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ESSENTIAL IMAGE / *Thoracic imaging*

Migration of implanon contraceptive implant into the pulmonary artery

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A 16-year-old girl had a subdermal contraceptive implant (Implanon-NCT®) inserted 22 months earlier that was no longer palpable. The patient used to ''play'' with the device to check that it was well positioned in her arm. Chest X-ray (Fig. 1A) and computed tomography (CT) (Fig. 1B) revealed that the implant has migrated into a pulmonary artery. Complete vascular retraction around it precluded any endovascular retrieval and the patient refused surgery. Focal pulmonary artery thrombosis usually has no clinical significance but may lead to severe consequences in patients with impaired cardiopulmonary function. Consequently, percutaneous or surgical retrieval of migrated intravascular devices is recommended and is more likely to be successful when migration is recent [1]. Only 25% of patients with implant migration report symptoms, including dyspnea and chest discomfort [2]. Identifying risk factors for migration as in our patient may be therefore important to achieve a closer control in some patients and to increase the success rate of an early percutaneous retrieval in case of migration.

Disclosure of interest

The authors declare that they have no competing interest.

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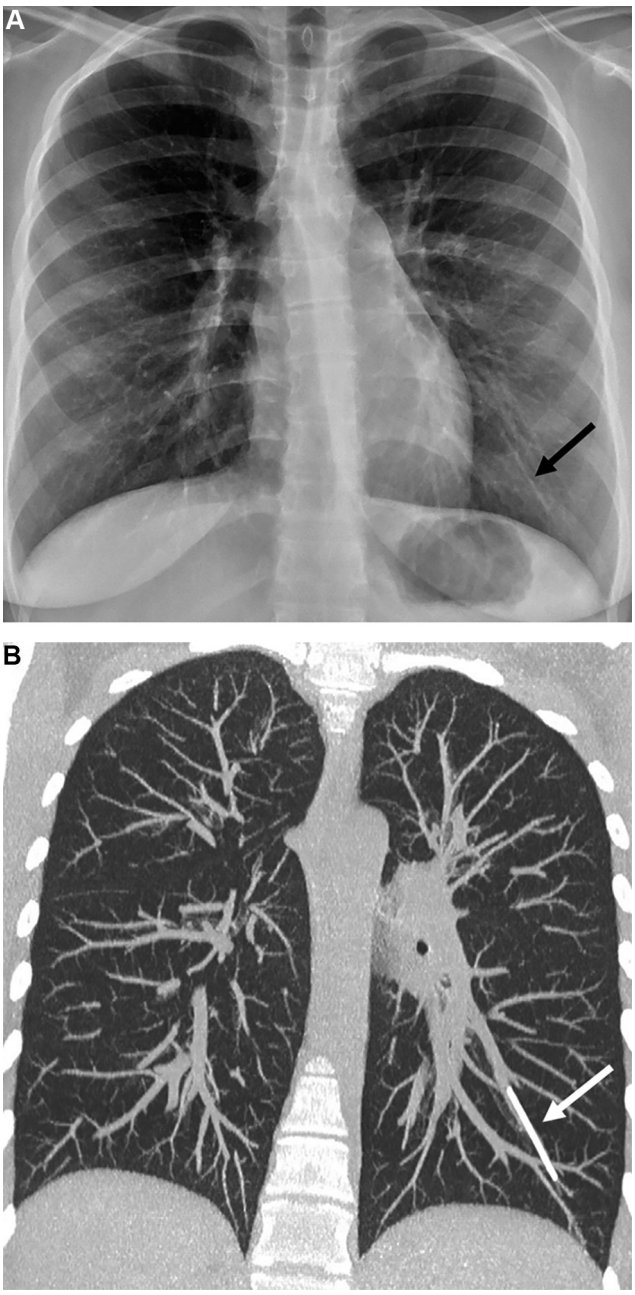

Figure 1. A. Chest X-ray demonstrates the implant (arrow) in the left lower lobe. B. Coronal CT image demonstrates the implant (arrow) in the latero-basal segmental pulmonary artery of the left lower lobe.

References

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