Another case of missing dentures

SIR—I read with interest ‘Mystery of the missing denture: an unusual cause of respiratory arrest in a nonagenarian’ published on 19 June 2005 [1] and have a similar case to report.

Having recently commenced employment as a physical care practitioner working in mental health for older people on continuing care wards, I was asked to see a lady who had suffered a recent choking event. Following the incident, the patient was generally unwell, but the main concern was that she was unable to eat or drink despite being both hungry and thirsty. A local general practitioner saw the patient but could find no reason for her difficulty in eating or drinking and confirmed that she did not appear to have aspirated. Nursing staff had noticed that the patient’s top set of dentures were missing and had enquired if she could have swallowed them, but this was not considered to be possible.

On examination, I found that the patient had recently developed a very hoarse voice. Whilst the patient had the ability to swallow, she then had to expel any food or fluid from her mouth. There was only very mild tenderness in her throat on examination. No foreign body could be seen in the mouth or throat. I discussed the case with an ENT colleague and escorted the patient to the local ENT department. The patient was seen and examined under local anaesthetic, and the initial diagnosis was either a residual food bolus or a tumour. On further examination, the consultant confirmed that he could see teeth and that this was only the second time he had ever seen this. The offending denture was removed under local anaesthetic. The patient developed no complications and was eating and drinking within a couple of hours.

I agree with the author that asking about loose-fitting dentures should be part of comprehensive assessment of all older people and, following this incident, I now include a dental assessment as part of my routine physical assessment. Many older people in long-term care receive suboptimal dental care. Locally, I am leading a working group to improve all aspects of oral care for older people in mental health wards, and I have little doubt that this work should be replicated by all long-term care providers.

LESLEY CHAPMAN
Physical Care Practitioner, Auckland Park Hospital, Bishop Auckland, County Durham, UK
Tel: (+044) 7783304067
Email: lesley.chapman@cdcps.northy.nhs.uk

Note: This work was carried out for Mental Health Services for Older People, County Durham, and Darlington Priority Services NHS Trust.


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Post-fall syndrome: a matter to study in patients with hip fractures admitted to orthopaedic wards

SIR—we have read with pleasure Dr Martín et al.’s [1] very interesting paper about fear of falling limiting activity in young-old women being associated with reduced functional mobility. We would like to contribute our experience.

A prospective study was carried out for 2 years (2003 and 2004). All patients with hip fractures admitted to orthopaedic wards of a teaching hospital and referred to the geriatrician were included. The geriatrician makes a daily ward round taking medical control of the patients, and a study record was completed for each of the patients. In this study, all the independent predictive variables of functional recovery after hip fracture in the elderly were collected [2]. One of them was the presence of post-fall syndrome detected by the geriatrician during in-hospital stay. Follow-up outcome data were collected by telephone, 3 and 6 months after injury.

A total of 196 patients were recruited. The mean age was 84 years and post-fall syndrome was identified in 5.1% of patients. These patients were older (86.1 versus 82.7) and had a greater number of past medical diagnoses (5.6 versus...