

Accidental Swallowing of Mandibular Partial Denture

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The prevalence of adults wearing dentures is approximately 20% between the ages of 18 and 74 [1]. In spite of this, the incidence of accidental swallowing or aspiration of dentures is still not known and remains rare. Swallowing seems to be more common than aspiration. The most frequent cause of swallowing is inadvertent deglutition [2]. The risk factors for ingestion are wearing of faulty design or broken or ill fitting dentures, trauma, alcoholism, general anaesthesia (GA), epilepsy, etc. Accidental aspiration or ingestion of partial denture causes severe problem in diagnosis, localization and treatment owing to their radiolucent nature. Early diagnosis of an impacted or ingested denture in many cases is complicated. Too often the size and configuration of these objects compounds their impaction and removal [3]. An accidental ingestion of an appliance can create a medical or a surgical emergency that can lead to serious complications, including death from aspiration of the foreign body [4].

Herein, we present surgical treatment of a accidentally swallowed his own mandibular partial denture composing of four teeth in a 56-year-old man with a history of 5 days. His presenting complaints

were increasing dysphagia, pain on swallowing and pain in neck and upper chest. Physical examination was normal, Chest radiograph showed foreign body in upper oesophagus, [Table/Fig-1]. Computerized Tomography (CT scan) showed impacted denture in upper oesophagus and localised perforation [Table/Fig-2]. Endoscopy under GA showed impacted denture and ulceration in upper oesophagus, as the prosthesis could not be retrieved with the aid of an esophagoscope, surgical removal was planned and denture was removed by esophagotomy through cervical approach [Table/Fig-3].

There were no peri operative complications. The patient was uneventfully discharged on the fifth postoperative day.

- The case points out the importance of good design cross arch stabilization and proper maintenance of partial denture.
- Need of denture base material to be radio opaque.
- If it is observed that there are some natural teeth missing, the possibility of a swallowed denture should be included in the differential diagnosis.



[Table/Fig-1]: X-Ray chest showing clasps of partial denture **[Table/Fig-2]:** CT scan chest image showing denture in upper oesophagus and free air and fluid outside oesophagus lumen **[Table/Fig-3]:** Retrieval of denture via cervical approach esophagotomy

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