A 45 year old lady presented with history of accidental ingestion of toothbrush while cleaning her tongue with it. She had retro-sternal pain which started soon after the ingestion of toothbrush. She did not have any psychiatric illness. Plain X-ray chest revealed tip of toothbrush in left upper quadrant within the gastric air bubble (Figure A). On upper gastrointestinal endoscopy, handle of toothbrush could be seen in lower esophagus (Figure A). The esophageal end of toothbrush was caught with Dormia basket and intact toothbrush was removed successfully using an over-tube (Figure C and D). The patient was discharged after an uneventful observation period of 24 hour.

Although foreign body ingestion is a common clinical emergency, toothbrush ingestion is rare. A MEDLINE search of the literature of the years 1988 to 2000 revealed 40 cases of toothbrush ingestion. Although majority of most other ingested foreign bodies pass spontaneously, ingested toothbrushes never have been reported to pass spontaneously and complications such as pressure necrosis and perforation can occur if left untreated. Obviously early extraction of toothbrush is advised to prevent complications. Endoscopic removal is the preferred method and like us a number of authors have removed toothbrushes safely and successfully with endoscope using polypectomy snares, grasping forceps and baskets. If endoscopic removal is not possible, has failed or particular complications are present, a laparoscopic or surgical approach may be an effective alternative. Although our patient did not suffer from psychiatric disorder, many reported cases were diagnosed with bulimia or anorexia nervosa.

References