

Accidental Ingestion of Dental Bur during Dental Extraction

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Submitted: 09 Dec 2019; Accepted: 14 Dec 2019; Published: 21 Dec 2019

A 24-year-old female patient was admitted to the dental department of the university hospital Sahloul in Sousse in November 2019 for wisdom tooth extraction. The patient had chronic kidney failure and was on peritoneal dialysis. During the extraction, the patient had accidentally ingested the dental bur (Zekrya MANI®): the bur popped out from the airtor and fell into the patient's throat. There were no immediate symptoms such as coughing, drooling, dyspnoea or any other symptom of respiratory distress. The patient was immediately taken to the department of radiology for abdominal radiographic investigation. She was advised to be on a diet rich of fibers (especially potato) which was impossible for our patient. In fact, potato is a main source of potassium and when kidneys fail, they can no longer remove excess potassium, which leads to hyperkalemia. Some of the effects of hyperkalemia are nausea, weakness, numbness and slow pulse.

The first x-ray was taken 15 minutes after the bur ingestion. Once a foreign object has reached the stomach, there is 90% greater chance that it will cross the gastrointestinal tract as a result of peristaltic movement with no complications. As a precaution, serial radiographs were indicated to assess the swallowed bur until egested. Our patient did not have any symptoms of perforation, such as pain or vomiting, tenderness or abdominal guarding. Therefore, no surgical intervention was required for our patient. There are other complications reported in the literature such as intestinal obstruction, perforation, fistulas, hemorrhage, or failure of the objects to pass through the gastrointestinal tract [1, 2].



Figure 1: Abdominal radiographic showing an ingested bur in the stomach. Presence of artefact (catheter of the peritoneal dialysis)



Figure 2: The bur is located in the duodenum one day after ingestion



Figure 3: Egestion of bur 4 days after ingestion

References

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