

A Needle in the Heart

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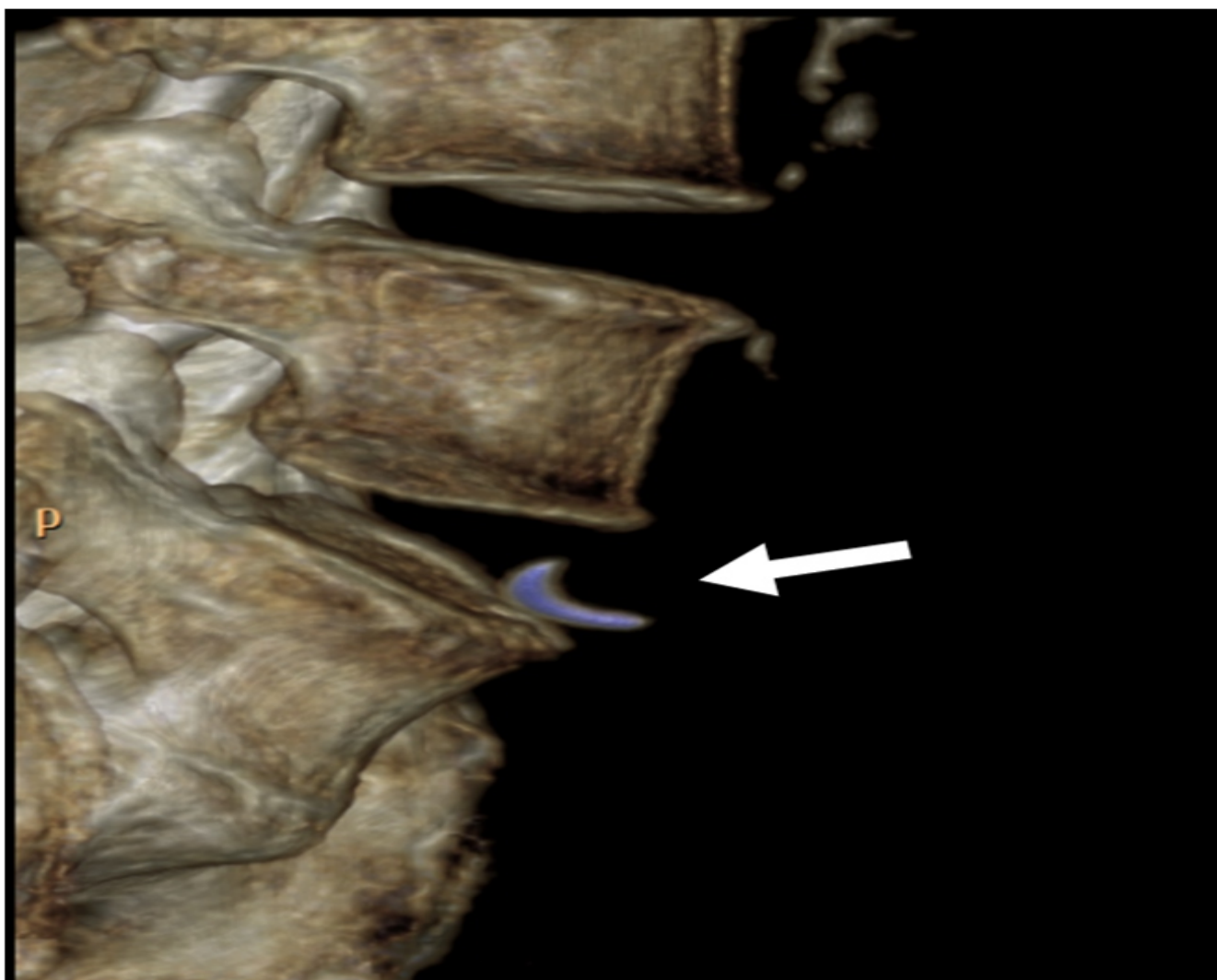


Figure 1: Computed tomography (CT) scan: Three-dimensional reconstruction of the lumbar spine, demonstrating the needle fragment (white arrow) in the spinal disc between segments L5/S1.

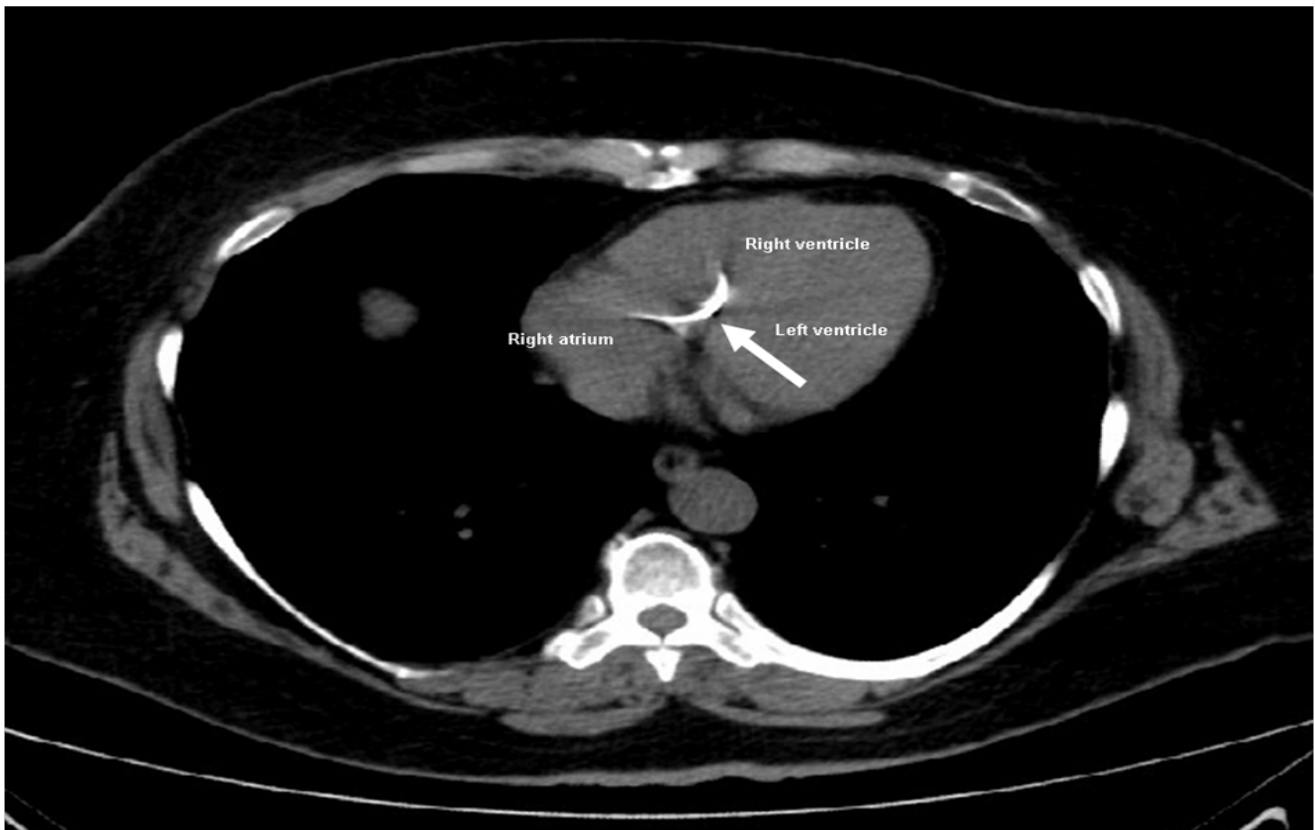


Figure 2: Computed tomography (CT) scan, with the needle fragment (white arrow) projecting on the area of the tricuspid valve.

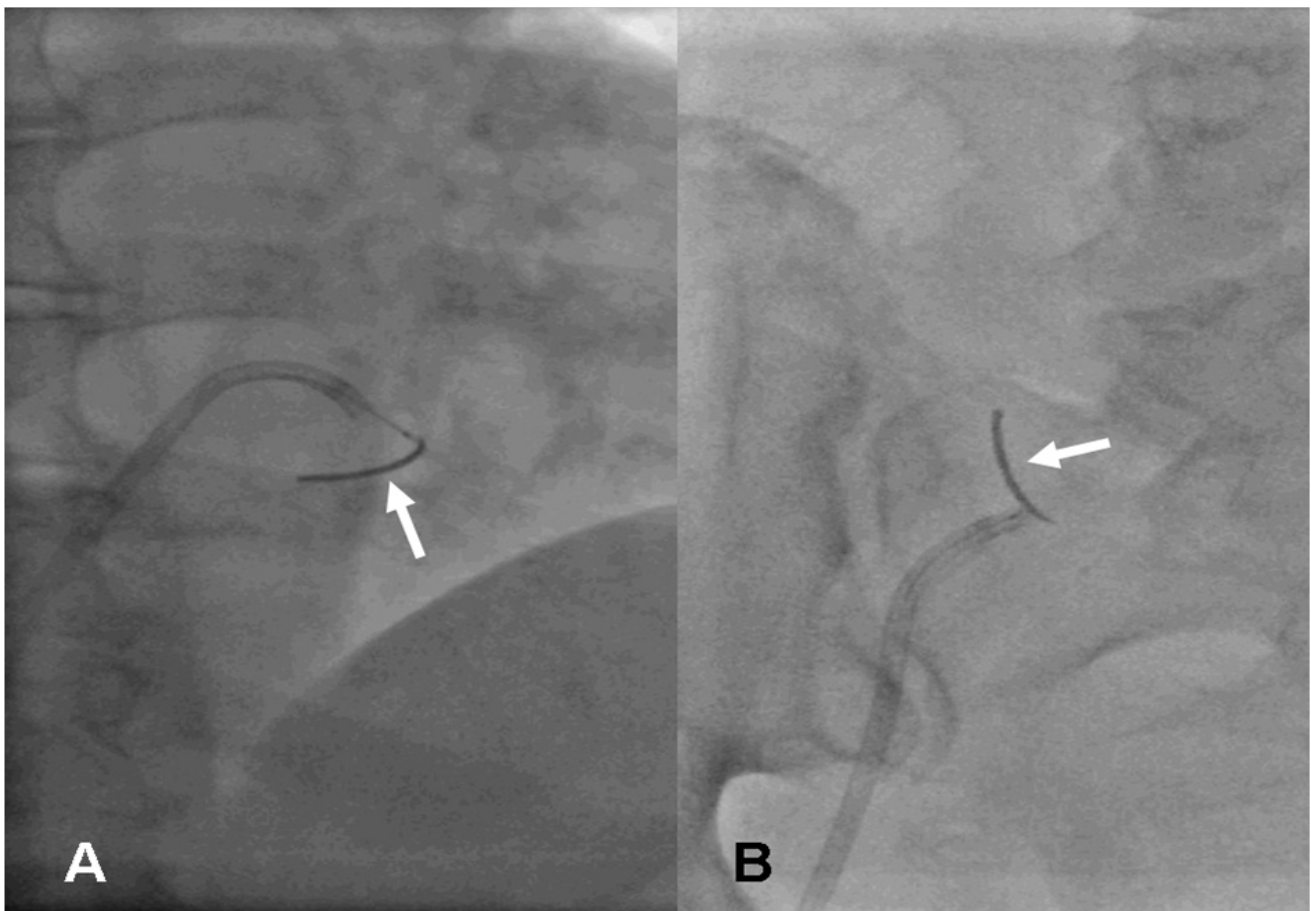


Figure 3: Fluoroscopic view of the snared needle fragment (white arrow) at the level of the right heart (Panel A) and at the level of the common femoral vein (Panel B).

Description

A 60-year-old woman with a previous history of three normal vaginal deliveries underwent a transvaginal sacrohysteropexy due to uterine prolapse. During the procedure, a part of a broken surgical needle was lost. The fragment could be located in the computed tomography (CT), in the spinal disc between segments L5/S1 (Figure 1). A follow up CT-scan (Figure 2) after 3 days demonstrated a migration of the needle fragment, the needle was now projecting on the tricuspid valve of the right heart. The patient was transferred to our institution for further management. There was no echocardiographic evidence of pericardial effusion. The patient preferred an interventional approach over the recommended operative removal of the needle fragment. Using a 7 mm loop snare (Amplatz goose neck™, ev3 Plymouth, NM, USA) over an 8 French Judkins right guiding catheter via the femoral vein, the lost fragment could be successfully recovered (Figure 3 and Figure 4). The patient was discharged after remaining several days without sequelae.

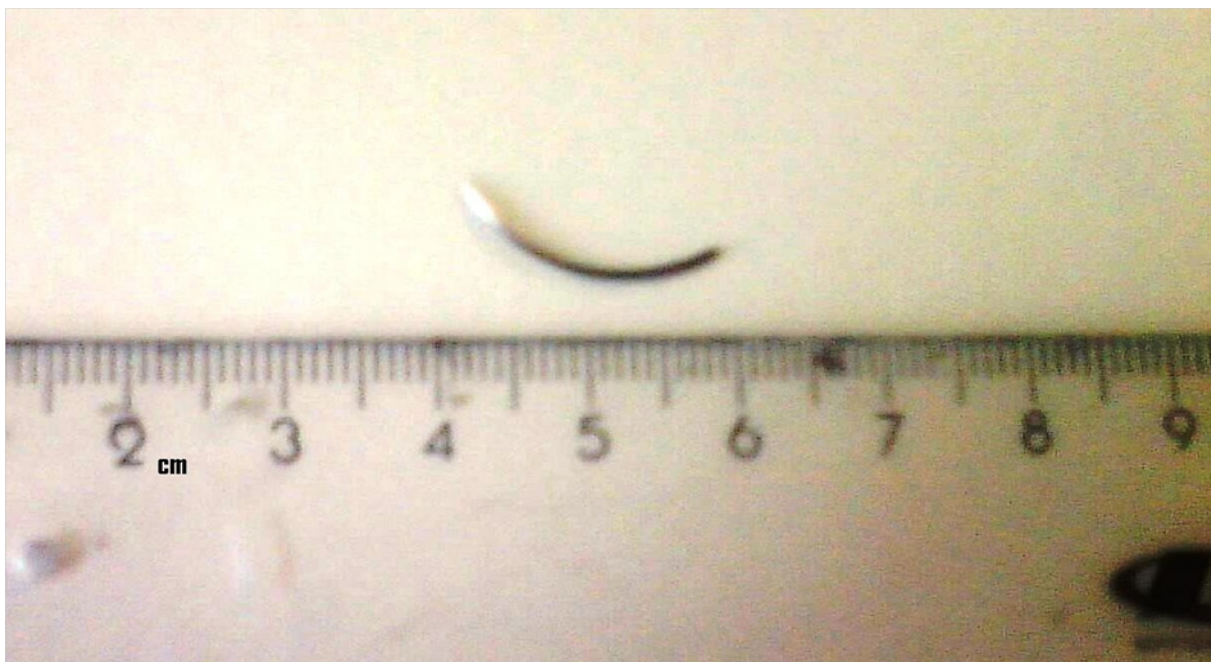


Figure 4: Photographic image of the recovered needle fragment.

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