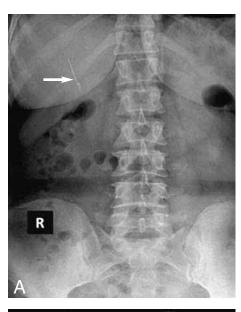
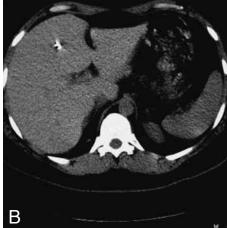
## **IMAGES IN CLINICAL RADIOLOGY**





## A migrated sewing needle to the liver

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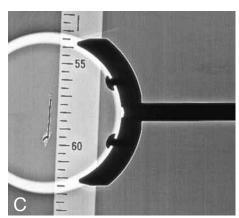
A 52-year-old woman was investigated for right upper quadrant abdominal pain. Abdominal X-ray revealed a linear metallic object superposed to the liver (Fig. A, arrow). Patient's history was irrelevant except for a breast biopsy 20 years previously. She did not report any blunt abdominal trauma. Unenhanced abdominal CT was performed for exact localization of the foreign body. A linear metallic opacity was observed in the medial segment of left liver lobe (Fig. B). At laparotomy, a needle was found in the parenchyma over the hilar plate of the liver. Its location was checked by intraoperative fluoroscopy then it was extracted with a clamp through a small incision in the liver parenchyma. High resolution X-ray graph revealed that the foreign body was a sewing needle (Fig. C). At eight months follow up, she is symptom free without any complication.

## Comment

The majority of swallowed foreign bodies pass through the gastrointestinal tract without serious problem. Hepatic foreign bodies are rare, and may enter the liver by migration from the gastrointestinal tract, direct penetration through the abdominal wall, or via the bloodstream. Although foreign bodies can migrate to any abdominal organ, perforation of the stomach and migration to the liver is extremely rare. In a large series reporting the nature of aspirated foreign bodies revealed that the frequency of aspirated sewing needle is about 0.6% of all and 1.45% among metallic only (1). Migration of the needles are usually asymptomatic or can cause acute abdomen. Traditional surgical treatment requires laparotomy for foreign body removal.

## Reference

1. Kaptanoglu M., Nadir A., Dogan K., Sahin E.: The heterodox nature of Turban Pins in foreign body aspiration; the central Anatolian experience. *Int J Ped Otorhinolaryngology*, 2007, 71 : 553-558.



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