

A stitch in time: incidental finding of an intrathoracic sewing needle

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A 71-year-old woman with known bronchiectasis and asthma was referred to the chest clinic with worsening breathlessness. A routine outpatient computed tomography chest scan performed before she attended the clinic surprisingly demonstrated a 35 mm metallic object projecting anteriomedially into the pericardial sac, 6 mm lateral to the ascending aorta, with an associated hydropneumothorax and haemopericardium (Figure 1 and 2). This had not been present on a recent chest X-ray.

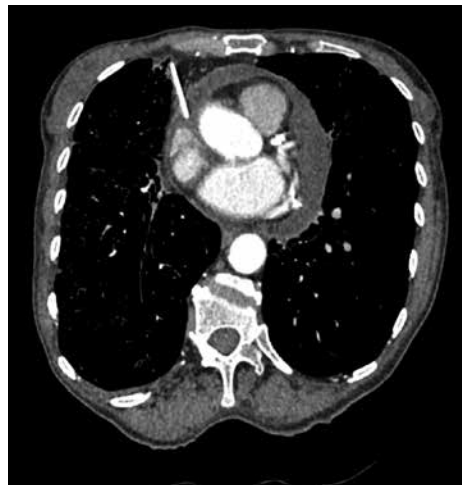


Figure 1. Axial computed tomography: the tip of the sewing needle is visible in the pericardial sac, adjacent to the ascending aorta.

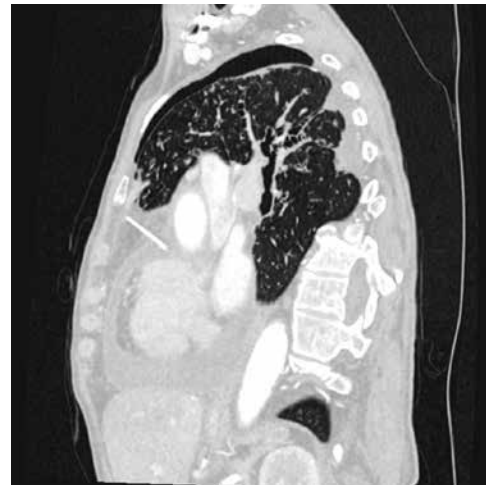


Figure 2. Sagittal computed tomography: the needle lies completely within the thorax. A small right apical pneumothorax is also present.

On further questioning, the patient described an episode of sharp right-sided chest pain while leaning across the arm of her sofa 4 weeks before the computed tomography scan. It transpired that she had stored a sewing needle in the arm of her sofa and inadvertently impaled herself upon it. It is presumed that the negative intrathoracic pressure over time had caused the needle to transgress below the level of the costal margin to lie completely within the thorax.

She underwent urgent surgery to remove the needle, and made an uneventful recovery.

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