

Where Did It Go? A Case Report of Accidental Tooth Ingestion during a Simple Tooth Extraction.

Sudheesh K M¹, Sridhar K R¹, Nandini Katta², Himanshu Chauhan³

¹Assistant Professor, Department of Oral and Maxillofacial Surgery, College of Dental Sciences, Davanagere 570004.

²Assistant Professor, Department of Paediatric and Preventive Dentistry, College of Dental Sciences, Davanagere 570004.

³Post graduate student, Department of Oral and Maxillofacial Surgery, College of Dental Sciences, Davanagere 570004.

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ABSTRACT

Ingestion of foreign bodies accidentally can be seen commonly in emergencies usually in children, elderly, mentally impaired, or alcoholic individuals. Ingestion of a foreign body is more common than aspiration of a foreign body. Aspiration represents a serious medical situation whereas ingestion of a tooth is a less serious situation as the tooth will be egested due to peristaltic movements of the gastrointestinal tract. Here is a case report of tooth ingestion during a simple dental extraction which could have turned into a serious medical situation, had the patient aspirated the tooth.

Keywords: Tooth, Ingestion, Extraction, Accidental.

INTRODUCTION

Ingestion of foreign bodies can be seen commonly in emergencies usually in children, elderly, mentally impaired, or alcoholic individuals. Sometimes ingestion may be intentional as is seen in prisoners and psychiatric patients.^[1] Aspiration of a tooth is uncommon but it may represent a serious medical situation because the tooth can damage the respiratory lining mucosa.^[2] Here is a case report of tooth ingestion during a simple dental extraction which could have turned into a serious medical situation, had the patient aspirated the tooth instead of accidentally ingesting it.

was missing leaving an empty socket. Patient complained of irritation in his throat but did not show any signs of airway obstruction. The patient was immediately shifted to the emergency ward and an anteroposterior view chest radiograph was done to check whether the tooth was in the respiratory tract or the gastrointestinal tract. The radiograph confirmed presence of tooth in the GI tract [Figure 1]. Patient was reassured and discharged. Patient reported to the hospital on the next two days for follow up without any signs and symptoms of respiratory or gastrointestinal distress.

Name & Address of Corresponding Author

Dr. Sudheesh K M
Assistant Professor,
Department of Oral and Maxillofacial Surgery,
College of Dental Sciences,
Davanagere, 570004.

CASE REPORT

A 29 years old male patient reported to the department of Oral and Maxillofacial Surgery, College of Dental Sciences, Davanagere, India for extraction of maxillary left second molar tooth. There was no significant medical or dental history. Patient was positioned in a semi reclined position and under aseptic conditions dental extraction was started after administration of local anesthetic. During the extraction the patient coughed and when the oral cavity was examined soon after, the tooth



Figure 1: Chest radiograph showing presence of tooth in the stomach region.

DISCUSSION

Accidental ingestions are more common than aspirations.^[3] Unlike ingestion, aspiration presents with clinical signs and symptoms like choking, gagging, coughing, signs of distress, inspiratory stridor, high-pitched wheezing, pallor, cyanosis, reduction or absence of air entry, asymmetrical chest movement, and tracheal shift.^[4,5] Back blows in infants, the Heimlich maneuver, abdominal or chest thrusts in pregnant or obese patients, and finger sweeps when the object is located in the oral cavity in unconscious adults are the noninvasive procedures for managing airway obstruction.⁵ Upper molars and incisors are treated with patients being positioned in a horizontal supine position, which makes it easier for dental objects or instruments to tumble across the tongue dorsum into the pharynx. If a foreign object is lost into the oropharynx, the patient should be placed in a reclining position, and encouraged to cough vigorously to secure the airway. In a study investigating accidental ingestion during dental procedure, 23 patients had accidentally ingested a foreign body out of which three patients had ingested a tooth each. No patient aspirated any foreign body.^[6] In the present case the ingestion of the tooth was confirmed by the chest radiograph. Abrupt coughing by the patient placed in a semi supine position during the extraction might have forced the tooth out of its socket and led to its ingestion.

Foreign bodies reaching the stomach after ingestion have a greater than 90% chance of passing through the gastrointestinal tract without complications as a result of peristaltic movement, usually after a 7-10 day period.^[7] In the current case patient did not complain of any respiratory or gastrointestinal distress next day. Patient failed to examine the stools. When a foreign body passes into the gastrointestinal tract, clinical symptoms and signs should be monitored closely until it is excreted or removed.^[8] Though most ingested foreign bodies are naturally eliminated, some might not and they require removal. Most commonly they are removed endoscopically and in a minority of cases with a McGill forceps or magnetic probes.^[9] Dentists should be more cautious while treating patients with neuromuscular disorders and must be familiar with a variety of physical restraining devices and methods, used to prevent unwanted movement, and to maintain body posture of such patients.^[10]

CONCLUSION

However simple an extraction might seem, ingestion or aspiration of tooth should always be borne in mind while performing the extraction. Though most of the ingested tooth is egested out in few days without any complication, patients should be

reassured and monitored for any respiratory or gastrointestinal distress. Basic investigations are a must even in the absence of any clinical signs and symptoms of airway obstruction, in order to identify the presence and location of the tooth.

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