Ingested and unremovable dental prostheses, with sharp clasps which catch and stick in the esophagus, can lead to direct injury, compression ulcer, and perforation or penetration [1,2]. To establish appropriate procedures for removing such objects according to our strategy for accidentally swallowed esophageal foreign bodies, we examined: (i) the removal process in cases without esophageal resection, and (ii) the resected specimen in a case where esophagectomy had been done.

Our strategy for the management of esophageal foreign bodies is removal as follows: (i) nonsurgically, using a direct forceps or an endoscope, by direct vertical traction or horizontal rotation, and extracting the foreign body or pushing it into the stomach; (ii) surgically, using synchronous direct manipulation under surgical exposure with the assistance of a forceps or an endoscope; or (iii) surgically, with esophagotomy or esophagectomy. Endoscopic examination is done both pre- and post-removal; in nonsurgical cases this is to check for any preceding injuries that might have been missed or for secondary injuries that occurred during removal of the foreign body, and in surgical cases it is to done to check for preceding injuries invisible from the operative field and to determine the method of reconstruction [3].

We encountered nine such cases in 6 years (involving the cervical esophagus in five cases and the thoracic in four). None of these dental prostheses with sharp clasps could be removed by simple vertical traction, but all except one could be removed by horizontal rotation (Fig. 1 and 2), the remaining one being removed by esophagectomy. Although post-removal endoscopy revealed ulcers in all cases, 1 or 2 days’ fasting was enough to prevent perforation or penetration. In the resected specimen, we found longitudinal ulcers and perforation, indicating that the clasp had moved vertically at first, scratched the mucosa, and then rotated horizontally and penetrated the esophageal wall (Fig. 3). Although there have been many reports concerning procedures for passing foreign bodies safely through the esophagus, there are few describing methods of extracting a dental prosthesis with sharp clasps that are sticking into the esophageal wall [3–5]. This study shows the importance of horizontal rotation for extracting such a foreign body.
References

Bibliography
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