

## FOREIGN BODY IN BREAST

**Abuzer Dirican**

*İnönü Üniversitesi Tıp Fakültesi, Genel Cerrahi Anabilim Dalı, Malatya, Türkiye*

I read the case of swallowed foreign body that migrated to the breast which was presented by Elverici EY, et al with interest (1). However, some points need to be clarified in this case report to justify the statement of the migration of swallowed foreign body to breast.

A foreign body causes an inflammatory reaction in the body and patients frequently go to the hospital with a complaint; did the patient have any complaints during last 30 years? If not, did the patient have a chronic disease that might cause neuropathy, such as diabetes mellitus?

A swallowed foreign object in any part of the body can be detected by imaging tools (2). The patient was 53 years old; in order to provide proof based on medical evidence, it would be better if previous radiological studies like a plain chest X-ray, a plain abdominal X-ray, abdominal ultrasound, or computed tomography were provided. The authors should also mention if the patient had a mammography, breast ultrasound, or other diagnostic imaging for the breast during the last 30 years.

It would be very helpful for readers when the authors explain their hypothesis of the route of migration. The possible route of transperitoneal migration is difficult because of gravity and the needle is far from the pectoral major muscle but is so close to skin at mammography. The other suggested way may be through the vascular system. The venous drainage of the breast is mainly the axillary vein; however there is some drainage to the internal thoracic vein and the intercostals veins. The right atrial pressure is 0-8 mmHg

and this would be less than vena cava pressure (Venous pressure increases by approximately 0.77 mmHg for each centimeter below right atrium). The migration of the swallowed needle into the axillary vein and breast is almost impossible due to the pressure gradually decreasing from the periphery toward the center of the circulatory system and intravenous valves prevent backflow of blood. The arterial blood supply to the breasts is derived from the internal thoracic artery, lateral thoracic artery, thoracoacromial artery, and posterior intercostals arteries. In order to reach those arteries; the needle might travel through the heart. If the needle went through the heart, it might have caused a cardiac tamponade (3) or pulmonary complications before reaching the breast.

One may easily think that there was a second needle which was placed into the breast but was never diagnosed until her mammography.

**Key words:** breast, foreign body, needle

**Anahtar sözcükler:** breast, foreign body, needle

### References

1. Elverici EY, Barca AN, Araz L, Ertug N, Yuksel E. Foreign body in breast: a swollen piece of a sewing needle The Journal of Breast Health 2009; 2:110-1
2. Chintamani, Singhal V, Lubhana P, Durkhere R, Bhandari S. Liver abscess secondary to a broken needle migration - A case report. BMC Surgery 2003; 3:8. (PMID: 14531934)
3. Vesna D, Tatjana A, Slobodan S. Cardiac tamponade caused by migration of a swallowed sewing needle. Forensic Science International 2004; 139: 237-239. (PMID: 15040923)

### Correspondence

Abuzer Dirican  
Tel : +90 (422) 341 06 60  
E-mail : adirican@inonu.edu.tr