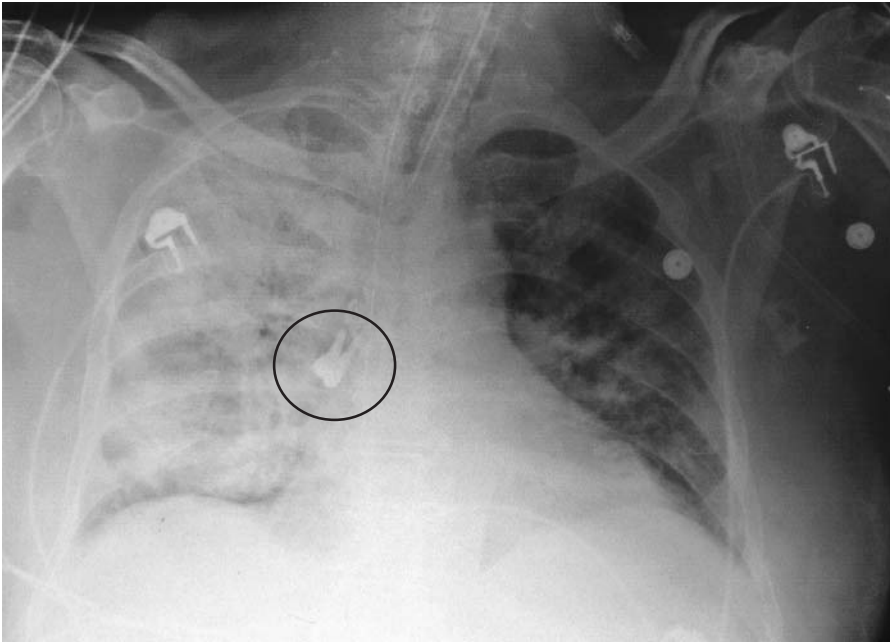


IMAGES IN CLINICAL MEDICINE

Tooth Aspiration



A 77-YEAR-OLD MAN WITH A HISTORY OF HYPERTENSION WAS FOUND ON the sidewalk, face down and unresponsive. He had tonic-clonic movements and was brought to the hospital. The initial chest radiograph was unremarkable. Because of recurrent seizures, the patient was intubated to protect his airway and admitted to the intensive care unit. The seizure workup was nondiagnostic. Pneumonia developed in his right lung, with a worsening radiographic picture despite antibiotic treatment. One of the daily chest radiographs demonstrated a clear shadow of a tooth in the right main bronchus (circled area). Rigid bronchoscopy was performed, and a molar tooth was removed from the right main bronchus. The patient was extubated six days after the procedure. Tooth aspiration in the setting of endotracheal intubation is an uncommon but well-known complication. It is important to consider foreign-body aspiration in unresponsive patients with unexplained pulmonary findings.

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