

An unusual intracardiac foreign body

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A 26-year-old patient, known for HIV and Heroin toxicomania consulted his general practitioner complaining of pain in the right groin since his last IV injection. Groin ultrasound examination demonstrated acute femoral vein thrombosis and a foreign body in the surrounding tissue that an abdominal X-ray identified as a broken needle in projection of the right acetabulum (Fig. 1A). The patient received anticoagulation therapy and it was decided to postpone the needle retrieval. Ten days later, the patient was admitted to the hospital for fever. Enhanced abdominal computed tomography showed bilateral femoral septic thromboses

(Fig. 1B) and migration of the needle previously visualized on the abdominal X-ray from the groin region to the right ventricular apex (Fig. 1C). Multiplanar and three-dimensional reconstructions (Fig. 1D) showed that the needle fragment was not free in the ventricular cavity, which was confirmed by unsuccessful percutaneous transcatheter maneuvers to retrieve it. Considering the high risk of cardiac surgery in this patient and the low risk of further distal embolization, a conservative approach was decided for and the patient had an uneventful clinical evolution under antibiotherapy.

Conflict of interest: None declared

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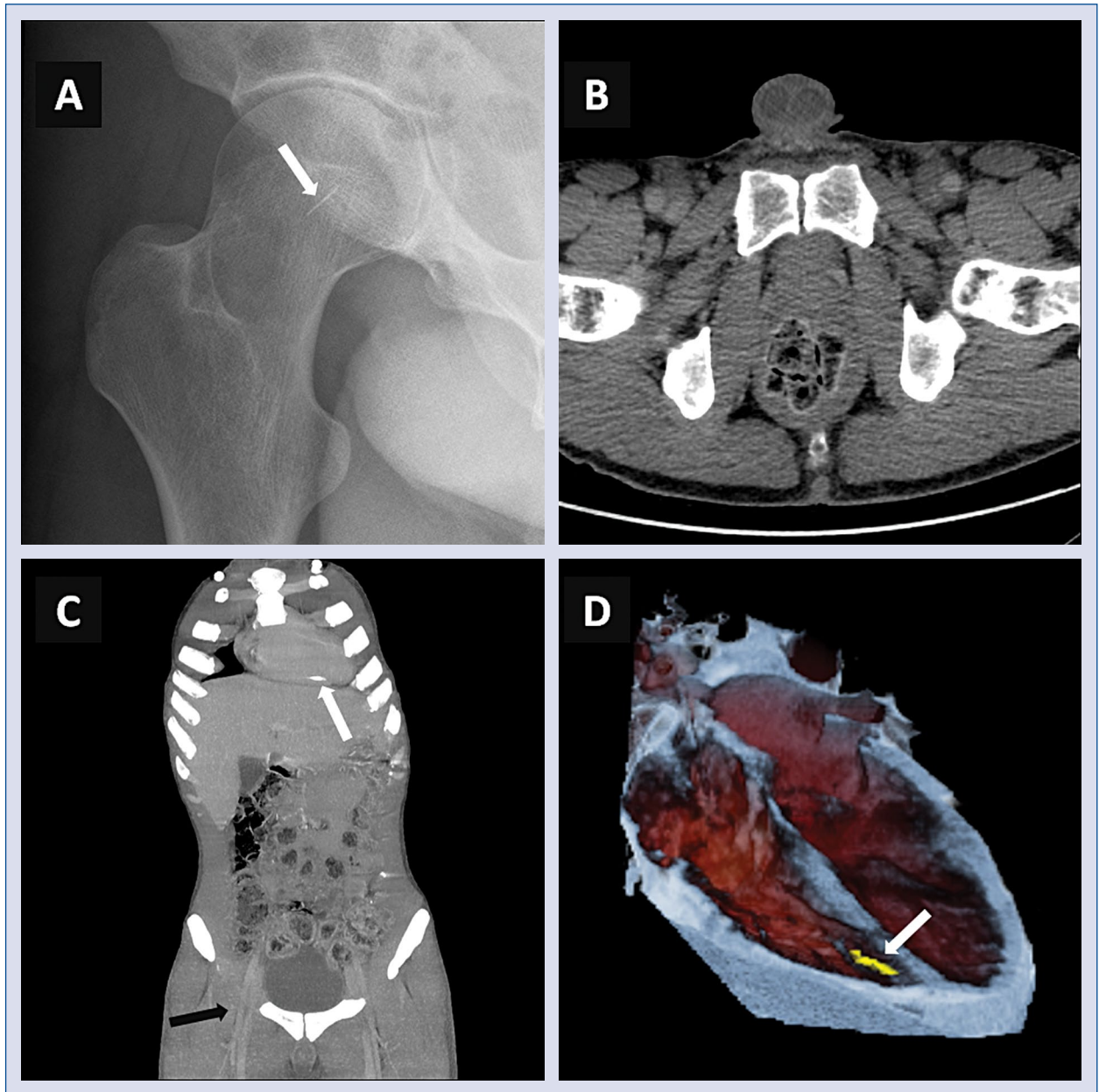


Figure 1. **A.** Abdominal X-ray demonstrated a broken needle in projection of the right acetabulum; **B.** Enhanced abdominal computed tomography showed bilateral femoral septic thromboses as well as absence of the broken needle previously visualized on abdominal X-ray; **C.** Computed tomography showed presence of the needle in the right ventricular apex; **D.** Multiplanar and three-dimensional reconstructions showed that the needle fragment was not free in the ventricular cavity.