

Foreign body: denture in oesophagus: a case report

Abstract

Accidentally swallowed dentures are one of the most common foreign bodies of upper digestive tract in elderly people and it can lead to severe complications. Complications ranging from oesophageal rupture, mediastinitis, haemetemesis, and recurrent laryngeal nerve injury has been reported. Therefore, an early detection and an early intervention are important. We are reporting a case of accidentally swallowed denture. After the diagnosis of an impacted denture was made, upper GI Oesophagoscopy was done and it was removed in emergency OT. This case highlights the importance of an early treatment in order to avoid complications.

Keywords: laryngeal, mediastinitis, diagnosis, foreign, denture

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Introduction

Foreign bodies in the oesophagus are commonly ingested both by adults as well as by children. In children, coins are more commonly seen foreign bodies, while in adults, dental prosthesis are the most commonly ingested accidentally. An accidental ingestion of a dental prosthesis can create a medical or a surgical emergency that can lead to serious complications, even death from aspiration of the foreign body.^{1,2} Considering the risk of complications associated with the denture ingestion, any adult patient with history of dysphagia and missing denture must be addressed as soon as possible.

Case report

A 50-year-old female patient was referred to the Department of ENT of our hospital from causality with the history of dysphagia from 2 hours. There was no history of any respiratory distress, on further examining patient, she revealed that she had recently started using dental prosthesis and gave history that while having dinner she felt as if she has ingested some very hard object, On further examination we noticed that had front teeth were missing and there was no dental prosthesis present. A preliminary diagnosis of foreign body in the oesophagus was made, chest and neck radiograph (PA and lateral view) were ordered and a laryngoscopy was done. X-ray revealed a soft tissue shadow with some metallic claws in the area of upper oesophagus, while laryngoscopy did not give us any information (Figure 1).



Figure 1 Post op events were unremarkable.

Patient was planned for rigid oesophagoscopy under GA in emergency OT. During the procedure, denture was seen in the upper oesophagus, which was removed Figure 2 carefully without injuring the oesophagus. Post op events were unremarkable. The patient was maintained with parenteral feeding and antibiotics. She remained afebrile and without evidence of infection. A post operative chest X-ray was obtained, which came out to be unremarkable.



Figure 2 Injuring the oesophagus.

Discussion

Coins are the most common foreign bodies in oesophagus of children, while dentures are commonly seen in old people. This may be due to the decreased sensation of the oral cavity in denture wearers or due to the poor motor control of the laryngopharynx.³ Mostly, Patients presents with dysphagia (92%), rest symptoms include hypersalivation, retrosternal pain and fullness, regurgitation, and odynophagia. X-rays can determine the exact site of the impacted foreign body, if it is radio opaque. Dentures, however, are frequently made of radiolucent material and thus, they are difficult to identify on plain X-Rays, though the attached metallic claws are made up of wires which are radio opaque, these wires can help in locating them.^{1,4} There are many potential dangers associated with dentures, especially the one who have sharp metallic edges,² as were present in our case.

Complications like late onset trachea oesophageal fistula can be seen.⁵ Hematemesis has also been reported.⁶ A case of missing denture impacted, mimicking oesophageal cancer and presenting with RLN palsy has also been reported.^{7,8} Thus, urgent and early intervention is required in management of the cases of impacted dentures, as the risk of the complications increase, the longer it takes before an appropriate intervention.

Conclusion

We have illustrated that the prompt management of a denture in the oesophagus is required to prevent complications. Also, even if the patient does not complain of dysphagia, even then, the patient should be investigated thoroughly with respect to the position of the denture and its associated complications and it should be treated as early as possible, so that any catastrophe can be prevented. In order to avoid a complication like that, the use of removable partial denture to replace only one or two teeth must be completely contraindicated, instead definitive dental prosthesis must be encouraged. The patient must be explained the possibility of accidental ingestion of dentures during the treatment planning. In consequence, in case of a suspected ingestion, the patient must be directed to go to a hospital as quick as possible because of the risk of perforation and mediastinitis.

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Conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this paper.

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