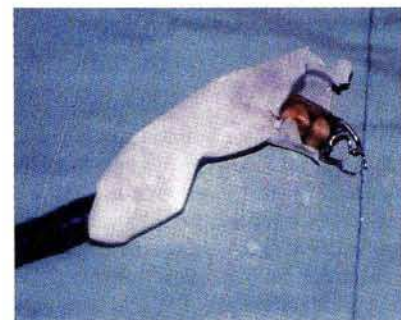


### Endoscopic Removal of a Gastric Clasp Hook Removable Partial Denture with a Finger Glove

Advances in flexible endoscopy and techniques have made possible the extraction of foreign bodies from the upper gastrointestinal tract (1–4). We used an open-ended finger glove tied at the distal end of an endoscopic tube to encircle the clasp hooked denture and safely remove it from the stomach. A 68-year-old male patient accidentally swallowed his removable partial denture while having a meal at home. A plain abdominal radiograph revealed a hooked radiopaque material over the left upper quadrant (Figure 1). Endoscopy (Olympus GIF-XQ-200) found a hooked denture impacted into the posterior wall of the high body of the stomach. A polypectomy snare loop was used to fasten the hook at one side, and an attempt was made to remove the denture. This procedure was given up because another side of the hook tore the stomach mucosa during endoscopic withdrawal. Therefore, we developed an open-ended finger glove surrounding the endoscopic tube with a surgical tie at the distal end on the basis of the backward finger glove encircling the hook during endoscopy withdrawal (Figure 2). The denture was removed with the above device at the second attempt. The patient tolerated the whole procedure except for an asthma attack two minutes after the procedure. His asthma was controlled with a bronchodilator. The finger glove is an easy, safe, and effective method for endoscopic retrieval of a gastric hooked foreign body to prevent injury to the stomach and esophagus.



**Figure 1:** Plain abdominal radiograph demonstrating radiopaque material in the stomach.



**Figure 2:** Close-up of a backward finger glove encircling the clasp hook removable partial denture.

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## References

1. Falchetti D, Salucci P, Alberti D, Rigamonti W. Endoscopic retrieval of a large gastric foreign body with a home-made fishing net. *Endoscopy* 1995; 27: 408. 2. Milosavljevic T. Extraction of an accidentally diagnosed foreign body in the stomach during routine endoscopy for symptomatic suggestive of rapid onset ulcer. *Endoscopy* 1993; 25: 548.
3. Clemente G, Robago L, Perez de V, et al. Fiberendoscopic removal of foreign bodies of the upper part of the gastrointestinal tract. *Surg Gynecol Obstet* 1985; 160: 499–504.
4. Webb WA. Management of foreign bodies of the upper gastrointestinal tract. *Gastroenterology* 1988; 94: 204.

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