CONDITION

Pencil eraser swallowing

Pencil eraser swallowing means accidentally or repeatedly swallowing part or all of an eraser.

WHAT IT IS
Swallowing part or all of a pencil eraser

BODY SYSTEM
Digestive tract and sometimes the airway

MAIN SYMPTOMS
Often none, coughing, belly pain, vomiting

WHAT CAUSES IT
Accidental swallowing or repeated non-food eating

HOW IT IS DIAGNOSED
History, examination, imaging, or endoscopy when needed

MAIN TREATMENT
Observation, endoscopic removal, or rarely surgery

CAN IT BE CURED?
Yes - most single episodes resolve completely

IS IT AN EMERGENCY?
Sometimes - choking or trouble breathing

LONG-TERM OUTLOOK
Full recovery is usual after passage or removal

Overview

Pencil eraser swallowing means that part or all of an eraser has been swallowed. It may happen accidentally, especially when someone chews a pencil or holds it in their mouth. Repeatedly eating erasers may be a form of pica , which is an ongoing urge to eat things that are not food.

Most modern pencil erasers are made from rubber-like materials. They are not usually considered poisonous when swallowed in a small amount. The main concern is physical: an eraser can become stuck in the throat, enter the airway, or block part of the digestive tract.

Risk depends on the size and shape of the piece, the age and size of the person, and whether anything else was attached. An eraser with a metal holder, called a ferrule, is different from a small piece of soft eraser because it may have sharper edges.

Many small, smooth pieces reach the stomach and pass without treatment. Larger pieces, repeated swallowing, or symptoms such as choking, vomiting, or worsening belly pain need medical attention.

Symptoms

A person who swallows a small piece of eraser may have no symptoms. They may not notice when it passes through the digestive tract.

Symptoms during or immediately after swallowing can suggest that the eraser is in the throat or airway. These may include:

An object stuck in the tube leading from the mouth to the stomach, called the esophagus , may cause a feeling that something is lodged behind the breastbone. A person may refuse food or drinks or bring them back up.

Symptoms that develop later may suggest irritation or a blockage in the stomach or intestines. These can include ongoing vomiting, worsening belly pain, a swollen belly, or difficulty passing stool or gas.

Coughing that continues after the swallowing event can mean that some material entered the airway. This is called aspiration . It needs medical assessment, even if breathing initially seemed normal.

- Sudden coughing, gagging, or choking
- Noisy, difficult, or unusually fast breathing
- Trouble speaking or crying normally
- Drooling or difficulty swallowing
- Pain in the throat or chest

Causes and risk factors

Accidental swallowing often happens when someone bites an eraser off a pencil, chews loose erasers, or puts small objects in their mouth. Young children are at greater risk because they explore objects with their mouths and have narrower airways.

The chance of a problem is higher when:

Repeatedly eating erasers may be related to pica. Pica can occur with iron deficiency or other nutritional problems, pregnancy, developmental conditions, mental health conditions, or stress.

Sometimes no single cause is found.

Chewing an eraser without swallowing it is not the same condition, but it can still create loose pieces that become choking hazards.

- The swallowed piece is large or irregularly shaped
- A metal pencil holder or another hard part is attached
- Several pieces were swallowed
- The person is very young
- There is a previous narrowing, surgery, or disease of the digestive tract
- Coughing, swallowing problems, or neurological conditions affect safe swallowing

Diagnosis

If there are no symptoms after a clearly observed swallowing of a small, soft piece, testing may not be necessary. A healthcare professional may instead ask about the eraser's size, shape, attached parts, and when it was swallowed.

The examination may include checking breathing, the mouth and throat, swallowing, and the belly. The clinician may listen to the lungs if aspiration is possible.

Plain X-rays can show metal parts and signs of some complications. Eraser material itself may not appear clearly on an X-ray because rubber-like materials do not always block X-rays well. A normal X-ray therefore does not always prove that no eraser is present.

Further testing may be considered when symptoms continue or the location is uncertain. This can include a CT scan, which produces detailed internal images, or endoscopy , in which a flexible camera is passed through the mouth to inspect the esophagus and stomach. Endoscopy can both locate and remove an object.

Blood tests do not confirm eraser swallowing. They may be used if there are concerns about infection, dehydration, nutritional deficiency, or repeated non-food eating.

Treatment and management

Treatment depends on where the eraser is, whether it is causing symptoms, and whether it is likely to pass safely.

A small, soft piece that has reached the stomach and is causing no symptoms can often be watched while it moves through the digestive tract. A clinician or poison information service

can advise whether home observation is reasonable.

Do not make someone vomit after they swallow an eraser. Bringing the object back up could cause choking or allow it to enter the airway. Do not attempt a blind finger sweep inside the mouth, because this may push an unseen object farther back.

An eraser lodged in the esophagus may need prompt removal with endoscopy. Removal may also be needed when the piece is large, symptoms persist, or metal or sharp material is attached.

An object that has moved into the intestine is usually monitored if it appears likely to pass. Surgery is rarely needed, but it may be required if the eraser causes a blockage, creates a hole in the bowel, or cannot be removed another way.

If swallowing is repeated, management should also address the reason. This may involve checking for iron deficiency, nutritional problems, pica, or difficulties with development, stress, or mental health. Support should be practical and non-judgmental.

Complications

Complications are uncommon after a small, smooth piece passes safely, but they can occur.

The most immediate danger is choking. An eraser can completely or partly block the airway. A smaller piece may also enter a breathing tube and cause ongoing coughing, wheezing, breathing difficulty, or later lung inflammation.

A piece lodged in the esophagus can cause pain, drooling, and difficulty swallowing. If it stays in place, it may damage the surrounding tissue.

In the intestines, a large piece or several pieces can form a blockage. Warning signs include repeated vomiting, increasing belly pain, swelling, and inability to pass stool or gas.

A tear or hole in the digestive tract is rare with a soft eraser. The risk is greater if a sharp or metal component was swallowed with it.

Repeated eraser eating can cause recurring choking or blockage risks. It may also be a sign of an untreated nutritional, developmental, or mental health concern.

Prevention

Not every accidental swallowing can be prevented. Risk can still be reduced by keeping detachable erasers and small pencil parts away from young children and anyone likely to put non-food objects in their mouth.

Avoid using pencils or erasers that are crumbling or coming apart. Discourage holding or chewing pencils during play, walking, or physical activity, when a sudden movement could push the object into the throat.

Repeated eraser eating is not always stopped by simply removing erasers. If it is related to pica, prevention may require identifying and treating an underlying nutritional or health issue. Safe replacement activities and support at home or school may also help.

Shame or punishment is unlikely to address the cause and may make the behavior harder to discuss.

Living with it and what to expect

A single episode of pencil eraser swallowing is usually a short-term event rather than an ongoing illness. Once a small piece has passed or been removed, lasting effects are not expected in most people.

There is no reliable way to predict the exact time an eraser will pass. Many swallowed objects move through within days, but timing is affected by the object and the person's digestive tract. Follow any specific monitoring advice given by a healthcare professional.

Routine follow-up may be needed if symptoms continue, the piece has not been accounted for, or imaging showed that it was slow to move. New vomiting, worsening pain, or abdominal swelling should not wait for a routine appointment.

Repeated swallowing has a different course. The behavior may continue for months or longer if an underlying cause is not addressed. Treatment of iron deficiency or another contributing condition may reduce pica for some people, but improvement is not guaranteed. Ongoing support may be needed to reduce access to unsafe items and manage triggers.

When to get medical help

Call emergency services immediately if the person cannot breathe, speak, cry, or cough effectively. Use age-appropriate choking first aid if you are trained to do so. If the person becomes unresponsive, begin emergency resuscitation as directed by the emergency dispatcher.

Emergency assessment is also appropriate for blue or grey lips, severe breathing difficulty, collapse, or coughing that began suddenly and does not settle.

Seek urgent medical care for:

Contact a healthcare professional or poison information service promptly if a large amount was swallowed, the size is uncertain, the person is a young child, or there is a history of digestive tract narrowing or swallowing problems.

A routine appointment is appropriate for repeated eraser eating without urgent symptoms. The visit can focus on pica, nutrition, iron levels, development, stress, and ways to reduce future swallowing.

- Drooling or inability to swallow liquids
- Repeated vomiting
- Severe or worsening chest or belly pain
- A swollen or very tender belly
- Blood in vomit or stool
- Fever together with significant digestive symptoms
- A swallowed eraser with attached metal or sharp material

Common questions

Are pencil erasers poisonous?

Small amounts of modern eraser material are not usually expected to cause poisoning. The more important concerns are choking, an object becoming stuck, or intestinal blockage. The risk may be different if ink, chemicals, metal, or other pencil parts were swallowed too.

Will a swallowed pencil eraser pass in stool?

A small, soft piece often passes through the digestive tract, but this cannot be guaranteed. Larger pieces and multiple pieces have a greater chance of becoming stuck. Medical advice is important if symptoms appear.

How long does it take for an eraser to pass?

There is no exact timetable. Swallowed objects that pass normally often do so within several days, but some take longer. Do not rely on waiting if there is vomiting, worsening pain, belly swelling, trouble swallowing, or breathing symptoms.

Should I make myself or my child vomit?

No. Trying to cause vomiting can bring the eraser into the airway and cause choking. Contact a poison information service or healthcare professional for advice based on what was swallowed.

Can an X-ray show a pencil eraser?

Not always. Soft rubber-like eraser material may be difficult to see on a plain X-ray. Metal attached to the eraser is more likely to appear. Persistent symptoms may lead to other imaging or endoscopy even when an X-ray is normal.

Why do I keep wanting to eat erasers?

Repeatedly eating erasers may be pica, an urge to eat non-food items. It can be linked to iron deficiency, other nutritional problems, pregnancy, developmental conditions, stress, or mental health concerns. A routine medical assessment can look for treatable causes without judging the behavior.

Sources

- U.S. National Library of Medicine. Eraser poisoning . MedlinePlus Medical Encyclopedia.
- Kramer RE, Lerner DG, Lin T, et al. Management of ingested foreign bodies in children: a clinical report of the NASPGHAN Endoscopy Committee. Journal of Pediatric Gastroenterology and Nutrition . 2015;60(4):562-574.
- ASGE Standards of Practice Committee, Ikenberry SO, Jue TL, et al. Management of ingested foreign bodies and food impactions. Gastrointestinal Endoscopy . 2011;73(6):1085-1091.
- Birk M, Bauerfeind P, Deprez PH, et al. Removal of foreign bodies in the upper gastrointestinal tract in adults: European Society of Gastrointestinal Endoscopy clinical guideline. Endoscopy . 2016;48(5):489-496.