

ENDOSCOPIC REMOVAL OF A DENTAL PROSTHESIS FROM THE CECUM

ENDOSKOPİK OLARAK ÇEKUM BÖLGESİNDEKİ DİŞ PROTEZİNİN ÇIKARILMASI: OLGU SUNUMU

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ABSTRACT : We describe an accidentally swallowed dental prosthesis, which was composed of six teeth. The descent of the prosthesis was followed by plain abdominal radiography, but it stopped on its way at the right lower quadrant on day three. Colonoscopy revealed that it was in the cecum and, using a basket, it was removed successfully. Potential complications of foreign bodies in the intestine and successful extraction of them without surgical interventions are discussed.

Key Words: Foreign Body, Dental Prosthesis, Colonoscopy, Treatment.

INTRODUCTION

The diagnosis of an inadvertently swallowed foreign body is usually delayed. Sometimes diagnosis is possible only when complications occur, such as perforation (1), enterocolic fistula (2), abscess formation (3), or aortointestinal fistula (4). Nevertheless, most of the foreign bodies usually pass safely through the intestinal tract. Here we present a patient who had swallowed his own dental prosthesis which was removed from the cecum successfully with colonoscopy.

CASE REPORT

A 50-year-old man was admitted with a 3 day history of a swallowed foreign body. He did not describe any kind of abdominal pain, nausea,

ÖZET : Bu olgu sunumunda, altı adet dişden oluşan bir protezin yanlışlıkla yutulması sonucu cerrahi dışı yöntemlerle tedavi edilmesi konu edilmektedir. Protezin gastrointestinal kanaldaki seyri günlük olarak direkt abdominal grafilerle takip edildi ve protezin 3. gün sağ alt kadranda kaldığı izlendi. Bunun üzerine yapılan kolonoskopide protezin çekum bölgesinde durduğu görüldü. Kolonoskopik olarak protez başarıyla çıkarıldı. Sonuç olarak yazımızda barsaklarda yer alan yabancı cisimlerin potansiyel komplikasyonları ve cerrahi dışı yollarla çıkarılmaları tartışılmıştır.

Anahtar Kelimeler: Yabancı Cisim, Diş Protezi, Kolonoskopi, Tedavi.

vomiting, constipation or diarrhea.

The physical examination performed on admission revealed a normal appearing man, with normal vital signs. The abdominal examination was remarkable for mild epigastric discomfort and his bowel sounds were increased. The laboratory data was unremarkable including complete blood count and routine blood chemistry. An upright plain abdominal X-ray revealed an image of dental prosthesis at the right lower quadrant (Fig. 1). Next day we observed the same image on plain film. We decided to extract the dental prosthesis by colonoscopy. We assumed that the foreign body might be available in the terminal ileum. On colonoscopic examination, dental prosthesis was found in the cecal region (Fig. 2, 3). The basket was used to



Fig. 1: Plain abdominal X-ray of dental prosthesis in the cecal region.

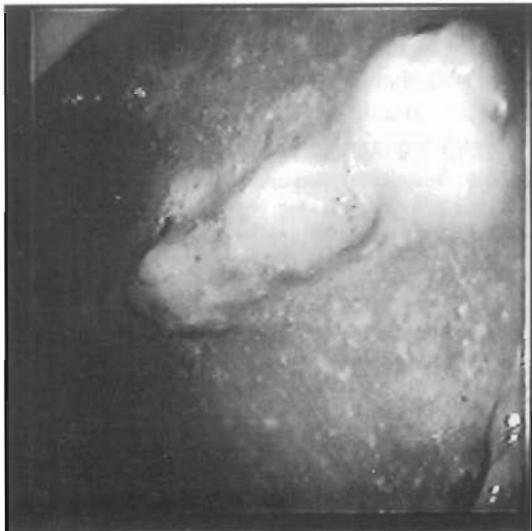


Fig. 2: Endoscopic image of dental prosthesis in the cecal region.

hold the dental prosthesis and to take it out. After the procedure the patient had no complaints.

DISCUSSION

Swallowed foreign bodies usually pass through the gastrointestinal tract without any complications (5). Apart from dental prosthesis, accidental ingestion of chicken bones, fish bones and even toothpicks has been reported in competent adults (1, 3, 5). These patients tend to have a derangement of sensation (elderly, alcoholics) or mechanical problems (dentures) (1, 3). In some instances, it is possible that the



Fig. 3: Dental prosthesis after colonoscopic extraction.

foreign object was swallowed inadvertently during eating (chicken bones, fish bones, beef, olive) (6, 7).

We are now able to extract materials that were formerly accessible only by surgical interventions. Colonoscopy provided an alternative approach to surgery for foreign bodies of the gastrointestinal tract (7-10). The indications for colonoscopic extraction are failure of the object to progress beyond the ileocecal valve, obstruction, contained perforation, and the presence of a pointed or elongated foreign body (10). Foreign bodies usually become lodged at the esophagus, pylorus, duodenum, the ileocecal region or the sigmoid colon. The ileocecal area is the most frequent site of perforation, especially with objects that have sharp protruding edges (11). To our knowledge dental prosthesis are usually removed from the upper gastrointestinal tract, but in this case the lower approach was needed. Accordingly only sporadic cases of endoscopic removal of foreign bodies from this region have been reported (12-14).

This case illustrates how endoscopy provides a safe alternative to surgical extraction of foreign bodies. However, before the procedure, surgical consultation should be sought for potential complications.

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