A 55-year-old woman presented to the hospital following the unintentional swallowing of a toothbrush. The patient had been feeling nauseous and had tried to self-induce vomiting by inserting the toothbrush, having failed with her fingers. The patient had introduced the toothbrush into the oropharynx, which initiated a swallow during which the patient lost her grip of the toothbrush handle. The patient developed subsequent chest discomfort. She was still able to swallow fluids and saliva. There were no underlying medical or psychiatric problems. A chest radiograph showed the toothbrush with the bristles below the carina (Fig. 1). Esophagogastroduodenoscopy (EGD) was performed, and the handle of the toothbrush was seen in the laryngopharynx (Fig. 2). The use of a polypectomy snare allowed gradual removal of the toothbrush until it was visible with a laryngoscope. Magill forceps were used to remove the toothbrush. The patient had an uneventful recovery.

Foreign body ingestion is common in the pediatric population and is generally accidental. In the adult population, however, foreign body ingestion tends to be intentional, occurring in the setting of psychiatric disease, developmental delay, alcohol intoxication, and individuals with secondary gain (i.e. prisoners, drug smugglers). Most ingested foreign bodies do not require intervention and pass naturally. However, the rate of intervention is higher in situations where items have been ingested intentionally.
Fig. 2  Endoscopy to retrieve the toothbrush from the oropharynx.

a  The toothbrush traversing the upper esophageal sphincter.

b  A polypectomy snare and Magill forceps were used to grasp and remove the toothbrush.

c  The toothbrush following successful removal.