

## A rare localization of a foreign body: breast

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### ABSTRACT

We report a case of 52 years old that presented with an intramammary foreign body that was introduced by the patient herself, the foreign body was removed and the sent to Psychiatric Department for follow up. It's a rare case of foreign body localization that can induce infections and abscess, but our patient was not infected hopefully.

**Keywords:** Breast, Metallic foreign body, Mastodynia, Mammography

### INTRODUCTION

Metallic foreign bodies within the breast can cause mastodynia, abscess, cardiac tamponade, granuloma or pneumothorax, which are clinically significant.<sup>1,2</sup> They are treated through surgical excision.

### CASE REPORT

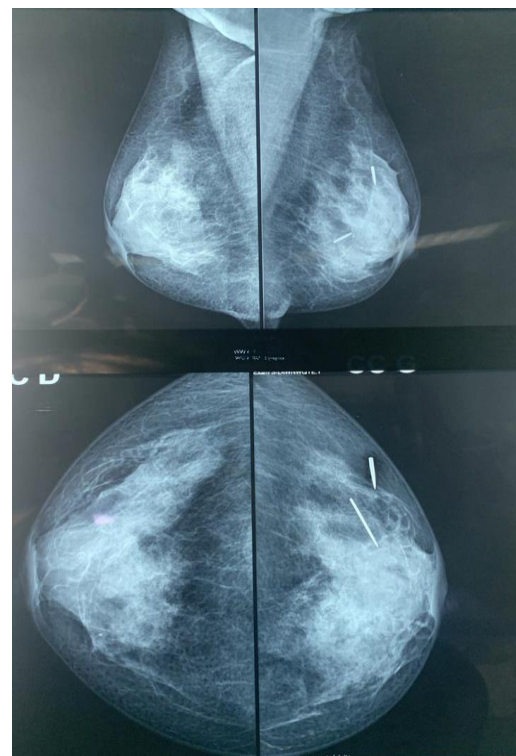
We report a case of 52 years old women without any medical history, presented to the gynecological exam for mastodynia, clinical examination shows normal breast size without any palpable nodes, axillary node was not found. The patient is working as a clothes designer and reporting the mastodynia for several weeks. Mammography was performed showing small inflammatory lesions ACR3, metallic material in the upper external and lower internal quadrants (Figure 1).

Further interrogations show a psychiatric medical history with two episodes of depression treated successfully by fluoxetine.

Blood analysis does not show any sign of infection with CRP: 6 mg/ml and WBC: 8760 e/mm<sup>3</sup>.

The patient was operated and the foreign body was removed (Figure 2).

And the patient was transferred to psychiatry for follow up.



**Figure 1: Intramammary foreign body.**



**Figure 2: Foreign body removed.**

## DISCUSSION

Few cases of foreign bodies in the breast have been described in the medical literature, making them unusual.<sup>3</sup> They are frequently iatrogenic, such as fragments of surgical instruments or broken needles, and can be observed on X-ray mammography.<sup>4</sup> On the other hand, some X-ray-negative foreign bodies can't be seen at all on mammography but may be evident on sonography. 52-year-old woman who served as our patient. A sonographic examination was performed after she started noticing

mastodynia a few weeks earlier. Our surgical team examined the foreign body, which appeared to be a needle that was likely inserted by the patient herself. We have never seen a case just like this one before. According to our hypothesis, a hair follicle must have entered a mamilla duct opening during.<sup>5</sup>

## CONCLUSION

This might be a very rare cause of mastodynia but the important thing is to have a good psychiatric follow up because the next time the patient might introduce something more dangerous.

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