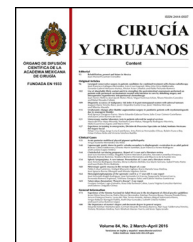




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CLINICAL CASE

Accidental ingestion of dental prostheses; 2 scenarios in the management and outcome. Case reports[☆]



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KEYWORDS

Dental restoration;
Endoscopy;
Colonoscopy;
Sigmoid;
Foreign body

Abstract

Background: Foreign body ingestion is the second cause of endoscopic emergency in the elderly, and dentures are the most frequent accidentally ingested objects. Once in the stomach, their expulsion can be expected in 4–6 days. The treatment is wait and see in asymptomatic patients, but preventive endoscopic removal can also be performed.

Objective: To present 2 scenarios of the outcome and treatment in patients with foreign body ingestion.

Case report: Patient under study due to weight loss, with a denture detected by abdominal X-ray, ingested inadvertently a year ago. A laparotomy was required as extraction by colonoscopy failed, due to excessive inflammation. The second case, of 24-h onset, was due to the ingestion of a partial denture. As duodenal endoscopy extraction was unsuccessful, the patient was kept under observation. When it did not pass the caecum, it was extracted by colonoscopy, with no further complications and shorter hospital stay.

Conclusions: Follow-up can be by simple abdominal X-ray, with endoscopic management if there is insufficient progress. In one of our cases, the outcome was unfavourable due to time of ingestion, and endoscopic management was not possible, whereas in the second case colonoscopy was performed early with success. Proper diagnostic and timely treatment mark the difference in the progression and outcome of the ingestion of foreign bodies.

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PALABRAS CLAVE

Prótesis dental;
Endoscopia;
Colonoscopia;
Sigmoides;
Cuerpo extraño

Ingestión accidental de prótesis dental, 2 panoramas en el manejo y evolución. Reporte de casos

Resumen

Antecedentes: La ingestión de cuerpos extraños es la segunda causa de urgencia endoscópica en adultos mayores. Las prótesis dentales son los objetos más frecuentemente ingeridos de forma accidental. Una vez en el estómago, se puede esperar su expulsión de 4 a 6 días. El tratamiento es la conducta expectante en pacientes asintomáticos, pero puede hacerse la remoción preventiva endoscópica.

Objetivo: Mostrar 2 panoramas distintos en la evolución y manejo endoscópico de la ingesta accidental de prótesis dental.

Caso clínico: Paciente estudiada por pérdida de peso. Se detectó en radiografía abdominal prótesis dental, ingerida inadvertidamente hace un año. Falló manejo con colonoscopia por intensa inflamación y requirió laparotomía para la extracción. Segundo caso, con 24 h de evolución de ingesta de prótesis dental, en un primer intento falló la extracción endoscópica del duodeno, se dejó a libre evolución y, al no progresar en el ciego, se realizó colonoscopia, extrayendo prótesis dental con éxito, sin complicaciones y con menor estancia intrahospitalaria.

Conclusiones: El seguimiento de la ingesta de prótesis dental puede ser con radiografías simples de abdomen; de no haber progresión, debe considerarse un manejo endoscópico. Uno de nuestros casos presentó desenlace desfavorable por el largo tiempo de evolución, sin que pudiese ser manejada endoscópicamente, mientras que la otra pudo ser manejada con colonoscopia. Una sospecha diagnóstica y un tratamiento oportuno pueden ser la diferencia en la evolución y resultado final de la ingesta de cuerpos extraños.

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Background

The ingestion of foreign bodies is the second cause of endoscopic emergencies in Spain.¹ In older adults, the most frequent accidentally ingested objects are dental prostheses, particularly partial, removable dentures.^{2,3} Approximately 80–90% of ingested foreign bodies will pass through the entire digestive tract and be expelled rectally, without causing any problems.⁴

Foreign bodies can be classified as, (1) “food bolus” (fibrous poorly-chewed food), (2) blunt objects, (3) cutting or stabbing objects, (4) foreign bodies with a particularly dangerous content (drugs or batteries) and (5) medical material that has become dislodged (dental and enteric prostheses, retained endoscopy capsule, etc.).¹ The clinical manifestations vary, and can include dysphagia and neck discomfort when the object is located in the oesophagus. Once it reaches the stomach it can take from 4 to 6 days to be expelled.⁵

Once ingestion has been established, the proposed management is wait and see, especially if there are no symptoms.² The object would be expected to be expelled within approximately the following 48 h.⁶ Preventive endoscopic removal is also possible in the likelihood of an obstruction.⁷ It is estimated that 76% of patients will require endoscopy and 16%, surgical intervention.⁵

The anatomic sites of obstruction in descending order are the upper oesophageal sphincter, the aortic arch and diaphragmatic hiatus. Once the object reaches the

stomach it can continue to pass through to the ileocaecal region almost without difficulty.⁵ This is the area most commonly perforated, which is reported in up to 75% of cases. In addition to narrow areas, areas of angulation or retrovesical pouches, they can also lodge in flange areas or surgical anastomotic openings.⁸

Dentures cannot replace real teeth and compromise the discriminatory tactile sensitivity of the oral cavity,¹ and can be inadvertently ingested. Management of this situation, although similar, can have a different outcome. Therefore we compared the clinical presentation, management and outcome of 2 cases of ingestion of a dental prosthesis.

Objective

Our aim was to show 2 different scenarios in terms of outcome and the endoscopic management of accidental ingestion of a dental prosthesis.

Clinical cases

A retrospective revision was carried out from 2014 of 2 patients admitted to the General Surgery Department of the *Hospital Central Norte de Petróleos Mexicanos*, diagnosed with accidental ingestion of a foreign body (denture) and managed with the support of the gastroenterology and proctology Departments.

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