

Tooth in Lung

Sina Khajeh Jahromi¹, Maral Farahmand²

¹MD, Student Research Committee, Medical Faculty, Guilan University of Medical Sciences, Rasht, Iran

²Medical Student, Student Research Committee, Medical Faculty, Guilan University of Medical Sciences, Rasht, Iran

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.

Anteroposterior 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.

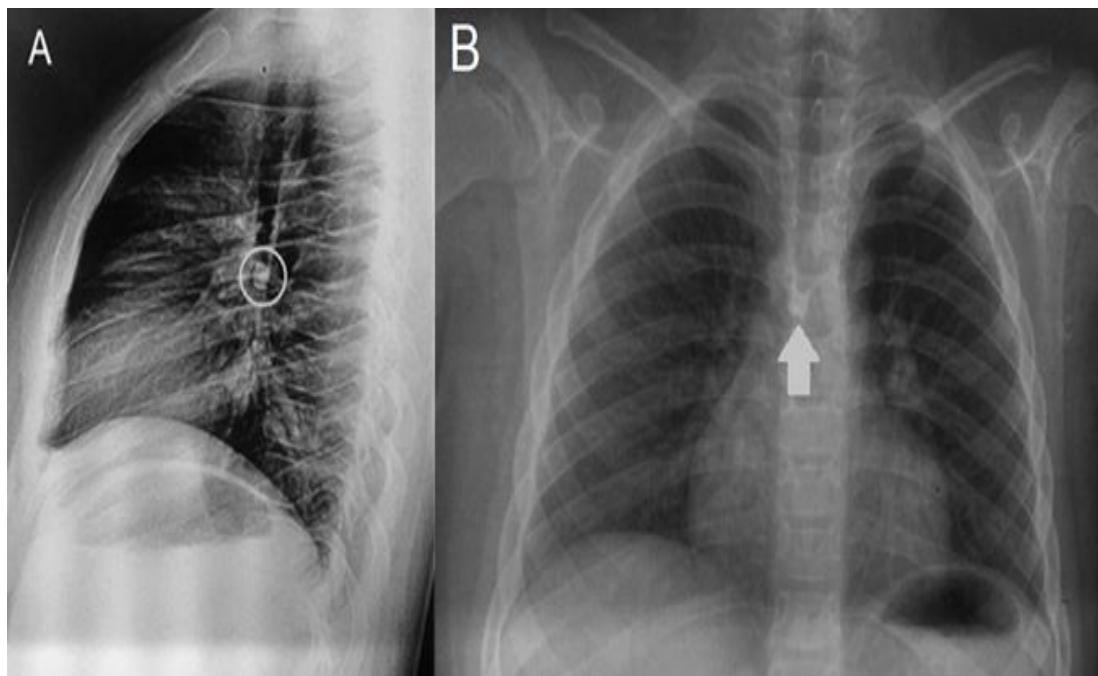
He was extubated after two days and oral feedings were resumed without any complications. The patient was discharged from the hospital four days after treatment.

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

1. Steen KH, Zimmermann T. Tracheobronchial aspiration of foreign bodies in children: a study of 94 cases. *Laryngoscope* 1990; 100:525-30.
2. Tan HK, Brown K, McGill T, Kenna MA, Lund DP, Healy GB. Airway foreign bodies (FB): a 10-year review. *Int J Pediatr Otorhinolaryngol* 2000; 56:91-9.

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



Conflict of Interest:
None declared

This article has been
peer reviewed.

Article Submitted on:
19th September 2013

Article Accepted on: 8th
December 2013

Funding Sources: None
declared

Correspondence to:
Maral Farahmand

Address: Student
Research Committee
Office, Research Deputy
Building of Guilan
University of Medical
Sciences, Shahid
Beheshti Street, Rasht,
Iran

Email:
maral.farahmand@gmail.com

Cite this article: Jahromi
SK, Farahmand M. Tooth
in lung. *J Pioneer Med
Sci* 2014; 4(2): 76