

FOREIGN BODY IN THE BREAST: MULTIPLE SEWING NEEDLES

Corpo estranho no parênquima mamário: múltiplas agulhas

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ABSTRACT

Needles embedded in the breast are an unusual situation. It is reported the possibility of developing an abscess and the risk of migration of the needles. We report the case of a 38 year old woman with approximately 25 needles inserted in her breasts, bilaterally. According to the patient, the insertion occurred during the episode of a recent physical aggression; however, the hypothesis of self-mutilation could not be ruled out. She also referred the withdrawal of some needles at home and tried a surgical resection of others. Physical examination of the breasts revealed bilateral bruising, located in the upper inner quadrant of the left breast and diffusely in the right breast. Ultrasound examination showed needles in both breasts, associated with a hyperechoic area between 5 and 6h of the right breast, corresponding to palpable clinical area. An X-ray and chest tomography also revealed the presence of several needles in the breasts. At mammography, multiple intra-mammary needles and lymph nodes were diffusely distributed through the parenchyma, bilaterally. After discussing with the patient about the diagnosis and therapeutic options, we opted for clinical follow-up. Currently, the patient has moderate acyclic mastalgia, and is on clinical follow-up for 55 months.

KEYWORDS: Breast; mammography; foreign bodies; needles.

RESUMO

Agulhas inseridas no parênquima mamário constituem uma situação incomum, podendo haver ocorrência de abscessos e o risco de migração das agulhas. Descrevemos o caso de uma paciente do sexo feminino, de 38 anos de idade, diagnosticada com aproximadamente 25 agulhas de costura em suas mamas, bilateralmente. Segundo a paciente, a inserção ocorreu durante episódio de agressão física recente; porém, a hipótese de automutilação não pôde ser descartada. A paciente também referiu a retirada domiciliar de algumas agulhas e a tentativa de retirada em outro Serviço. Ao exame físico das mamas, evidenciava-se equimose bilateral, localizada no quadrante súpero-medial da mama esquerda e difusamente na mama direita. O exame ultrassonográfico evidenciou agulhas em ambas as mamas, associadas à área hiperecoica entre 5 e 6h da mama direita, correspondente a área clínica palpável. A radiografia e a tomografia de tórax visibilizaram a presença de vários corpos estranhos nas mamas, de aspecto metálico, compatíveis com agulhas. Após discussão com a paciente acerca do diagnóstico e das opções terapêuticas, optou-se por conduta expectante. Após 55 meses, a paciente refere mastalgia acíclica moderada e mantém seguimento clínico no Serviço.

PALAVRAS-CHAVE: Mama; mamografia; corpos estranhos; agulhas.

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Female patient, 38 years old, rural worker, with bipolar mood disorder, former smoker and with a family history of breast cancer (maternal aunt). The patient reported a recent physical aggression, with approximately 25 needles inserted in her breasts, bilaterally. However, the hypothesis of self-mutilation could not be ruled out. She referred the withdrawal of some needles at home and tried a surgical resection of others.

Physical examination of the breasts revealed bilateral bruising, located in the upper inner quadrant of the left breast and diffusely in the right breast. The lesions presented areas associated with hyperemia, bilaterally, and palpable thickening in the lower quadrant of the left breast (Figure 1).

Ultrasound examination showed needles in both breasts, associated with a hyperechoic area between 5 and 6h of the right breast, corresponding to palpable clinical area. An X-ray and chest tomography also revealed the presence of several needles in the breasts. At mammography, multiple intra-mammary needles and lymph nodes were diffusely distributed through the parenchyma, bilaterally (Figures 2 and 3). To our knowledge, this is the first report of multiple needles diagnosed in mammary parenchyma, bilaterally. In similar cases described in the literature^{1,2}, the recommendation of surgical removal due to the risk of abscesses and needle migration is highlighted¹⁻³. However, the large number of needles and the technical difficulty for the

individual removal of each one makes bilateral mastectomy the most appropriate surgical technique. After discussion with the patient about the diagnosis, the risks and therapeutic options, we opted for clinical follow-up. Currently, the patient has moderate acyclic mastalgia, and is on clinical follow-up for 55 months.



Figure 1. Breast examination at the time of the first visit to the Service. The patient had bilateral ecchymosis, located in a upper inner quadrant of the left breast and diffusely in the right breast.

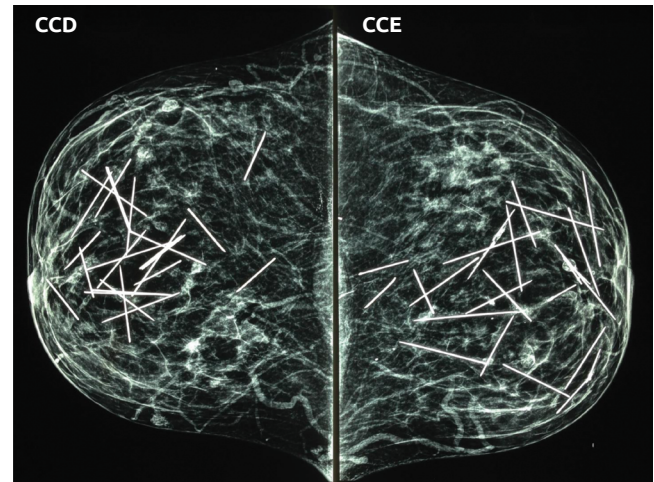


Figure 2. Mammography, craniocaudal view. Multiple intra-mammary needles were diffusely distributed through the parenchyma, bilaterally.



Figure 3. Mammography, mediolateral oblique view. Multiple intra-mammary needles were diffusely distributed throughout the parenchyma, bilaterally.

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