



A denture gone missing!

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Clinical picture

A 46-year-old gentleman presented to the emergency department with a history of ingestion of a denture 3 h prior. General examination and local examination of the throat were unremarkable. On endoscopy there was pooling of saliva in both the pyriform fossae. In view of this, an X-ray soft tissue neck lateral view was taken, which revealed a curvilinear radiopaque foreign body [Fig. 1]. This radiological appearance maybe quite misleading for the novice surgeon as the bulk of the denture is radiolucent and may not be

visualized on a plain roentgenogram, and hence, the actual size of the foreign body may be grossly underestimated. A rigid esophagoscopy was done under general anesthesia, and the denture was removed. Postoperatively, the patient was asymptomatic and resumed oral feeds within 24 h. Wearing dentures is a significant risk factor in foreign body ingestion since they eliminate the tactile sensitivity of the palate. They pose a significant risk of esophageal perforation per se, as well as during removal due to the presence of wires at their ends [1]. Most dentures can be removed endoscopically either intact, or by breaking down the denture into small

This paper has not been sent anywhere else for publication.

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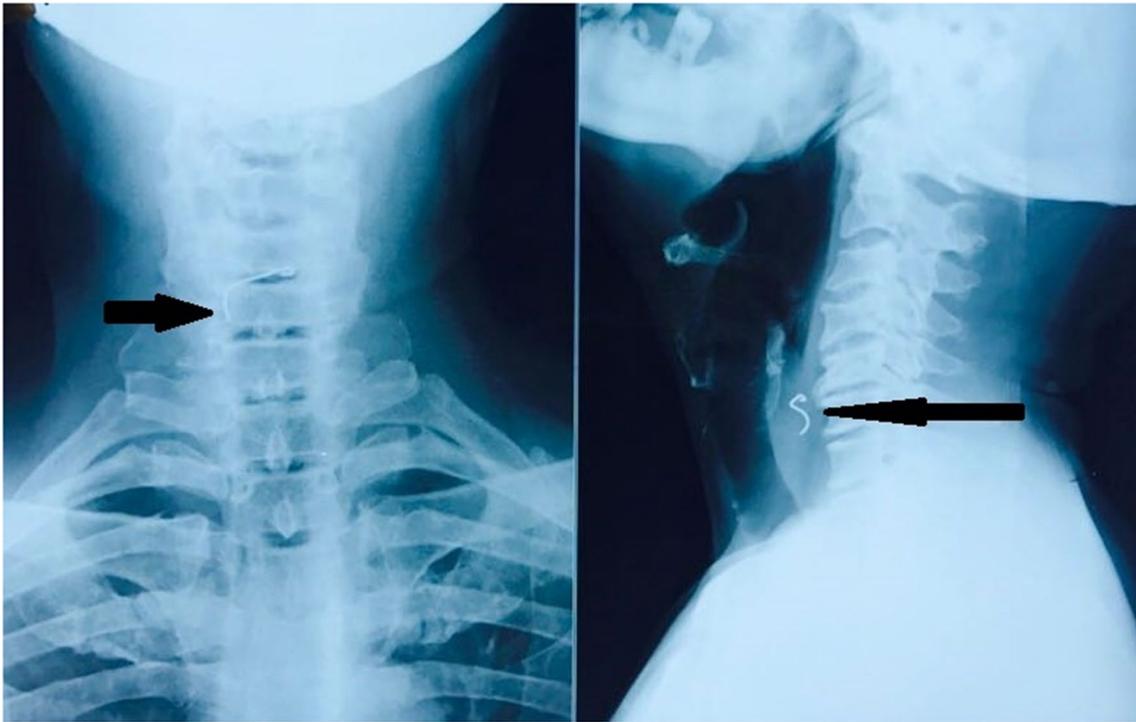


Fig. 1 X-ray neck AP and Lateral view of the neck showing the wire of the denture in the cervical esophagus [arrow]

pieces using denture cutting forceps, however impacted dentures may require surgical esophagotomy [1, 2].

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Compliance with ethical standards

Conflict of interest The author declares that they has no conflict of interest.

Statement of human and animal rights This case image complies with the ethical standards outlined in the journal. It involved the medical management of a patient as per society guidelines and was in accordance with the ethical standards of the institution. This case was not formal research involving Human participants and/or Animals.

Informed consent Informed consent was obtained from the patient.

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