The Forgotten Bridge

A Case Report

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Aspiration or dislodgement of an odontogenic foreign material may result in serious complications including laceration, perforation and hemorrhage of the esophagus and gastrointestinal tract or even airway obstruction. The aim of this case report is to show that even an apparently uneventful general anesthesia, may ultimately lead to unpleasant surprises.

BACKGROUND

43-year-old-woman
- **Surgery:** Elective hysteroscopy and polypectomy
- **Medical History:** Dyslipidemia + class II obesity
- **Airway:**
  - No signs of predictable difficulties
  - No loose teeth, crowns, or dentures.
- **Anesthesia:** General anesthesia (i-gel laryngeal mask nr4)
- **Post-anesthetic recovery unit:**
  - Missing her fixed partial denture (bridge)
  - No symptoms of airway or esophageal obstruction
  - Chest radiography - dental prosthesis in the esophagus
  - Endoscopy - denture removed uneventfully.

CASE REPORT

The presence of a **dental prosthesis or loose tooth** represents a threat to the patient's safety, especially if the airway is accessed. Although most foreign bodies entering the oropharynx pass through the gastrointestinal tract without complications, it may be necessary to identify and remove it to avoid late complications.

A **preanesthetic evaluation**, including oral examination, is essential to ensure patient safety.

In our case, the assessment was performed but the patient omitted the presence of a bridge, putting herself into unnecessary risk.

REFERENCE


LEARNING POINTS

Adoption of a **more extensive intraoral examination** on preanesthetic evaluation maybe suggested to properly appreciate any vulnerable teeth or dental prosthetic.