

## CLINICAL SECTION

# Broken orthodontic trans-palatal archwire stuck to the throat of orthodontic patient: is it strange?

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### Abstract

Trans-palatal arch wire is in common use in orthodontic practice. This case report of broken trans-palatal wire, swallowed and stuck to the throat of an orthodontic patient, is presented in the hope that it will stress the importance of careful examination of the appliance at each scheduled visit.

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### Case report

In this short case I will report on an unusual clinic incident, the swallowing of a broken trans-palatal wire.

A 12-year-old female patient was transferred from the emergency department. She complained that part of her maxillary orthodontic fixed appliance had broken. She reported that part of the appliance had been swallowed with food and she felt that 'something was stuck in her throat'.

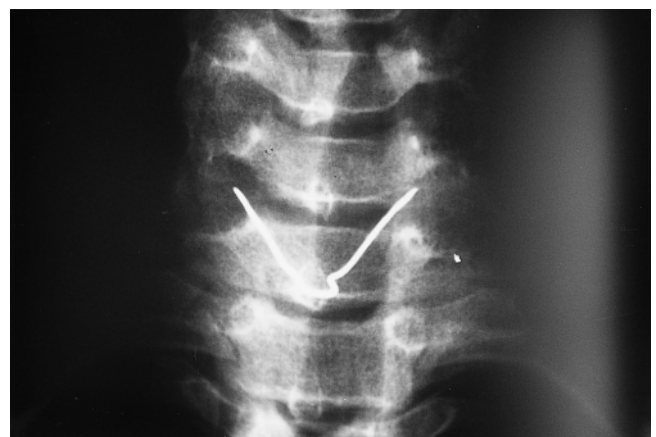
On clinical examination, she presented with maxillary molar bands. The bands' palatal surface contained broken solder joints. The patient's history revealed that she had undergone serial extraction for about 2 years. The maxillary first premolars had been extracted to make space for the erupting permanent canines. A fixed trans-palatal archwire (1 mm in diameter) soldered to first molars band, was used as a space maintainer and to reinforce the anchorage. From the patient's record, it was clear that she had been a poor attender.

The lateral and P/A view radiographs revealed that at the level of cervical vertebrae 6 and 7, posterior to the trachea, a radio opaque metal object was found that was clearly the broken trans-palatal archwire (Figure 1).

The patient was then transferred to a head and neck surgeon for management, and the wire was removed.

### Recommendations

Soldered trans-palatal archwires of different designs are widely used in orthodontic practice. It is highly recommended to check precisely and periodically the soldered points of the trans-palatal archwire on every patient's scheduled visits.



**Fig.1** Lateral and P/A radiographs of the neck with the broken trans-palatal archwire at the level of CV6 and CV7.

