



Unusual Foreign Body in a Pediatric Patient: A Case Report

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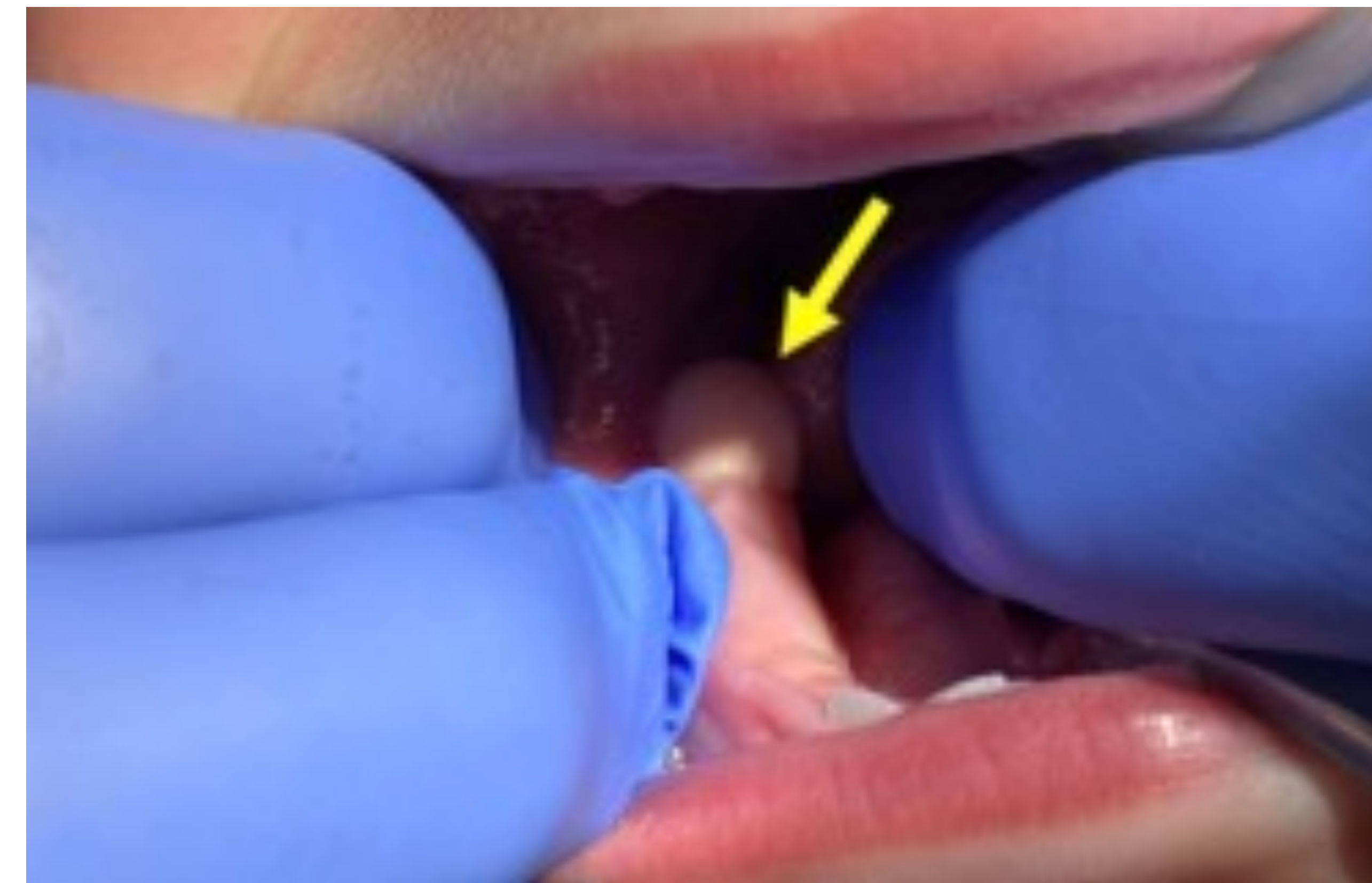
ABSTRACT

This case report details a patient who presented to the pediatric dentistry outpatient clinic at Riley Hospital for Children at IU Health with an unusual foreign body located in their oral cavity. This report demonstrates the importance of a thorough clinical examination and considering all possibilities prior when developing a definitive diagnosis.

BACKGROUND

Foreign bodies present in the oral cavity, especially in pre-cooperative children, can serve as a diagnostic challenge for practitioners due to limited visibility, the size of the object/oral cavity, and the challenge to get a thorough clinical exam. Foreign bodies may be ingested, inserted, or deposited in the oral cavity by a traumatic or iatrogenic injury.¹ Foreign bodies in the oral cavity often present with symptoms that include, but are not limited to, inflammation, pain, hemorrhage, and even purulent discharge.¹ When a foreign body is seen, the treatment of choice is complete removal to avoid the risk of aspiration or the risk of secondary infection from developing.

CLINICAL IMAGES



DIFFERENTIAL DIAGNOSES

1. Fibroma
2. Gingival Cyst
3. Congenital Epulis of the Newborn
4. Eruption cyst

CLINICAL PRESENTATION

A healthy 1 year old male initially presented to the pediatric dental clinic at Riley Hospital for Children at IU Health for a comprehensive oral examination after his mother noticed something unusual in his mouth. The mother's chief complaint was, "He has a bump on the gum and he is eating and drinking less." Mom stated she was unsure if the patient was in pain but he seemed to have a decreased appetite. Mom also disclosed there was no history of trauma. The patient's extraoral exam was unremarkable. The patient's intraoral exam revealed a 5x5mm, yellow to white in color, elevated, hard but slightly fluctuant, non-pedunculated mass on the right posterior mandibular alveolar ridge. Upon palpation, there was no bleeding or purulent discharge associated with the lesion. A radiograph was unable to be obtained due to the patient's behavior.

TREATMENT/MANAGEMENT

Upon further examination, the mass was dislodged with a dental explorer, and it was concluded that the mass was a foreign body. The foreign body was consistent with a "pop-it toy fragment," that was suctioned onto the patient's alveolar ridge. The patient's mother was unsure how the object got there or how long it had been there. The remainder of the patient's examination was unremarkable for a child of his age. The patient is currently followed for routine semiannual recall appointments.

REFERENCES

