



JACOBI-MONTEFIORE
EINSTEIN
EMERGENCY MEDICINE

SORE THROAT AFTER A SEIZURE: A LEVEL 5 TO A LEVEL 1 SCENARIO!

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HPI: 68YO male with PMH of seizures (adherent with Vimpat 50mg TID) presents to the urgent care (low acuity) side of the ED for sore throat s/p seizure. Pt had a GTC seizure the day prior lasting for 30 mins at 3AM.

Exam: General: Husky voice. Alert, oriented.

HEENT: Partially edentulous. No visible objects in oropharynx. No blood or increased secretions.

Pulm: No adventitious sounds. No respiratory distress.

Immediate actions: The patient was taken for a stat neck and chest X-ray, which were notable for a radiopaque object in the hypopharynx corresponding to a swallowed partial denture (**background figure** and **Fig. 1**). The patient was taken to the trauma bay and ENT was stat paged due to concerns of swallowed dentures. An Ambuscope procedure was performed by ENT, confirming a partial denture present in the supraglottic airway. ENT tried using tonsil forceps to remove the denture while visualizing the denture via Ambuscope. Ambuscope images were obtained (**Fig. 2**).

Ambuscope-led extraction failed three times with the ENT resident. At this point, the patient's airway had some blood and mucous secretions and the EM resident took over and attempted to use tonsil forceps and a Glidescope for visualisation.

The extraction: Using tonsil forceps, the EM resident was able to visualize and grasp the denture. Due to 2 hooks in the partial denture, the denture was caught on the posterior tonsillar pillar/uvula and may have also been affixed to the supraglottis. Once this was understood, the denture was twisted to let loose the two ends and was removed.

Subsequent course: Tdap given, dexamethasone administered for edema, and Augmentin started x 10d. The patient was observed for 4 hours and discharged with ENT follow up.

Takeaways:

- When extracting a foreign body, understand the shape of the object and its anatomical context to help pull it out.
- Always remember our elderly patients may have dentures.
- When conducting any Ambuscope-led procedure, have all backups ready (DL/VL/bougie/surgical airway equipment).
- Glycopyrrolate could be used for secretions.

