Sewing Needle in Breast Parenchyma

Jayanta Bain, Senior Resident,
Alok Tiwari, Senior Resident,
Shashank Abhishek, Senior Resident,
Inderjeet Yadav, Senior Resident
— Department of Surgery, S.V.B. Patel Hospital, New Delhi.

Shamshad Ahmed, Senior Resident,
Department of PSM, Banaras Hindu University, Varanasi, UP.

Shyam Lal, Associate Professor,
PGIMES & ESIC Model Hospital, Basidarapur, New Delhi.

Abstract
A 38 year old woman presented with pain in her left breast for last 8 days. She had a history of fall in road 8 days back. She was investigated with X-ray, ECG but no abnormality found. She was treated symptomatically, but got no relief. When we examined the patient, a stiff cord like structure was found deep in the lower outer quadrant of the left breast parenchyma. In the same old X-ray, a long thin pointed foreign body was seen in parallel and superimposed on an underline rib. The breast was explored under local anesthesia; a swing needle was found and removed. Foreign body like sewing needle in breast tissue is an extremely uncommon clinical condition; proper clinical examination and correlation with investigation can clinch the diagnosis early.

Keyword
breast parenchyma, clinical examination, foreign body, sewing needle

Introduction
Foreign body in breast is not an uncommon entity these days; mostly they are seen after breast augmentation surgery. Uncommon objects like forgotten gauze, retained penrose drain, and metallic particles on mammography after wire localization of lesions were reported in literature. Here we report a very uncommon foreign body inside breast parenchyma - a sewing needle.

Case Report
A 38 year old women came on surgical outpatient department with complain of pain in left breast for last 5 days. She gave a history of fall on street 10 days back, she had no external injury but complained only left sided chest pain, she was taken in the emergency department of a near by hospital, the attending physician ordered a X-ray chest probably to rule out any rib fracture and an ECG and serum enzyme markers assay to rule out any myocardial ischemic attack, but no abnormality found. She was given oral analgesic and discharged. After 3 days she again complained chest pain and taken to another hospital. This time again an ECG and a chest X-ray was also done, again no abnormality was found by the attending physician and patient discharged with symptomatic treatments. Frustrated with pain and treatments, this time, the patient came to our department.
On inspection, her breast was normal shape and size, no sign of inflammation was seen. On palpation a cord like structure was found deep in the lower outer quadrant of the left breast, and two end of the cord like structure can be hold in between examining fingers (Fig. 1). The both X-ray films which was done by previous hospitals were seen on the view box, we got aback to see a long thin pointed foreign body lying parallel and superimposed on the underline rib (Fig. 2). We take a more detailed history, their was no incident of needle prick injury to her breast before, nor she had a history of any physical abuse; she do not have history of any previous breast imaging with metallic wire localization also. This clinical scenario was explained to her, with her proper consent she was taken to operation theater and the breast was explored under local anesthesia (Fig. 3). A sewing needle of 5cm length with a pointed and an eyed tip (Fig. 4) was removed. She was discharged on the same day then with oral antibiotic and analgesic. She is perfectly all right on follow-up.

Discussion

A retained foreign body in breast parenchyma can cause pain and inflammation instantly, or, may remain silent for years. A long standing foreign body sometimes appears as a mass over times and mimics a breast malignancy. Thus a foreign body necessitates an early removal. Very few cases of foreign body like needle in breast tissue were reported in literature. Two cases found in PUBMED search, first case reported by Ioannis et al, where an asymptomatic 47 year old woman have a needle inside her right breast seen on mammography, second case was reported by Sunamak et al, where the patient had a story of accidental sewing
machine needle break and puncture 10 years ago when she had been working in textile industry.

In our case, there were no history of any accidental needle injury; or any history of previous breast imaging with metallic wire localization; or any previous breast operation; and there were no history of physical abuse also. The only significant history here was that she had fallen on road and got pain in left side of chest and particularly inside the left breast. The only possibility is that the needle got inserted inside the breast tissue when she fallen on road; though, it is heard to believe that a horizontally placed (that is how it used to be) needle on road got inserted such deep inside the breast parenchyma!!!

What mind does not know, that eyes cannot see. The patient was treated by doctors of two hospitals, X-ray was done in both hospital, but no one noticed the needle. This may be because the needle is superimposed on the rib and thus very difficult to notice in first instance. But, if the breast was examined properly, the physician should have certainly noticed some abnormality in the breast parenchyma during palpation. To conclude, our case describes a rare clinical condition of sewing needle in breast tissue and its proper management. This study also signifies the importance of physical examination and correlating it with investigation to clinch a correct diagnosis in a rare case.

References