

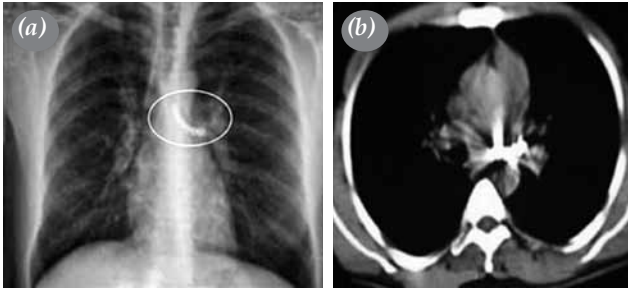
## Aspiration of a huge foreign body in a young patient: teeth prosthesis aspiration

*Genç bir hastada dev yabancı cisim aspirasyonu: diş protezi aspirasyonu*

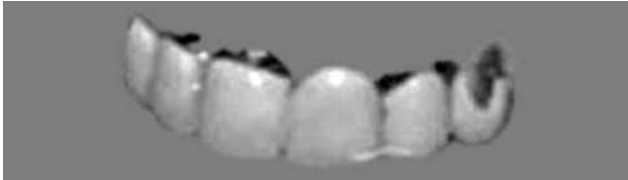
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**Figure 1.** (a) Tooth prosthesis at left main bronchus in chest roentgenogram. (b) Teeth prosthesis at left main bronchus in computed tomography.



**Figure 2.** Aspirated foreign body.

A 36-year-old man presented with dyspnea, was referred to our clinic. The chest roentgenogram and thorax computed tomography revealed a foreign body in left main bronchus (Figure 1a, b). On physical examination; decrease in respiratory voices and rhoncus on left hemithorax and brutal rales on both sides were found. Laboratory tests revealed that pO<sub>2</sub>: 85 mmHg, PCO<sub>2</sub>: 37 mmHg, O<sub>2</sub> saturation: 93%. Bronchoscopy was revealed that the foreign body at the left main bronchus was teeth prosthesis consist of six teeth. It was removed by the help of rigid bronchoscope (Figure 2a).

Aspiration of a foreign body can cause fatal complications like laryngeal edema, bronchospasm, tracheal or bronchial rupture, cardiac arrest and pneumothorax in early period.<sup>[1,2]</sup> In most cases, the diagnosis is confirmed by chest radiography. The history of patient that can be taken from him or his relatives can be helpful when the chest X-ray and physical examination is normal. Atelectasis, obstructive emphysema and mediastinal shift are the main secondary signs.<sup>[3,4]</sup> Computed tomography of the chest may be valuable in identifying small aspirated objects or when associated chest disease is suspected. Bronchoscopy is frequently both diagnostic and therapeutic. Surgery constitutes the final, definitive option and is generally well tolerated, particularly when the lung parenchyma is spared.<sup>[5]</sup>

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