On July 25, the U.S. Consumer Product Safety Commission (CPSC) filed a lawsuit against Maxfield & Oberton, the manufacturer of Buckyballs and Buckycubes, after the company refused to cease distribution of the high-powered, rare-earth magnet products that have caused serious injury to children as a result of ingestion.

The North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN), representing 1700 pediatric gastroenterologists in the US, Canada and Mexico commends the CPSC for its decisive action and the retailers that have voluntarily decided to stop selling Buckyballs, Buckycubes and similar products.

In March, NASPGHAN brought to the Commission’s attention the increasing number of pediatric cases of high-powered magnet ingestion cases and presented survey data and case examples to Commission staff at a June public meeting.

"Many of our member physicians have had the unfortunate experience of removing these high-powered neodymium magnets from the gastrointestinal tract of innocent infants and children to reduce the risk of abdominal surgery," said Athos Bousvaros, M.D., President-elect of NASPGHAN. "It is simply unreasonable to suggest that product warnings are sufficient to prevent their accessibility to children and adolescents. The only solid way to prevent ingestion of these magnets is to ban them."

Neodymium magnets are extremely powerful magnets that can attract each other from a significant distance. There are reported cases of toddlers, older children, and teenagers swallowing these magnets. Toddlers swallow them because they are small, shiny, and sometimes brightly colored. Adolescents and teenagers are using them to mimic jewelry piercings in their mouth and nose, causing accidental ingestions. NASPGHAN has a documented case of a child swallowing 39 magnets, although ingesting two can result in similarly devastating complications and outcomes.

Because the attractive force of these neodymium magnets is remarkable, if more than two are swallowed, they may attract two loops of bowel together. Although the tissue of the intestinal tract is tough, it’s no match for these magnets. When two or more swallowed magnets are in different parts of the intestinal tract they still retain a powerful attraction for each other, coming together and pinching the intestinal walls that separate them, potentially causing bowel ulceration, perforations in the intestine, and severe injury.

"The CPSC did what was necessary to stop further unnecessary injury to children due to these products," said Kathleen Schwarz, M.D., NASPGHAN President. "No amount of education would ever universally convey to parents and guardians the danger that these magnets pose to children. It is illogical to suggest otherwise."

Health care professionals have been challenged with diagnosing magnet ingestions in a timely manner because of variation in the clinical presentation of patients. When magnet ingestions go immediately undiagnosed, the consequences can be devastating. For most patients who swallow two or more
magnets, endoscopic or surgical removal is required. NASPGHAN estimates that about half of magnet ingestions result in surgery and about a third in bowel perforations.

Representing pediatric gastroenterologists who are on the front lines of treating children with magnet ingestions, NASPGHAN is committed to protecting children from unnecessary, and in some cases, lifelong harm, as a result of these magnets.

Incorporated in 1972, The North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN), with more than 1700 members, is the leading society in the field of pediatric digestive diseases. NASPGHAN’s mission is to improve the quality of care and health outcomes for infants, children and adolescents with disorders of the gastrointestinal tract, the liver and nutritional conditions by promoting advances in clinical care, research and education.

The mission of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition is to advance understanding of normal development, physiology and pathophysiology of diseases of the gastrointestinal tract and liver in children, improve quality of care by fostering the dissemination of this knowledge through scientific meetings, professional and public education, and policy development, and serve as an effective voice for members and the profession.

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