Tooth in Lung

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A 7-year-old boy with cough, respiratory distress, cyanosis for an hour and history of asthma for 3 years was referred to the emergency department of the 17th Shahrivar Hospital. The patient also had a recent diagnosis of mild aortic valve stenosis. The boy had aspirated a milk tooth during dental extraction by his dentist. During physical examination, there was generalized wheezing in the right hemithorax region of the lung. Anterioposterior and lateral chest X-rays revealed a foreign body, assumed to be the aspirated tooth, at the bifurcation of trachea on the right bronchial side of the carina (Figure A and B). After stabilizing the respiratory distress with oxygen supplementation via nasal cannula, rigid laryngoscopy was performed under general anesthesia. During extraction of the foreign object, it collided with the epiglottis and fell into the right bronchus. Bronchoscopy was then performed to successfully extract the object that was identified as the boy’s tooth. Due to edema of the larynx caused by prolonged laryngoscopy and bronchoscopy, the boy required intubation. He was extubated after two days and oral feedings were resumed without any complications. The patient was discharged from the hospital four days after treatment.

Foreign bodies are occasionally aspirated into the larynx or trachea of adults or children and are commonly located in the right bronchi. Radiographic findings with bronchial foreign bodies consist of hyperinflation, atelectasis, or mediastinal shift. When clinical suspicion is high, rigid bronchoscopy is preferable to flexible bronchoscopy. Bronchoscopy not only is a diagnostic modality but also the therapeutic procedure of choice [1, 2].

REFERENCES


Figure 1: (A) Lateral chest X-ray showing the foreign body. (B) Anterioposterior chest X-ray with the foreign body (arrow)