



## RESEARCH ARTICLE

## Unusual presentation of an Ingested Denture

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**Manuscript Info****Manuscript History:**

Received: 15 January 2015  
Final Accepted: 22 February 2015  
Published Online: March 2015

**Key words:**

foreign body, oesophagus, denture,  
thoracoscopy

**\*Corresponding Autho****Dr. Sarvesh****Abstract**

We report a case of impacted denture in the mid oesophagus for 27 years and was successfully extracted by thoracoscopic approach. Impacted foreign body in the oesophagus are common and presents with a variety of vague symptoms [1,2]. However , this particular case is interesting because denture remain lodge in oesophagus for a prolonged period without complications.

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**INTRODUCTION**

Accidental foreign body ingestion is a common problem in pediatric age group because of their habitual insertion of objects into their mouth and lack of posterior dentition while objects commonly ingested by elderly may be accidental or deliberate. Abdullah et al. in 1998 , reported that dental prosthesis accounted for 11.5% of impacted tracheal or oesophageal foreign bodies [2].

We report a case of impacted denture in the oesophagus of a 61 year old male which is unique because of the duration for which foreign body was impacted in the oesophagus without complications and was successfully managed by thoracoscopy.

**Case report**

A 61 year old man presented to gastrosurgery department with a three month history of dysphagia to solids, passage of clotted blood with sputum. On investigation his past history it was revealed that patient had presented 27 year ago to the emergency department with a history of ingested denture while eating. He was treated symptomatically hoping that denture will pass along with faeces its own. Patient remained asymptomatic for 5-6 year then experienced dysphagia for solids . His upper gastrointestinal endoscopy revealed narrowing of lumen at 28-30 cm. and multiple biopsy were negative for malignancy. Ba swallow showed long irregular strictured segment at D4-7 with shouldering. Patient was advised surgery but he refused and remained asymptomatic for next 19 years.

Now he came with complaint of hemoptysis and malena for the past two years. Endoscopy showed mid oesophageal impacted denture with granulation tissue and scope could not be crossed. CT imaging confirmed a irregular soft tissue density just above carina on right side. Patient was posted for thoracoscopic extraction of denture with one lung ventilation strategy using endobronchial blocker. A small incision was made on the oesophagus at the level

of impacted denture and was extracted (fig.-2) with forceps. The defect in the oesophagus was sutured and fine bore naso gastric tube was positioned for feeding. Postoperatively, patient was monitored closely for any signs of surgical emphysema or mediastinitis. On the 4<sup>th</sup> postoperative day patient was discharged home after undergoing a normal water soluble contrast swallow study. Subsequent follow up was uneventful.

## Discussion

In the aged, the commonest foreign body found is dentures[3], because of decreased sensation of the oral cavity in denture wearer, a gradual loss of sensation and poor motor control of the laryngopharynx. The present case reveals the importance of suspicion and taking detailed history with good examination to detect foreign body [4]. Diagnosis is difficult as these patients come with vague symptoms such as neck pain, drooling of saliva, choking sensation, hemoptysis, fever, regurgitation of undigested food and odynophagia [5].

X ray of neck (lateral view) is the most useful investigation with presence of air in the oesophagus being a significant finding [6], but radiolucency of denture makes radiological diagnosis difficult. It is reported that only 22% of dental prosthesis impacted in oesophageal mucosa were found in lateral soft tissue neck radiograph [2].

It is important to know that ill fitting and damaged denture have a risk of accidental ingestion after trauma, intoxication, loss of consciousness or sleep [7]. Reported complications are oesophageal obstruction & perforation, mediastinitis, pneumopericardium, pneumothorax, fistulas and aortic erosion [8]. Open oesophagotomy is the most effective method of extracting impacted dentures [9]. But extraction of foreign body in thoracic oesophagus by thoracotomy is associated with high morbidity [10,2]. Thoracoscopic approach can overcome all the morbidity of open thoracotomy.

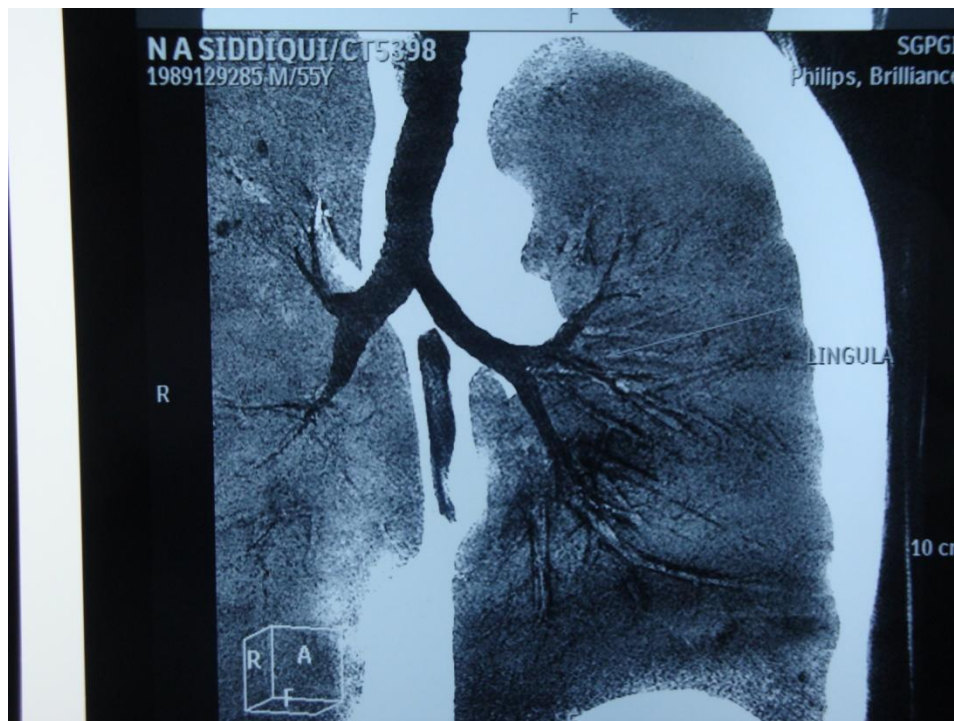


fig.1: CT scan of chest with foreign body in the oesophagus



Fig 2: impacted dentures

### conclusion

we support the importance of detailed past history with examination and to educate people for paying attention about the stability of denture in oral cavity. Surgery is the treatment of choice for impacted dentures as endoscopic extraction can cause perforation, and thoracoscopy minimizes the trauma of thoracotomy.

**Acknowledgement :** nil

**Conflict of interest:** none declared

**Source of support:** nil

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