

“I Lost My Dentures!: A Case Report Of Accidental Dentures Ingestion In An Elderly Patient”

Nuraini Johari

Hospital Kuala Lumpur, Malaysia

Introduction

Foreign body ingestion in adults is relatively uncommon, but when it occurs, it often involves the elderly, particularly those with cognitive impairment, neurological disorders, or ill-fitting dental prostheses. This case highlights an elderly patient with a history of lost dentures, ultimately diagnosed through chest X-ray imaging.

Case Description

An 81-year-old male nursing home resident with a medical history of mild dementia, hypertension, and a previous ischemic stroke with residual right-sided weakness presented with complaints of difficulty swallowing (dysphagia) for one day. He also reported that his dentures had been missing since the previous day. On physical examination, the patient was hemodynamically stable and in no apparent distress. Oropharyngeal examination was unremarkable, with no visible foreign body. There was no drooling, stridor, or signs of respiratory compromise. A chest X-ray revealed a radiopaque foreign body in the upper esophagus. A subsequent computed tomography (CT) scan confirmed the presence of an ingested denture, with no evidence of perforation or surrounding tissue injury. The Otorhinolaryngology (ENT) team was consulted, and the patient underwent emergent esophagoscopy. The dentures were visualized and successfully retrieved from the esophagus without any mucosal injury.

Discussion

Complete or partial dentures, especially those with metal components, are prone to becoming lodged due to their irregular shape and size. The clinical presentation can vary which from mild discomfort or dysphagia to life-threatening perforation. Prompt diagnosis and management are critical to avoid complications. Endoscopic retrieval is the first-line intervention and is generally safe and effective when performed early. Preventive measures include ensuring proper denture fit, educating patients and caregivers about not wearing dentures while sleeping, and performing regular dental evaluations.



Figure 1: Foreign body seen at cricoesophageal area on the CXR

Conclusion

Denture ingestion in elderly patients, though rare, requires a high index of suspicion, particularly in individuals with cognitive impairment or unexplained upper GI symptoms. Early imaging and endoscopic intervention are key to preventing complications. This case emphasizes the importance of awareness, prevention, and timely management in reducing morbidity associated with foreign body ingestion in the geriatric population.

References:

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