

Where is the Denture? A Case of Suspected Denture Ingestion

Susumu Yamazaki*, Isaku Horiuchi, Ryu Sekiya and Makoto Nagata

Department of Respiratory Medicine, Saitama Medical University Hospital, Saitama, Japan

*Corresponding author: Susumu Yamazaki, Department of Respiratory Medicine, Saitama Medical University Hospital, Saitama, Japan. E-mail: yamapan2@saitama-med.ac.jp

Received: August 20, 2024; Accepted: August 28, 2024; Published: September 05, 2024

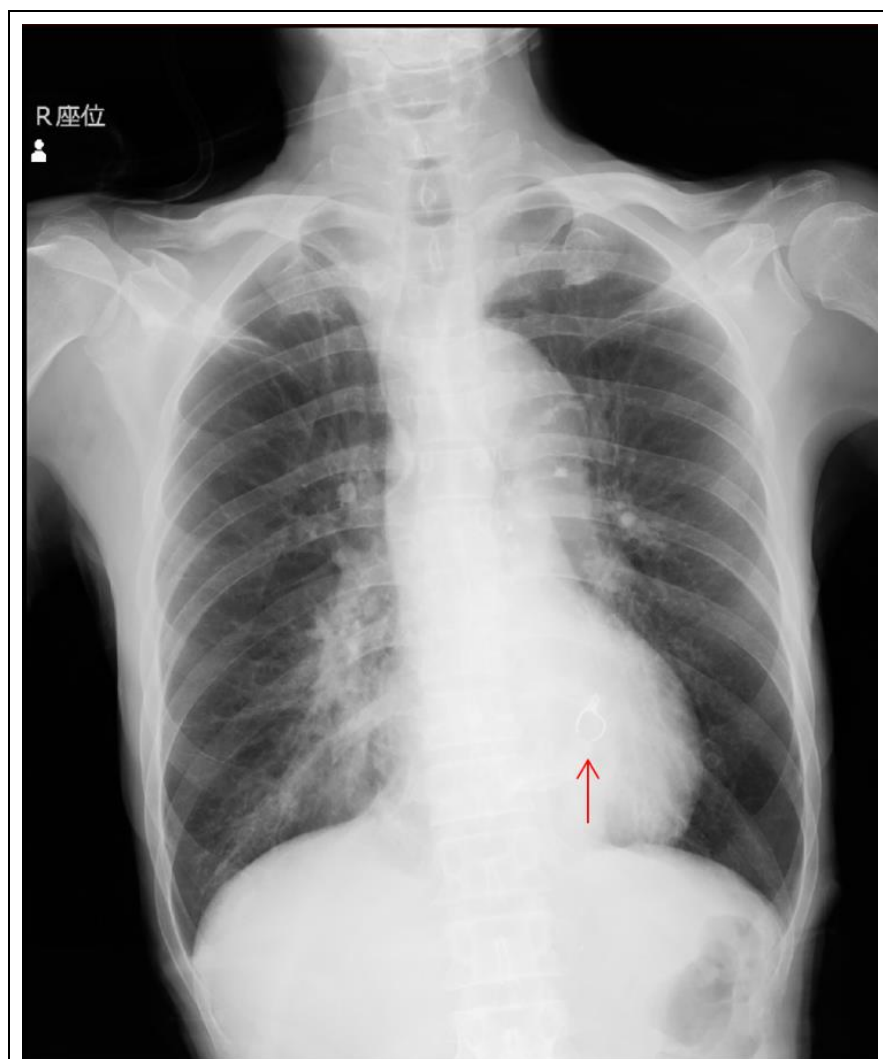


Figure 1: Chest X-ray suggests a foreign body (red arrow) on the mediastinal side of the left lower lung field.

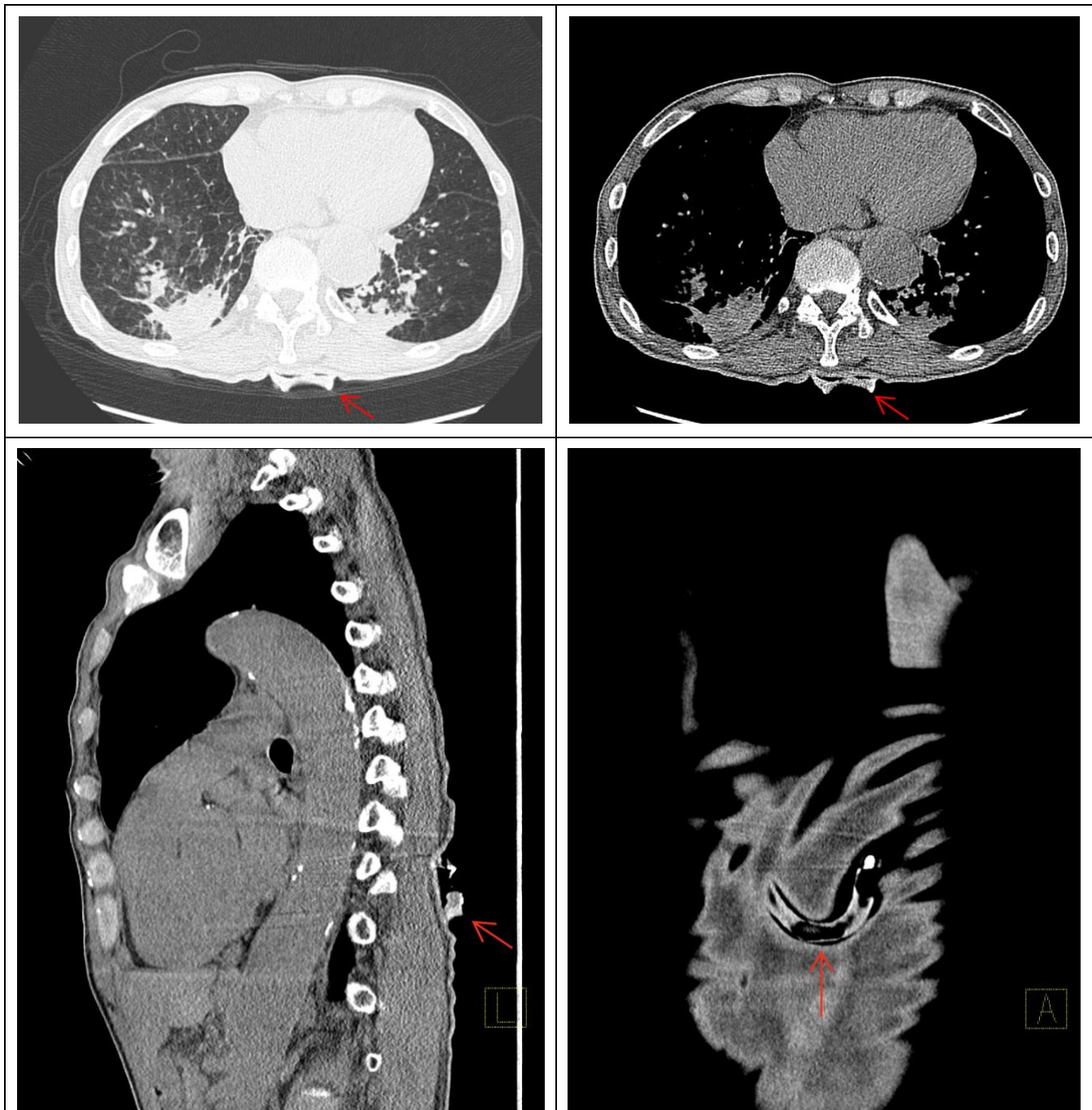


Figure 2: Chest computed tomography demonstrates bilateral pulmonary consolidations suggestive of pneumonia and the denture adherent to the dorsum of the patient (red arrows).

Clinical Image

A 74-year-old man was admitted with pneumococcal pneumonia and treated using antibiotics. The patient appeared delirious and restless after admission, necessitating physical restraint on occasion. On hospital day 5, chest X-ray (Figure 1) revealed an abnormal shadow suspected to represent a foreign body on the mediastinal side of the left lower lung field, resembling a denture. As no denture was found in the oral cavity and the patient was restless, unable to communicate with us or follow instructions, we suspected an esophageal or airway foreign body. Computed tomography (CT) of the chest (Figure 2) revealed a denture adhering to the dorsum of the patient. While CT is clearly useful for detecting and confirming the location of foreign bodies, the body surface should be checked carefully before imaging.