

Impacted Foreign Body of The Hypopharynx in An Adult

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ABSTRACT

Ingestion of foreign bodies is a common scenario encountered in an ENT emergency, especially in children and older people, who account for 75–85% of upper Gastro-intestinal cases. Edentulous adults are also at risk, often swallowing food boluses or dental prosthesis. A 50-year-old male presented with sudden dysphagia after accidental ingestion of a single-tooth denture. Video laryngoscopy revealed the denture impacted in the left pyriform fossa, which was then removed successfully under general anesthesia using direct laryngoscopy and grasping forceps. The symptoms of the patients were completely relieved, and no complications were found at 12 months of follow-up postoperative.

KEYWORDS: *Diagnosis, Foreign body, Pharynx, Surgery.*

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INTRODUCTION

Foreign body aspiration is a potentially life-threatening condition that most commonly occurs in infants younger than 12 months, but it may also be seen in elderly individuals over 75-years of age and in patients with intellectual disabilities irrespective of age. In older individuals, dental prosthetic appliances such as crowns and dentures are among the frequently reported causes of foreign body aspiration.¹ When a small foreign body, for example a dental crown, becomes lodged in the trachea, adult patients may remain asymptomatic or present only with minimal symptoms. However, when larger dentures are ingested or aspirated and become impacted in regions extending from the laryngopharynx to the upper oesophagus, or within the larynx, the clinical manifestations can vary depending on the exact site of impaction.²

When such dentures become lodged in the larynx, patients commonly present symptoms such as coughing, choking, hoarseness of voice, and gagging. In some situations, these foreign bodies may remain unnoticed, particularly if they are small or if the patient is debilitated. In such cases, the presenting complaints may be subtle and include symptoms like pharyngeal paraesthesia, halitosis, and other nonspecific throat discomfort.³

CASE REPORT

A 50-year-old male presented with sudden dysphagia after accidental ingestion of a single-tooth denture few hours ago. He was a known case of type 2 diabetes mellitus. The single tooth denture had been accidentally ingested during consumption of a meal where he was talking to family members while eating. He also had the complaint of the

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denture being loose for quite some time and had been meaning to follow up with his dentist for the same for a check-up. Symptoms included foreign body sensation in the throat along with pain and choking sensation. Video laryngoscopy revealed the denture impacted on the left pyriform fossa.

The denture was removed successfully using direct laryngoscopy and grasping forceps under general anaesthesia.

DISCUSSION

Foreign bodies in the pharynx are usually a frequent complaint encountered by otolaryngologists, particularly in emergency settings. Most of these are food-related, with fish bones being the most commonly implicated. These foreign bodies may become lodged in various anatomical sites such as the palatine tonsils, base of the tongue, vallecula, and pyriform sinuses.

In elderly individuals, both partial and complete dentures carry a risk of accidental ingestion, especially when they are poorly fitting. Fractured dentures may possess sharp



Figure 1: Shows the single tooth denture post removal

margins, and in some cases, metallic wires attached to the prosthesis may further increase the risk of injury. Such features make dentures particularly hazardous to foreign bodies within the upper aerodigestive tract.

Chest radiography has an important role in the evaluation of swallowed dentures. However, while radiographs can be valuable in identifying complications caused by the impacted denture—such as pneumomediastinum or surgical emphysema—they are often less reliable for directly detecting the foreign body itself, since most dentures are radiolucent and therefore not easily seen on X-rays.¹

Additional imaging modalities may be helpful in certain situations; however, the significance of video laryngoscopy cannot be overlooked. It allows direct visualization of the foreign body and facilitates guided removal, thereby providing rapid relief to the patient.

Patient education plays a crucial role in preventing denture aspiration. Increasing awareness about potential complications, emphasizing the importance of regular follow-up, and encouraging proper denture maintenance are essential preventive measures. Ensuring an appropriate denture fit, maintaining good oral hygiene, and scheduling periodic dental evaluations can significantly reduce the likelihood of such emergencies. Promoting this proactive approach can help maintain good patient care in individuals using dentures while effectively reducing the risk of complications.²

Prevention Strategies

Ensuring a proper denture fit and educating adult patients with dentures about the hazards it can possess if they do not visit their dentist from time to time for appointments and maintain proper hygiene is the need of the hour. Figure 1 depicts the same in an interactive infographic image.

CONCLUSION

Swallowed dentures present a considerable diagnostic as well as therapeutic challenge. When there is no definite history of denture ingestion, careful history taking and thorough clinical examinations become essential to detect this potentially serious condition. Establishing the diagnosis may be difficult, mainly because most dentures are radiolucent on imaging studies. The presence of sharp metallic components, such as clasps—particularly in removable partial dentures — can result in significant mucosal injury or other complications. Once the diagnosis is established, prompt removal of the ingested denture is necessary to reduce the risk of severe complications. The management of an impacted swallowed denture would be better managed with a multidisciplinary team approach that could include an ENT surgeon, gastrointestinal surgeon, gastroenterologist and an anaesthetist.

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