Clinical picture

Unexpected tracheobronchial foreign body: tooth prosthesis

A 76-year-old man with a history of large-territory ischemic stroke has been bed-bound and fed through a nasogastric tube for 12 years. He was brought to the hospital because of fever and worsening dyspnea. Shortly after presentation, he was intubated uneventfully for hypoxemic respiratory failure. A chest radiograph (Figure 1A) showed patchy consolidation in the right lung and a radiopaque object lodged in the right mainstem bronchus. Flexible bronchoscopy (Figure 1B) demonstrated artificial teeth obstructing the lumen of the right mainstem bronchus. Rigid bronchoscopy performed on the next day successfully removed the prosthesis (Figure 1C). The patient had rapid improvement in symptoms and was extubated 1 week later.

Occult aspiration of a foreign body into the tracheobronchial tree is uncommon in adults, and frequently, there exists a predisposing condition, such as a neurological disorder or alcohol/sedative abuse.\(^1\,^2\) Although pneumonia is a common illness

Figure 1. (A) Chest radiograph showing a clear shadow of a foreign body in the right mainstem bronchus. (B) Photograph obtained during flexible bronchoscopy showing artificial teeth, (C) obstructing the right mainstem bronchus.
in bedridden elderly patients with neurological deficits, tracheobronchial foreign body aspiration should still be considered in the differential diagnosis of radiographic lesions under rare circumstances. Also, the primary caregiver and physician have to inspect and maintain the stability of the teeth and dentures periodically to avoid such a potentially deadly complication.

Learning points

(i) Tracheobronchial foreign body aspiration should be considered in the differential diagnosis of radiographic lesions in adult patients with neurological deficits.

(ii) Do not overlook the importance of odontal health while taking care of chronically ill, debilitated patients.

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References
