


## Asymptomatic denture impaction at the cervical esophagus

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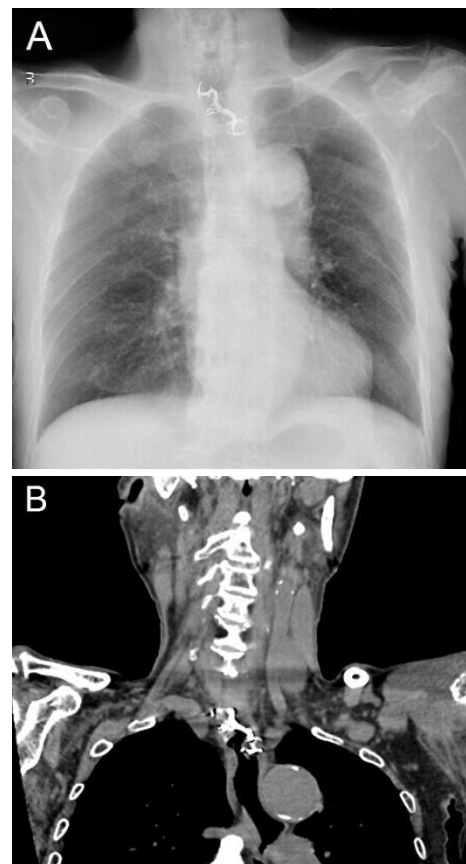
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Dear Editor,

An 85-year-old man with advanced dementia presented to the emergency department with a history of suspected accidental ingestion of a denture. His family noticed a missing denture at dinner. He had no symptoms, and his vital signs were normal. X-ray and computed tomography showed impaction of the denture at the cervical esophagus (**Figure 1**). Due to poor performance status, the swallowed denture was removed by endoscopy (**Figure 2**). Since mucosal injury occurred during the procedure (**Figure 3**), parenteral nutrition and intravenous antibiotic therapy were initiated. Oral intake was restarted 3 days later.

Accidental denture swallowing is frequently seen among the elderly [1-2]. The risk factors include neurological impairment, dementia, psychiatric disorders, alcohol intoxication, loss of consciousness, and learning difficulties [1-2]. Denture impaction often occurs at the esophagus and is associated with life-threatening complications including bleeding, perforation, and obstruction due to its large size and pointed edges [1-3]. Most of patients present with dysphasia and odynophasia [1-3]. Although suggestive history of denture ingestion provides a clue for the diagnosis, patients with the above-mentioned risk factors may be unable to recognize that they had ingested their dentures; thus, careful examination along clinical suspicion is important [1-2]. Radiography is useful to detect ingested dentures [1-3]. However, if the materials used in dentures are radiolucent, X-ray may provide no information of diagnostic value.

Endoscopic removal has the risks of esophageal tear and perforation [1-3]. In high-risk patients or patients with any complication, surgery is preferable to endoscopic removal [1-3]. Small perforations of the cervical esophagus in adult patients caused by foreign body impaction or endoscopy can be managed by observation, restricted oral intake, and intravenous antibiotics [2]; therefore, endoscopic removal was indicated in the present case.



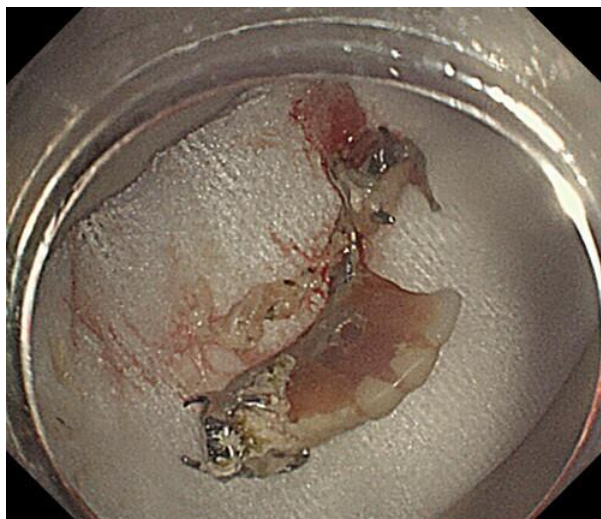
**Figure 1.** X-ray (Panel A) and computed tomography (Panel B) showing impaction of a denture at the cervical esophagus (reprinted with permission of the patient)

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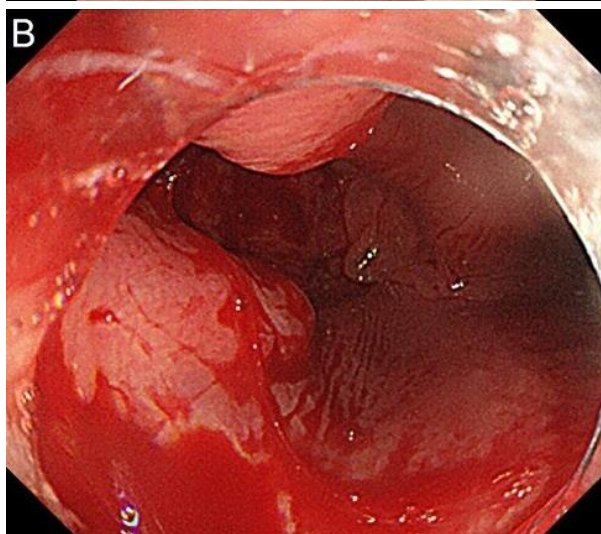
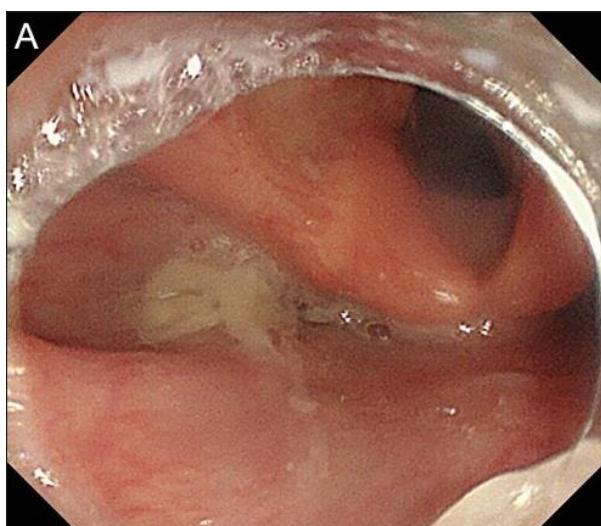
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## An ingested denture



**Figure 2.** The endoscopically removed denture (reprinted with permission of the patient)



**Figure 3.** Endoscopic views of the hypopharynx before (Panel A) and after the procedure (Panel B) (reprinted with permission of the patient)

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**Declaration of interest:** No conflict of interest is declared by the author.

**Data sharing statement:** Data supporting the findings and conclusions are available upon request from the author.

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