



## CLINICAL IMAGE

### Accidental Ingestion of a Dental Bridge

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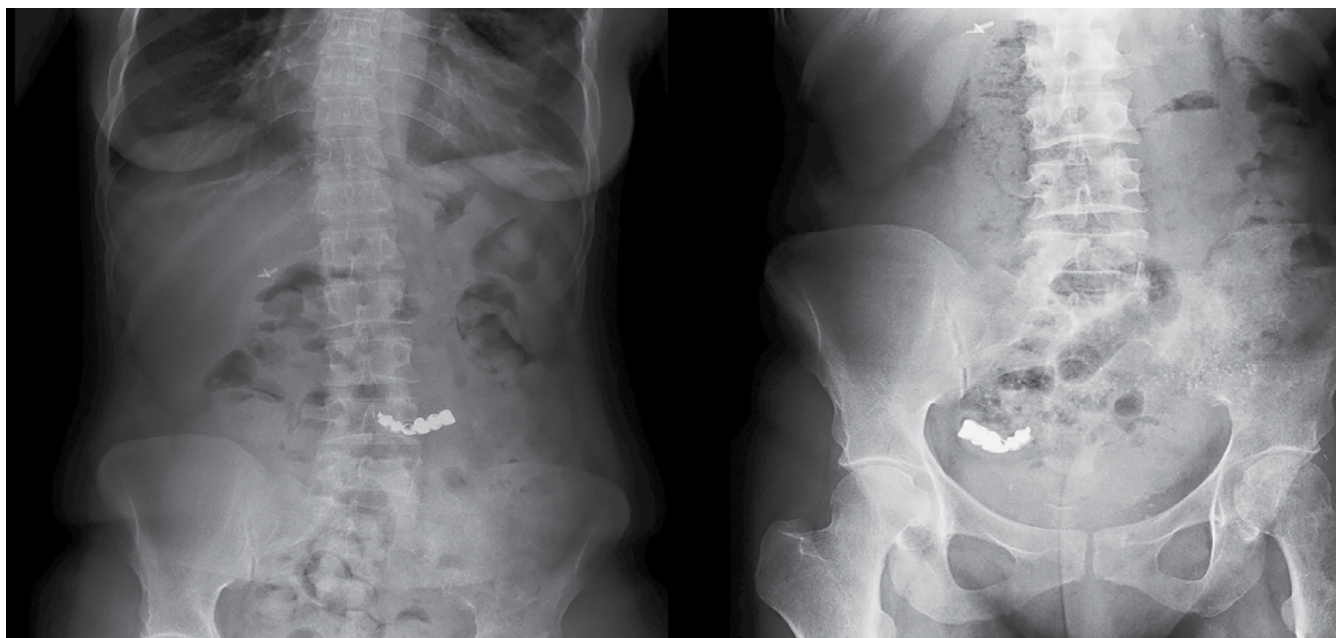
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#### Clinical Image

A 44-year-old female presented at the accident and emergency service for having swallowed a dental bridge few hours before during dinner. At the time of the visit, she was completely asymptomatic and no abdominal discomfort was reported. She had no background of mental disorder or misuse of alcohol or other drugs. The ingestion was reported to have happened accidentally and unconsciously. Abdominal x-ray showed the foreign body at the level of the fourth lumbar vertebra, likely to be located in the greater gastric curvature

(Figure 1, left panel). The patient was discharged home with recommendation to come back to hospital in case abdominal pain or further concern would have risen.

Eight days later, she returned at the emergency department still asymptomatic but very worried for not having passed the denture. A new plain film showed the foreign body being moved onto the right pelvis, likely at the level of the last ileal loop (Figure 1, right panel). In the absence of symptoms or signs that may justify an urgent operation, the lady was suggested again to leave the hospital waiting for the dental bridge to pass spon-



**Figure 1:** Abdominal X-ray showing the dental bridge lying in the stomach a couple of hours after ingestion (left panel), and moved onto the terminal ileum a week later (right panel).

taneously. Currently, no more admission records exist for this patient.

Although sporadically encountered in the clinical practice, the ingestion of a dental bridge rarely requires a urgent laparotomy, for more than 99% of the foreign bodies pass spontaneously through the digestive tube, usually within a week [1]. Selected professions, i.e. carpenters and dressmakers, and people who wear dentures are classified “at risk” population for accidentally swallowing foreign bodies. Whereas children, psychiatric patients, alcoholics and prison inmates are more likely to ingest them intentionally [2]. The wearing of dentures, in particular, eliminates the palate’s tactile sensitivity, and decreases therefore the chance to detect atypical food bolus [3].

Rarely, major surgical complications have been reported, with the terminal ileum described as the most common site of perforation [1,3]. In such an unfortunate scenario, in the presence of fever, elevated white cells count and evidence of free air under the diaphragm, the

first priority would be the surgical removal of the denture with primary repair of the localized perforation or even the resection of the perforated intestinal segment. However, in our case, a watch and wait behaviour remains the best approach to avoid useless bowel resections.

### Disclosure Statement

No competing financial interests exist.

### References

1. Goh BK, Chow PK, Quah HM, Ong HS, Eu KW, et al. (2006) Perforation of the gastrointestinal tract secondary to ingestion of foreign bodies. *World J Surg* 30: 372-377.
2. Pinero Madrona A, Fernández Hernández JA, Carrasco Prats M, Riquelme Riquelme J, Parrila Paricio P (2000) Intestinal perforation by foreign bodies. *Eur J Surg* 166: 307-309.
3. Rashid F, Simpson J, Ananthakrishnan G, Tierney GM (2008) Swallowed dental bridge causing ileal perforation: a case report. *Cases J* 1: 392.