

Aspiration of Dental Crown

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An 86-year-old woman presented to the pulmonology department following a 4-month history of a progressive nonproductive cough, wheezing, and exertional dyspnea. A plain-film chest radiograph demonstrated a foreign body in the lower lobe of her right lung (**image A**). Symptoms began 1 week after a tooth extraction, during which a gold crown on an adjacent tooth was dislodged and presumably ingested. Chest computed tomography confirmed a foreign body in the basal segment of the right lower lobe. Subsequent flexible bronchoscopy revealed a metallic-appearing object in the right bronchus intermedius (**image B**), which was successfully extracted via bronchoscopy using a basket instrument for renal stones.

Tracheobronchial foreign body aspiration is a rare occurrence among adults.^{1,2} Clinical manifestations of distal airway obstruction include chronic cough, fever, hemoptysis, chest pain, and wheezing, which can be further complicated by

postobstructive pneumonia and atelectasis.^{1,3} Flexible bronchoscopy serves as a diagnostic and therapeutic modality in the management of lower airway obstruction.^{1,4} (doi:10.7556/jaoa.2018.029)

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