

Clinical Image

A Complete Lower Set of Impacted Denture in the Esophagus Requiring Thoracotomy Approach

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Clinical Image

A 68 year old man presented to the emergency department with the complaint of sudden onset dysphagia while swallowing sausage with bread which has been over the past 4 hours. He had not been able to swallow any solids or semisolids but hardly could take small quantities of liquid diet. He stated a prior history of denture ingestion. The patient was transferred to the primary health center and was admitted under the care of the medical team with the suspicion of foreign body of the esophagus. Upon admission a thorough head and neck, chest and abdominal examination was performed and the laboratory values were checked. His blood pressure was 100/50 mmHg, the pulse rate was 110/min and the temperature was 102°F. In terms of laboratory values his White Blood Cell count (WBC) was 14000 mg/dl, blood urea was 91 g/dl and creatinine was 2.1 g/dl. No abnormality in oral cavity was detected. Indirect laryngoscopy revealed normal appearance. In the barium study the kinking and angulation in the upper third of the esophagus was observed. The diagnosis of the denture impaction was made. He was then planned to undergo flexible Foreign Body (FB) esophagoscopy. During esophagoscopy the denture was found logged in the esophageal lumen at 22 cm from the upper incisors (Figures 1-3). The denture was then grasped with grasping forceps; however, the attempt to remove the FB failed. The next attempt to remove the denture was made via a rigid esophagoscope but was not successful as well. Therefore, a surgical intervention through a right posterolateral thoracotomy approach was planned and the complete set of the denture was retrieved through esophagostomy. Subsequently, the incision of the esophagus was closed with two rows of vicryl 2/0 suture (Figures 4-6). In view of extensive mucosal edema and small lacerations over the foreign body impaction site, oral feeding ceased for 72 hours postoperatively (Figure 7). During this period he was on regular IV antibiotics and analgesics. The immediate postoperative period was uneventful. Upper gastrointestinal barium study was performed on the third Postoperative Day (POD) and there was no evidence of leakage (Figure 8). Oral feeding was initiated the same day with clear liquids. The patient was then discharged on the 7th postoperative day.

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Figure 1: The barium swallow shows the denture in the upper third of the esophagus.

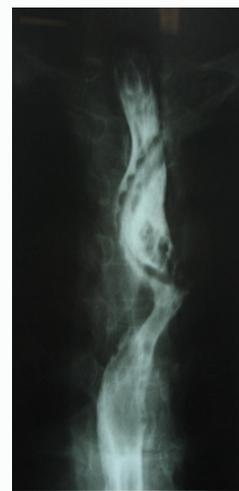


Figure 2: The barium swallow shows the denture in the upper third of the esophagus.



Figure 3: The barium swallow shows the denture in the upper third of the esophagus.

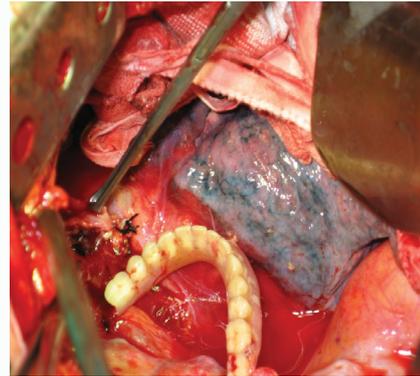


Figure 6: The denture during the right posterolateral thoracotomy.



Figure 7: The complete set of denture retrieved from the esophagus.

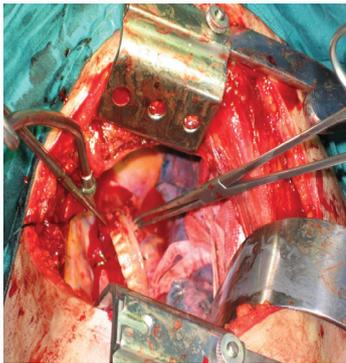


Figure 4: Microscopic appearance of gastric mucosa of the merkel's diverticulum.

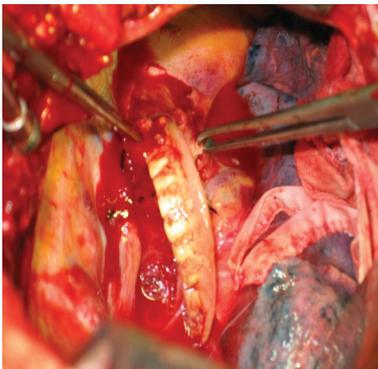


Figure 5: Microscopic appearance of gastric mucosa of the merkel's diverticulum.



Figure 8: The barium swallow on the 4th postoperative day.