



Visual Diagnosis in Emergency Medicine

EYE OF THE NEEDLE, STUCK IN THE MIDDLE

Prakash K. Dubey, MD

Department of Anesthesiology & Critical Care Medicine, Indira Gandhi Institute of Medical Sciences, Patna, India

Reprint Address: Prakash K. Dubey, MD, Department of Anesthesiology & Critical Care Medicine, Indira Gandhi Institute of Medical Sciences, E 3/4, IGIMS Campus, Patna 800014, India

INTRODUCTION

Foreign body lodged in the pharynx is not an uncommon presenting complaint to most emergency departments, but a sewing needle stuck in the posterior pharynx of an adult is a rare finding (1,2). Foreign body ingestion is commonly seen in the pediatric age group. In a retrospective Indian study that included 228 patients with foreign body ingestion, only 3.94% belonged to the age group 6–20 years, whereas 84.64% belonged to the age group 1–6 years (3).

We present this unusual case of a sewing needle that presented with an unusual preceding history.

CASE REPORT

An 18-year-old woman presented with complaints of dysphagia, odynophagia, and neck stiffness for 1 week. She was unable to speak or eat. On examination, her pulse rate was 92 beats/min, and the noninvasive arterial pressure was 126/82 mm Hg. She was afebrile and there was no external swelling in front of the neck. She could write about her complaints, which included pain in the neck and difficulty in swallowing. She did not provide

any suggestive history indicating accidental or deliberate ingestion of a foreign body.

X-ray study of the neck revealed a linear radiopaque object at the level of cervical vertebra (Figure 1B) that was confirmed with computed tomography scan (Figure 1A). Flexible nasoendoscopy showed a rusty linear foreign body protruding from the soft tissue of the posterior pharyngeal wall in front of the glottic opening (see video 1, available online).

The object was removed under general anesthesia and turned out to be a sewing needle 32 mm in length (Figure 1C). Interestingly, it was the eye of the needle that was embedded in the pharyngeal wall. She was advised antibiotics, analgesics, and oral antiseptic mouthwash.

During later discussions, the patient feigned ignorance about the needle, probably out of embarrassment and fear of social stigma. She was referred for neuropsychiatry consultation due to suspicion that it was a case of deliberate ingestion.

DISCUSSION

Complications of a foreign body in the throat may depend upon the nature of the foreign body, and the duration and location of impaction, among other things (4). In absence of prompt management, a sharp object like a sewing needle can migrate, and may lead to esophageal perforation, fistula, and abscess formation. Tonsillectomy had to be

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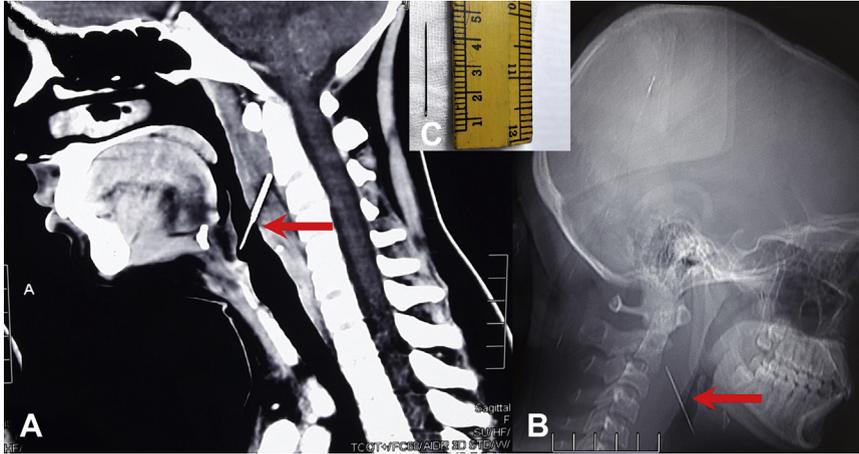


Figure 1. (A) Computed tomography scan and (B) lateral radiograph of neck revealing a linear radiopaque object. (C) The retrieved sewing needle.

performed in a patient in whom a sewing needle tip got lodged in the tonsil (1). There has been a report of swallowed metal pins migrating to the superior mediastinum, ultimately requiring a median sternotomy for retrieval (5).

It was not clear how the needle became lodged in the posterior pharyngeal wall. After extraction of the needle, when it was shown to her, she avoided discussions about it. Although the parents did not reveal any history of psychiatric illness, her reactions did seem odd. There was no history suggesting a temporal relationship between the appearance of pain and the last meal that she had taken. This ruled out any accidental ingestion also. Due to the fact that the patient feigned ignorance about the needle and did not give clear history, a suspicion of deliberate ingestion was made.

We recommend imaging initially with radiographs as the first line of treatment in such cases, in the absence of specific clinical history. Most metallic foreign objects are visible on cervical spine radiographs, and an Indian study showed that 89% of foreign bodies were detected by plain radiography only (3). The radiation exposure from it may be an acceptable risk, as lateral neck X-ray studies help in over 50% of all patients with foreign body ingestion (6).

The unique location of the foreign body and the fact that the eye end of the needle was impacted in the posterior pharyngeal wall made this an interesting case.

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SUPPLEMENTARY DATA

Supplementary data associated with this article can be found, in the online version, at <https://doi.org/10.1016/j.jemermed.2019.06.024>.

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