject of recalls, mind you. These are batteries found in everyday products that you may have in your home. The damage can be permanent and may effect your child’s ability to eat and drink permanently.

I found a warning on-line from the Consumer Product Safety Commission (CPSC), going all the way back to March of 1983, almost 30 years ago:
Technologic advances in electronic miniaturization have increased the availability of miniature (button) batteries in homes, in watches, calculators, cameras, hearing aids, and games. Although the vast majority of these button batteries, when accidentally swallowed, will pass through the person without any problem, occasional severe complications and even fatalities have been reported. Batteries may become lodged in the esophagus or intestine, slowly leaking alkaline electrolytes and causing an internal chemical burn.

Battery ingestions are preventable. Important prevention and treatment information is available based on preliminary results of a National Button Battery Ingestion Study conducted by Dr. Toby Litovitz, director of the National Capital Poison Center, of 62 button battery ingestions reported to the National Capital Poison Center in the past 9 months, 59% involved batteries that were left out loose rather than properly discarded or stored; 39% of the batteries were in the product they were intended for, and removed from the product. Half of these batteries were in hearing aids.

Fast forward to the present, and the warnings are all over the place. In a recent article from examiner.com out of Baltimore, the urgency of getting the button battery out of the child as soon as possible is emphasized, due to how quickly damage can occur to the child’s throat:

The research also found there is only a two hour window to get the batteries out when lodged in the esophagus, which is less time than previously reported. Delayed removal can result in serious injuries such as tissue tears, burning, and internal bleeding.

Where can these batteries be found, and what can we do to help safeguard our children? A recent Reuters article provides us with some guidance:

They warn parents to keep not only loose batteries out of children’s reach, but also the household products that contain the batteries. In about 62 percent of cases where a young child swallowed a button battery, the child fished the battery out of a household item.

For an additional barrier, the researchers advise parents to place strong tape over the battery compartment of all household products.

They urge extra caution with any 20-mm lithium cell batteries, which can be recognized by their imprint codes — usually CR2032, CR2025 or CR2016.

On a final note, another danger is that doctors sometimes misdiagnose the injury, as the symptoms can be non-specific at times:

The current study found that in the majority of fatal or severe injuries, no one had seen the child swallow the battery. And because the symptoms of poisoning are non-specific — such as fever, vomiting, poor appetite and lethargy — doctors often initially misdiagnosed the problem.

Of course, the key is not to let your child get a hold of these ‘button batteries’ to begin with. We strongly urge you to check your homes for these products and to take the appropriate steps to safeguard your family.

We are also again providing the link for the CPSC, as we have previously done so many times in our website’s blog, for additional follow-up information.
