

CLINICAL PRACTICE

*Clinical Images***Better if Left Under Pillow**

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We present the case of a 77-year-old man who aspirated an extracted tooth during a dental procedure. This case is noteworthy because the aspiration of extracted teeth is quite rare.

KEY WORDS: tooth extraction; aspiration; bronchoscopy.

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A 77-year-old man was undergoing a tooth extraction in a dental clinic when he coughed and then apparently

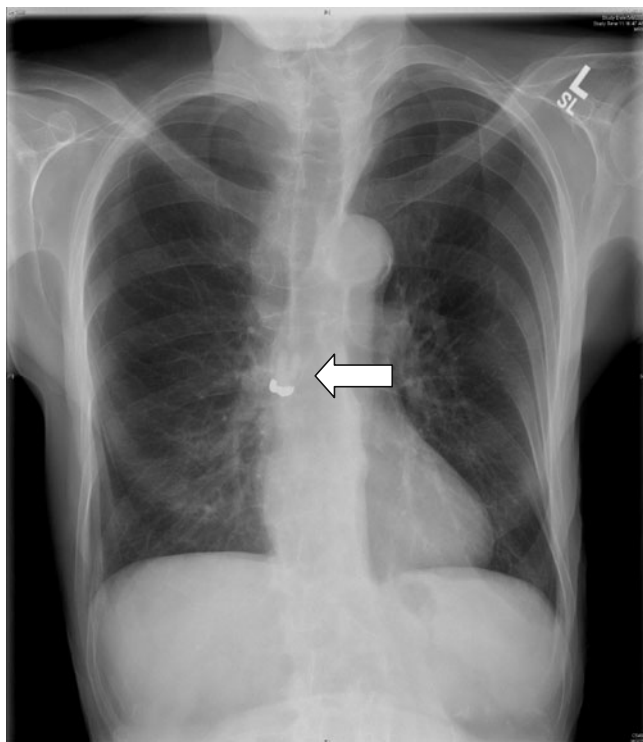


Figure 1. Chest X-ray of aspirated tooth in the right main-stem bronchus taken by the emergency department.

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aspirated the extracted tooth. He was brought to the emergency department by the dental student who had been performing the extraction where a chest X-ray was taken (Fig. 1). The X-ray showed the aspirated tooth in the right main-stem bronchus (Fig. 1, arrow). The patient was asymptomatic and his chest examination was unremarkable. Bronchoscopy revealed that the tooth was lodged at the proximal right lower lobe bronchus from where it was then removed without difficulty.

DISCUSSION

Tooth aspiration is an extremely rare but potentially serious complication during dental procedures. In a 10-year retrospective review, Tiwana et al. reported only 36 cases of aspiration or ingestion occurring in over 1 million patient visits¹. Only one of these cases was aspiration, and that patient had aspirated post and core during a root canal procedure rather than the entire tooth. Cough reflex in response to foreign bodies in the airway is thought to be the most likely reason for the low incidence of aspiration.

Potential complications of solid material aspiration include recurrent pneumonia, lung abscess, bronchiectasis, and hemoptysis². These complications are often the patient's initial presentation and should raise suspicion for the presence of a foreign body in the lungs. Pulmonology referral is needed to diagnose the underlying cause and for identification and potential removal of the foreign body.

The authors report no conflict of interest.

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