

Aspirated foreign body

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Citation

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Abstract

Dental implants are artificial elements that are placed in the maxillae as a tooth replacement, and indicated normally for cases of edentulous or form part of the prosthodontic rehabilitation of patients who have undergone radical tumor resection in the oral and maxillofacial area. In our area, these are extremely popular and performed by many dental clinics, more frequently for cases of edentulous patients. More immediate complications include bone fracturing, tearing, hemorrhaging, nerve and soft tissue wounds, movement of the implant, sub-mucus emphysema, and tool breakage or the rupturing of obturations or adjacent prosthesis.

Aspiration of foreign bodies is extremely rare in adults, but it may occur during the course of dental treatment. This complication can become a serious problem for the patient, because can be followed by a chain of further complications, including acute dysnea, pneumothorax, late laryngeal obstruction requiring tracheotomy, chronic pneumonia, pleural effusion requiring drainage, etc. In the cases of aspiration of foreign body is indicated the fiberoptic bronchoscopy and removal, that usually achieves extraction of these elements, usually without complications. If this technique failure, another possibility of treatment for try extraction of the foreign body is the rigid bronchoscopy. In the last case is indicated the surgery for resolve this complication, although for luck this last technique is required in a few number of cases.

We present the case of a 65-year old male. He was admitted to the emergency room, accompanied by his dentist, who explained that while implanting a tooth, he had lost the screwdriver he was working with. The patient was asymptomatic, showing no signs of dyspnea or any other respiratory symptoms, and he was not sure whether he had inhaled a foreign object or not. Chest radiographs (Figure 1 and 2) were performed, that showed a small screwdriver in the lower airways. A fiberoptic bronchoscopy was indicated and performed (Figure 3); the screwdriver was seen

impacted in the distal area of the intermediate bronchus. The screwdriver was removed endoscopically, without any adverse consequences. (video).

Figure 1

Figure 1 and 2: Chest Radiography (PA and lateral) with a metallic foreign body in the right lobe bronchus.

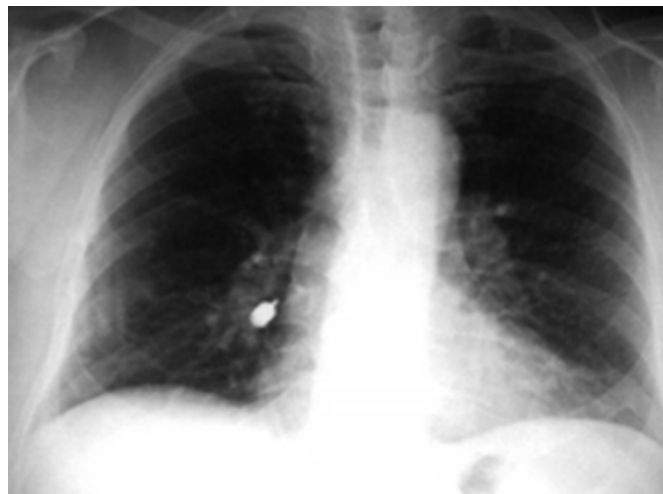


Figure 2

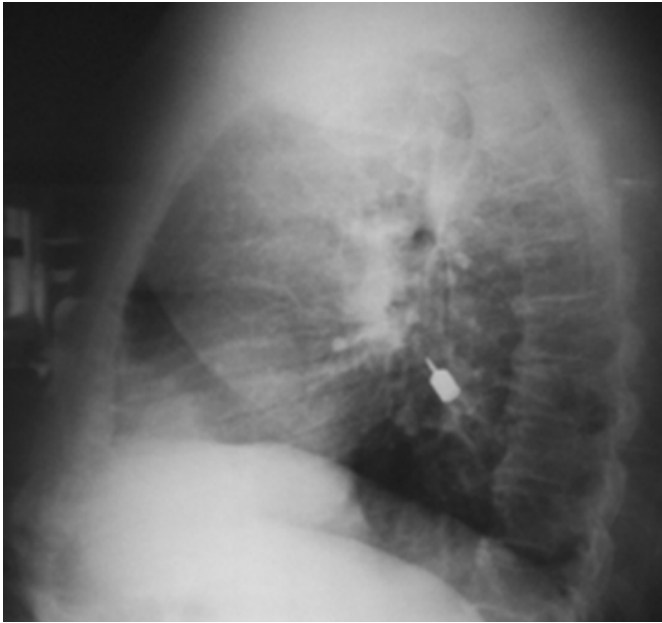


Figure 3

Figure 3: Endoscopic appearance of metallic foreign body.



References

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