

LETTER TO EDITOR**LOOSE TOOTH –CATASTROPHE DURING INTUBATION****Kunta Srinivasulu¹, Santosh Kumar Paiaulla²**¹Associate Professor; ²Resident, Department of Anesthesiology and Critical Care, PIMS, Karimnagar, Andhra Pradesh**Correspondence:** Dr. Santosh Paiaulla, Email: santoshpaiaulla@gmail.com**Sir,**

A 40 yr old female patient, ASA grade 1 posted for elective conventional cholecystectomy under general anesthesia. Patient moderately built, pulse rate -74/min regular, BP-130 /80 mm Hg, no H/O any previous operations, no H/O bronchial asthma, epilepsy, diabetes mellitus, hypertension.

Mallampati grading- 1, TMJ normal, thyromental distance normal. Pre anesthetic check up was done by senior resident. After taking consent, securing IV canula patient shifted to OT table. All the required drugs loaded, pre medication given. Pre oxygenation for 5 mins followed by induction with pentathol sodium 200 mg IV and for intubation succinyl scoline 80 mg IV stat. A little bit force was used during intubation on the teeth otherwise procedure was normal. 7.5 ETT was taped and secured.

Suddenly there was bleeding on the gum margin and upper incisor tooth was found missing. On auscultation breath sounds diminished on right side. The loose tooth which was not noticed during pre anesthetic check up was dislodged during intubation and migrated towards right bronchus and obstructed it.

Bed side chest x-ray was taken, confirmed foreign body right bronchus (loose tooth). ENT surgeon was called for further management. Foreign body removal was planned with bronchoscopy and high frequency jet ventilation. During this procedure patient went into

mild hypoxic episodes twice, later the procedure went smoothly.

Always prevention is better. Immaculate pre anesthetic check up as per the guide lines of ASA task force of airway management is mandatory to prevent the iatrogenic catastrophies during anesthesia and especially during intubation procedures. Thorough examination of dentition/loose tooth/dentures is essential. If a loose tooth is found on the operating table it can be extracted after taking consent from the patient to avoid mishaps like above.

ASA grade 1 patients should not undergo any type of iatrogenic or any other complications during anesthesia.

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