THE FORGOTTEN BRIDGE

A CASE REPORT

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BACKGROUND

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 obstruction¹.

The aim of this case report is to show that even an apparently uneventful general anesthesia, may ultimately lead to unpleasant surprises.

CASE REPORT

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.

DISCUSSION

The presence of a **dental prosthesis or loose tooth** represents a **threat** to the patient's safety, especially if the airway is accessed^{2,3}. 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^{1,3}.

A **preanesthetic evaluation**, including oral examination, is essential to ensure patient safety^{1,2}.

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

LEARNING POINTS

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

REFERENCES

1. Lau G, et al. Anesth Analg 2009;109:836–8
2. Yasny J S. Anesth Analg 2009;108:1564–73
3. Windsor J, Lockie J. Anaesth Intensive Care 2008;9:355–7