



CLINICAL CASE

Accidental Ingestion of Dentistry Material – Report of Cases and Challenges from the Pediatrician Point of View



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Abstract

Introduction: Aspiration or ingestion of foreign bodies may occur during dental procedures. Diagnosis and management of these accidents is sometimes challenging. The authors present a small series of clinical cases:

Case 1: Adolescent observed due to suspected accidental bracket ingestion, not visible on x-ray, removed by upper digestive endoscopy.

Case 2: Adolescent observed after accidental ingestion of a dental file. Conflicting results in image exams and absence of object progression led to enteroscopy for extraction.

Case 3: Adolescent observed due to accidental ingestion of a surgical blade, visualized on image study but not accessible by endoscopy, resulting in latter spontaneous elimination.

Discussion: Image study is frequently useful when metallic object ingestion is suspected, but has some limitations. In some cases, mucosal protections must be used during removal procedures. Prevention of such accidents is the best approach, using appropriate protections to secure airway and digestive tract during dental procedures.

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PALAVRAS-CHAVE

Corpos Estranhos;
Cuidados Dentários;
Endoscopia;
Tracto
Gastrointestinal

Ingestão Acidental de Material Dentário – Casos Clínicos e Desafios do Ponto de Vista do Pediatra**Resumo**

Introdução: A aspiração ou ingestão de corpos estranhos pode ocorrer durante qualquer procedimento dentário. O diagnóstico e a resolução destas situações podem colocar desafios. Os autores apresentam três casos clínicos:

Caso 1: Adolescente observada por suspeita de ingestão acidental de um bracket de aparelho fixo de ortodontia, não visualizado na radiografia e removido por endoscopia digestiva alta.

Caso 2: Adolescente com história de ingestão acidental de uma lima de dentista. Os exames complementares realizados não foram esclarecedores e, dado não haver progressão do corpo estranho, foi necessária a sua remoção por enteroscopia.

Caso 3: Adolescente que recorre à urgência por ingestão acidental de uma lâmina de dentista, inacessível por endoscopia e que acabou por ser eliminada espontaneamente.

Discussão: Os exames imagiológicos são habitualmente úteis na suspeita de ingestão de corpos estranhos metálicos mas a informação que fornecem é limitada. A natureza cortante do material dentário deglutido exige que se tomem cuidados adicionais na sua remoção, utilizando auxiliares protectores. A prevenção destes acidentes deve ser promovida, recorrendo a protecções da via aérea e digestiva durante a realização de procedimentos dentários.

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1. Introduction

Ingestion of foreign bodies may occur during dental procedures.¹⁻⁴ Orthodontic components are mostly small, handling can be difficult and any object that is placed into or removed from the oral cavity can be aspirated or ingested.^{2,4} Supine or semi-recumbent position of the patient can increase the risk for such accidents; moreover, oral cavity is usually of limited access and visibility.² Diagnosis and management of foreign objects' ingestion is sometimes challenging. Depending on the features of ingested material, these accidents can present minimal danger or need urgent medical evaluation.²⁻⁵

After accidental ingestion, 75% of foreign bodies pass the gastrointestinal tract spontaneously.⁶ However, it is known that sharp and pointed objects are associated with higher complication rates, such as perforation of the gastrointestinal tract, hemorrhage and ulceration. Depending on anatomic location and the objects' features, urgent endoscopic evaluation may be necessary.

The aim of this article is to present three cases of accidental ingestion of dentistry materials in previously healthy patients, to draw attention to the difficulties in diagnosing and managing these accidents and to the need to prevent them.

2. Cases report

2.1. Case 1

A seventeen-year-old adolescent girl was observed in the emergency department after suspected accidental ingestion of a bracket from her dental braces, during sleep. The only

symptom was abdominal pain. Initial evaluation included chest and abdominal X-rays, but no foreign object was visualized and there were no radiological signs of intestinal perforation or occlusion. Due to the persistence of symptoms, upper digestive endoscopy (UDE) was performed and it revealed a metallic object compatible with the braces' bracket inserted in the gastric antrum mucosa (Fig. 1). The metallic bracket, 3 mm × 4 mm, was successfully removed using an endoscopy retrieval net and a small ulceration was identified in the gastric mucosa.

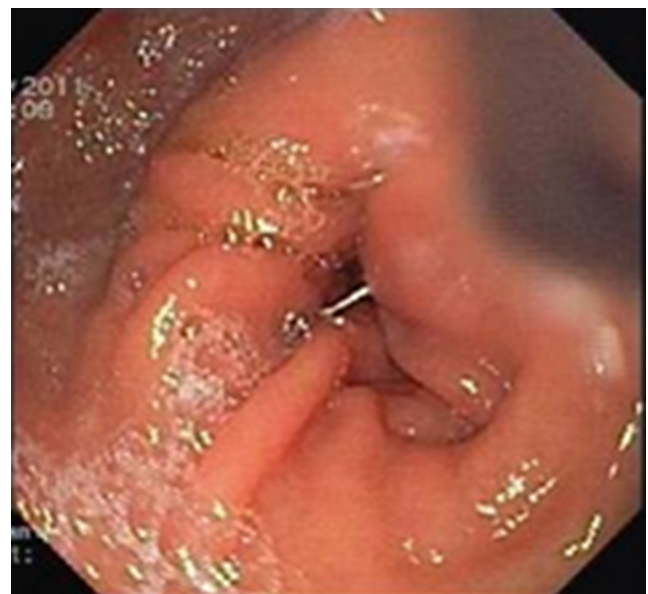


Figure 1 Metallic bracket inserted in gastric antrum.

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