

Opinion Article

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# A Gnawing Chest Pain

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## Introduction

A 41-year-old man with epilepsy had a witnessed prolonged seizure and was brought to the ED still having tonic-clonic activity. He was given intravenous Lorazepam and Levetiracetam, and endotracheally intubated without apparent complication. His seizure stopped and he was sedated on Propofol infusion. A tube of denture adhesive was found in his belongings but when his dentition was examined, he did not have any dentures but was only missing his upper central teeth. A post-intubation chest radiograph then

revealed his upper 6-tooth partial bridge lodged in his right mainstem bronchus (Figure 1). It was successfully retrieved via a snare loop using flexible bronchoscopy; since the bridge was too large to pass through his 8-0 endotracheal tube (ETT), the ETT was briefly pulled out to allow the bridge to be extracted and then the ETT was replaced in the trachea. He was extubated a short time later when awake and following commands and was discharged home two days later in excellent condition.



Figure 1: A-P Chest Radiograph demonstrating a dental bridge in the right main-stem bronchus.

## Conflicting Interest

None.

## Acknowledgement

None.