

Asymptomatic denture impaction at the cervical esophagus

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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.

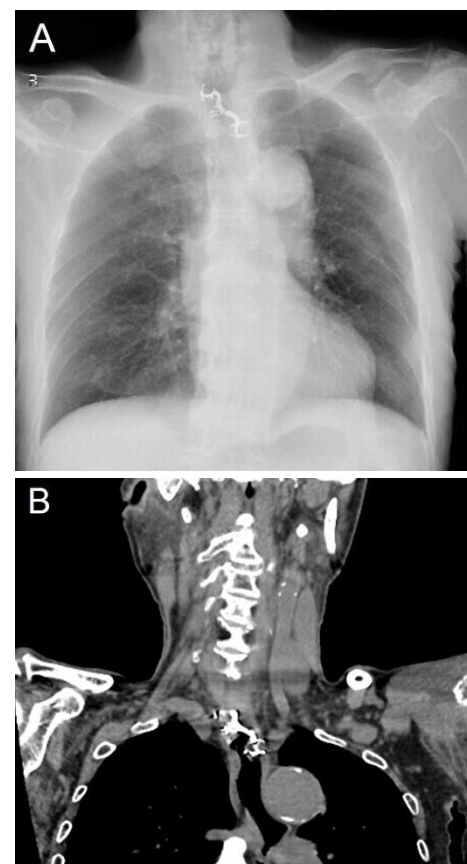


Figure 1. X-ray (Panel A) and computed tomography (Panel B) showing impaction of a denture at the cervical esophagus (reprinted with permission of the patient)

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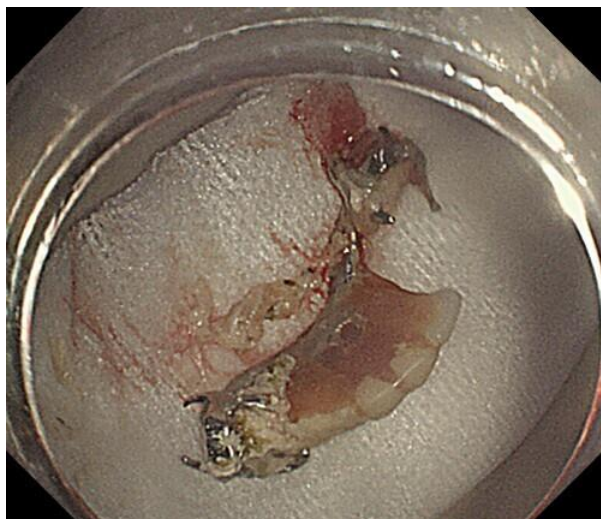


Figure 2. The endoscopically removed denture (reprinted with permission of the patient)

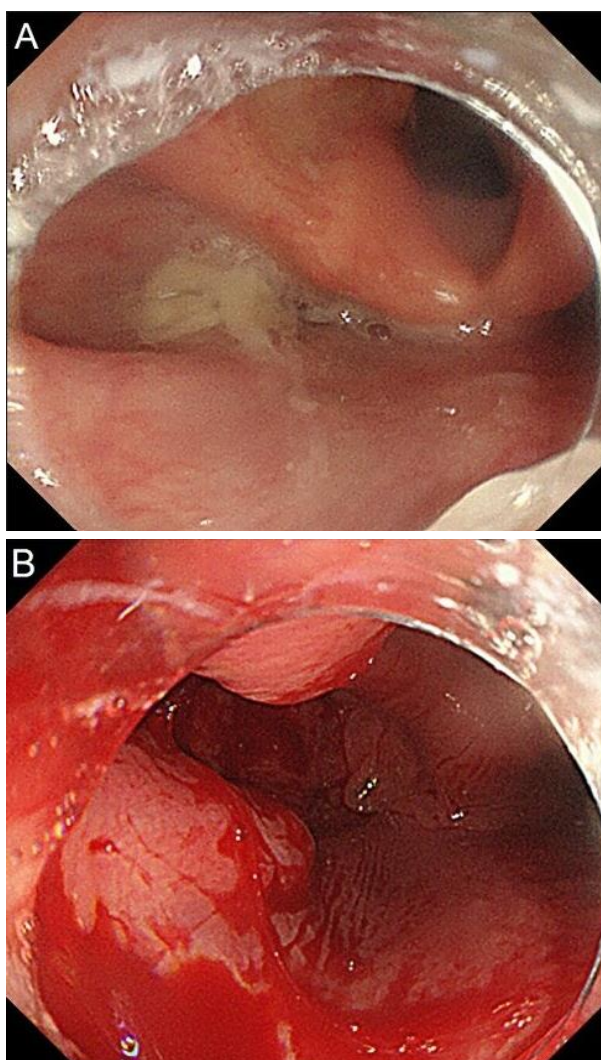


Figure 3. Endoscopic views of the hypopharynx before (Panel A) and after the procedure (Panel B) (reprinted with permission of the patient)

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Ethical statement: Author stated that as this study is a clinical case report, no ethics committee approval was required. Written informed consent was obtained from the patient's family for submission of case reports and clinical pictures for potential publication.

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.

REFERENCES

1. Hussain T, Slattery F, Munir J. Accidental swallowing of dentures: case report and literature review. *Int J Otorhinolaryngol Head Neck Surg* 2022;8:837-40. doi: 10.18203/issn.2454-5929.ijohns20222362.
2. Dar GA, Ganie FA, Ishaq M, Jan K, Ali ZS, Lone GN, et al. Prolonged impacted denture in the esophagus: a case report and review of the literature. *Bull Emerg Trauma* 2015;3:32-5. doi: 10.7508/beat.2015.01.006.
3. Dalvi AN, Thapar VK, Jagtap S, Barve DJ, Savarkar DP, Garle MN, et al. Thoracoscopic removal of impacted denture: report of a case with review of literature. *J Minim Access Surg* 2010;6:119-21. doi: 10.4103/0972-9941.72600.