

FOREIGN BODY IN BREAST: A SWOLLEN PIECE OF A SEWING NEEDLE

Eda Yavuz Elverici, Ayşe Nurdan Barça, Levent Araz, Zeynep Erhuner, Nesrin Ertuğ, Enis Yüksel

Ankara Numune Eğitim ve Araştırma Hastanesi, Radyoloji, Ankara, Türkiye

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ABSTRACT

Accidentally or consciously swollen sharp edged foreign bodies are usually sent away from the gastrointestinal tract asymptotically. Only less than 1% of swollen foreign bodies causes perforation . A case of swollen foreign body that migrates to breast as in our case has never been reported in literature. We aimed to present this interesting case with mammography and ultrasonography images.

Key words: Breast, foreign body, swollen sewing needle

MEMEDE YABANCI CİSİM: YUTULMUŞ DİKİŞ İĞNESİ PARÇASI

ÖZET

Kazayla veya bilinçli olarak yutulan keskin metalik yabancı cisimler genellikle herhangi bir semptomu neden olmadan GIS' ten atılırlar. Birçok yutulmuş yabancı cisimin ancak %1' den azı perforasyona neden olmaktadır. Bizim vaka-mızda olduğu gibi oral yoldan alınmış ve memeye ilerlemiş bir yabancı cisim vakası bu güne kadar İngilizce literatürde rapor edilmemiştir. Bu ilginç vakayı mammografi ve USG görüntüleri ile birlikte sunmayı amaçladık.

Anahtar sözcükler: Meme, yabancı cisim, yutulmuş dikiş iğnesi

Introduction

Accidentally or consciously swollen sharp edged foreign bodies are usually sent away from the gastrointestinal tract asymptotically. However, thin sharp edged bodies like needles, fish bone and chicken bones have a high risk of perforation (1). Only less than 1% of swollen foreign bodies causes perforation (1,2). These bodies migrates to other organs transperitoneally or via vascular structures (3). A case of swollen foreign body that migrates to breast as in our case has never been reported in literature. We aimed to present this interesting case with mammography and ultrasonography images.

Case

A fifty five-year-old postmenopausal woman presents to our mammography department for routine mammographic evaluation. In the mediolateraloblique graphy of right breast, a thin, sharp tipped metallic foreign body compatible with broken sewing needle was detected in the lower half (Figure 1). In grey-scale sonography examination, a 1.5 cm long thin linear echogenic appearance with posterior acoustic shadowing was observed in the lower outer quadrant of the right breast (Figure 2). When we questioned her, she gave the history of swallowing a broken needle accidentally 30 years ago. The foreign body was removed surgically and our broken needle diagnosis was confirmed.

Discussion

Most swallowed foreign bodies are sent away from the gastrointestinal tract in one week (2). However, thin sharp edged bodies have a high risk of perforation. Migration to a solid organ is rare but foreign bodies in liver, kidney , inferior vena cava, portal vein, right psoas muscle, abdominal wall, heart, lomber vertebrae and spinal cord have been reported in the literature (1, 3,4,5).

Although there was a lot of cases of foreign body in the breast as patient who have retained wire fragments of the needle localization or ruptured silicone implant, we couldn't find a case of swollen foreign body that migrates to breast as in our case in the literature. It's quite difficult to explain the route of the foreign body from the gastrointestinal tract to breast. The bodies migrates to other organs transperitoneally or via vascular structures (3,4). Cases of swollen needles moving craniocaudally to the heart have been reported (4).

Although it's difficult to localize, perforation occurs from the stomach or duodenum in most cases (3). According to Isibasi study, the commonest site of perforation is the stomach and ileocecal region whilst duodenal perforation is the most frequent one according to Hashmanai et al (1).

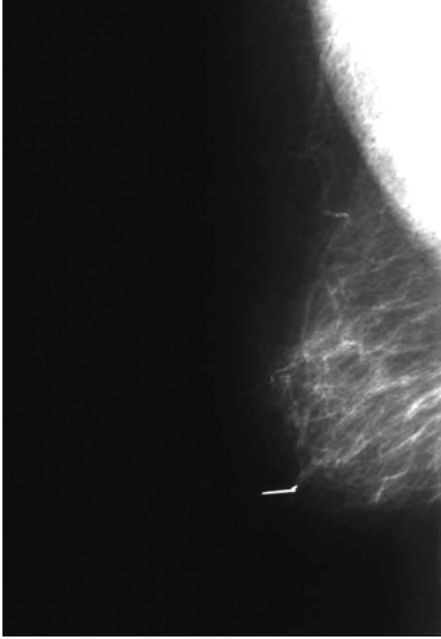


Figure 1.
Mediolateraloblique graphy of right breast showing a thin, sharp tipped metallic foreign body in the lower half of the breast .

Migrating foreign bodies can stay asymptotically for a long time or may cause various complications (1). Liver abscess and cardiac tamponade have been reported (2,6). In our case, the broken sewing needle was incidentally detected since it has stayed quiet and hasn't caused any complications for a long time.

A swallowed foreign object in any part of the body can be detected by X-ray and also by computerized tomography if needed (2).

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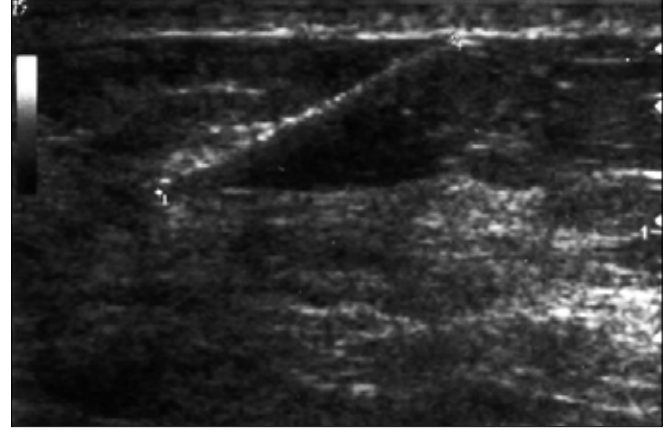


Figure 2. Grey-scale sonography examination showing thin linear echogenic appearance with posterior acoustic shadowing.

Ultrasonography is useful to find the objects in superficial tissues or solid organs (3).

Wendel and Clarkston suggests the follow-up of sharp foreign objects by daily X-rays after passing to intestines. If they are immobile for three days, surgical removal should be taken into account (1).

As a result, it has to be considered that; as in this case swallowed foreign bodies causing gastrointestinal perforation can reach to breast, an extraabdominal superficial organ, and should be thought among the foreign bodies in breast.

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İletişim

Eda Yavuz Elverici
Tel : 0(312) 286 24 72
E-Posta : edayavuz@hotmail.com