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.

Endoscopy_UCTN_Code_TTT_1AO_2AL

Competing interests: None

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Figs. 2 a, b, c see following page.
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.