MEDIASTINAL FOREIGN OBJECT

Author
Alberto Canestri[1]

[1]*Cardiovascular Surgeon Department of Cardiovascular Surgery Clínica de Imágenes Leben Salud, Neuquén.*

Corresponding author:
Alberto Canestri
acanestri@hotmail.com

A male patient of 50 years old, with a history of drug and alcohol addiction and multiple suicide attempts was admitted for penetrating thoracic trauma self-inflicted with sewing needles. Complementary studies were performed, showing the presence of hemopneumothorax and hemopericardium, in addition to a foreign body crossing the tip of the heart, which entered through the right ventricle (RV) and reached the left ventricle (LV) (*Figures 1A and 1B*). Figure 2 shows how close the object passed through the anterior descending artery (AD).

The patient was started on antibiotic prophylaxis, vaccinated against tetanus, and admitted to the operating room for removal of the foreign body.

A median sternotomy was performed, and the needle was extracted within the granuloma formed in the anterior region, close to the tip of the heart (*Figure 3*). Slight bleeding from the entry site was contained with a 4/0 Prolene U-suture reinforced with Teflon plates. Left mediastinal and pleural drainage was left.

He had a postoperative course with febrile syndrome, atelectasis, and mild effusion. The latter resolved during hospitalization, but the fever became persistent, requiring rotation of antibiotic regimen.

Given the negative cultures and clinical improvement, hospital discharge was granted, and family support and social assistance were arranged.

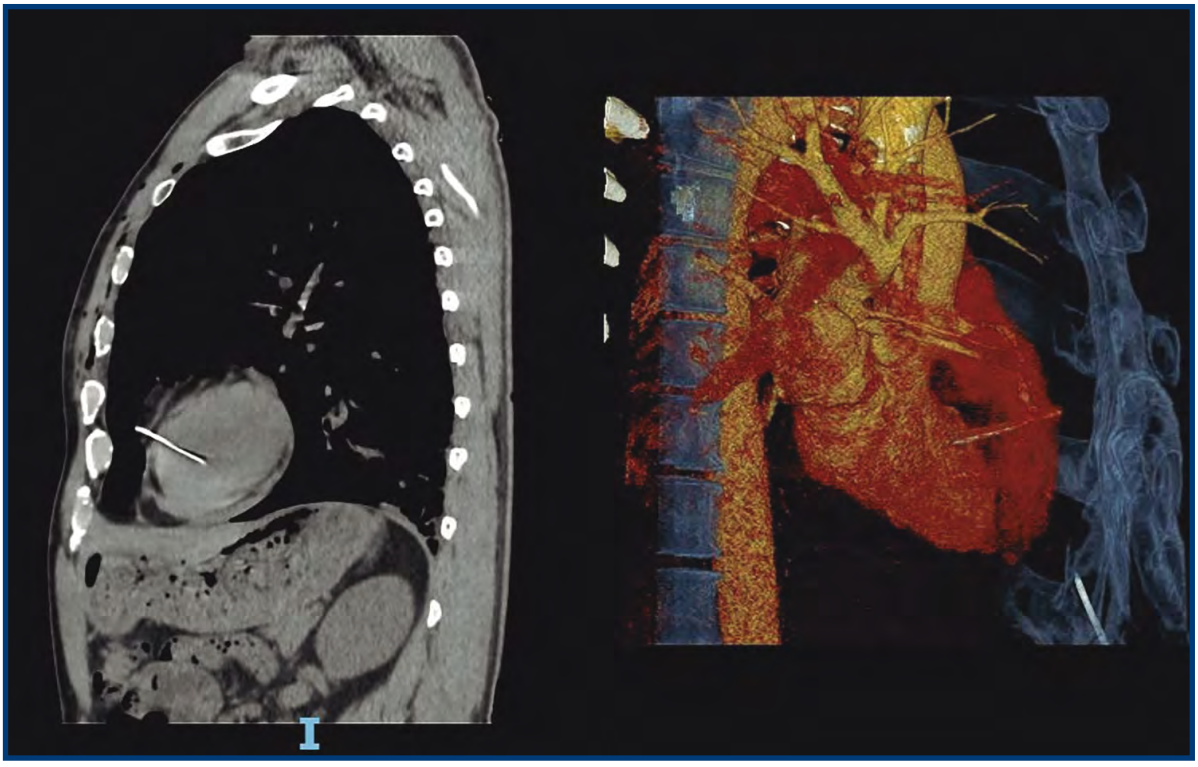

FIGURE 1. A AND B: Complementary studies showed the presence of hemothorax and hemopericardium, and a foreign body passing through the tip of the heart.

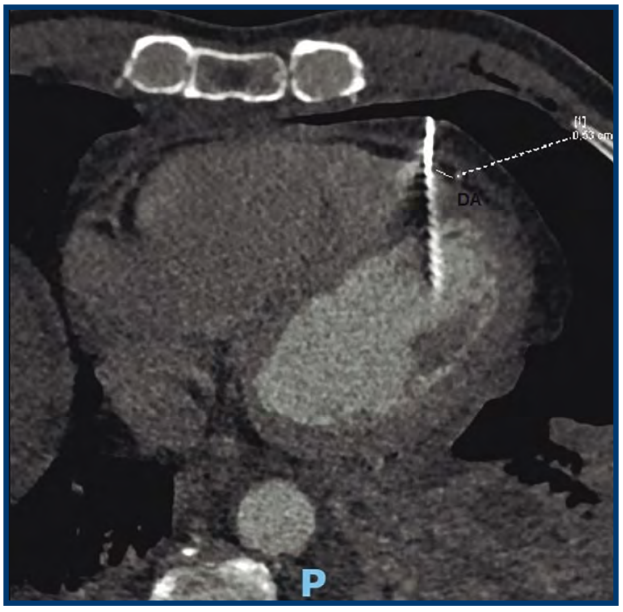

FIGURE 2. Proximity of the foreign object to the anterior descending artery.

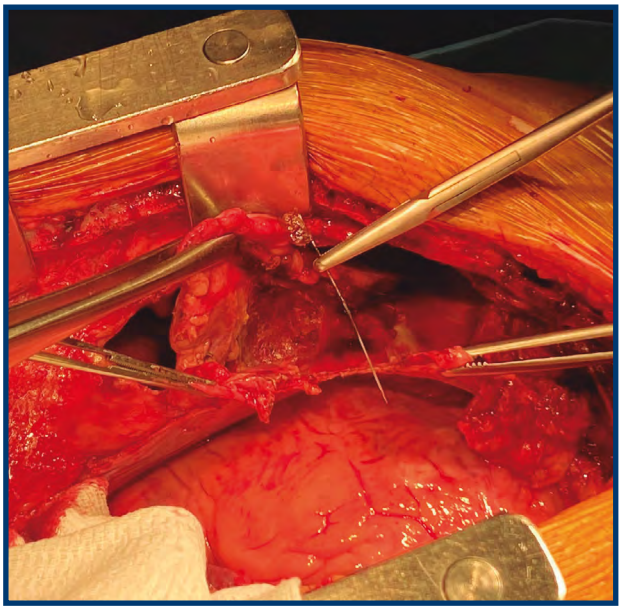

FIGURE. 3. Sternotomy and needle removal.