

IMAGE IN CARDIOLOGY

The lost needle of a seamstress[☆]



A agulha perdida de uma costureira

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A 61-year-old seamstress with hypertension, dyslipidemia and diabetes was referred to our hospital for chest pain and a positive exercise test. The ECG and transthoracic echocardiogram were normal. Coronary angiography revealed 60% stenosis in the proximal right coronary artery and 70% stenosis in the posterolateral branch (Figure 1A). A sewing needle was detected in the left hemithorax (Figure 1B and C). Further investigation by thoracic computed tomography (CT) confirmed the location of the needle in the apical segment of the left inferior lobe (Figure 1D and E). When questioned, she mentioned an

episode of acute pricking pain six months previously, which resolved spontaneously. A conservative approach, with imaging surveillance, was adopted by the thoracic surgery team given the absence of symptoms related to the foreign body. Repeat CT performed four weeks later showed the sewing needle in the same location. A lateral perfusion defect was identified by scintigraphy (Figure 1F) related to the posterolateral branch lesion. Medical treatment was the approach adopted in view of the caliber of the vessel, and the patient has remained asymptomatic.

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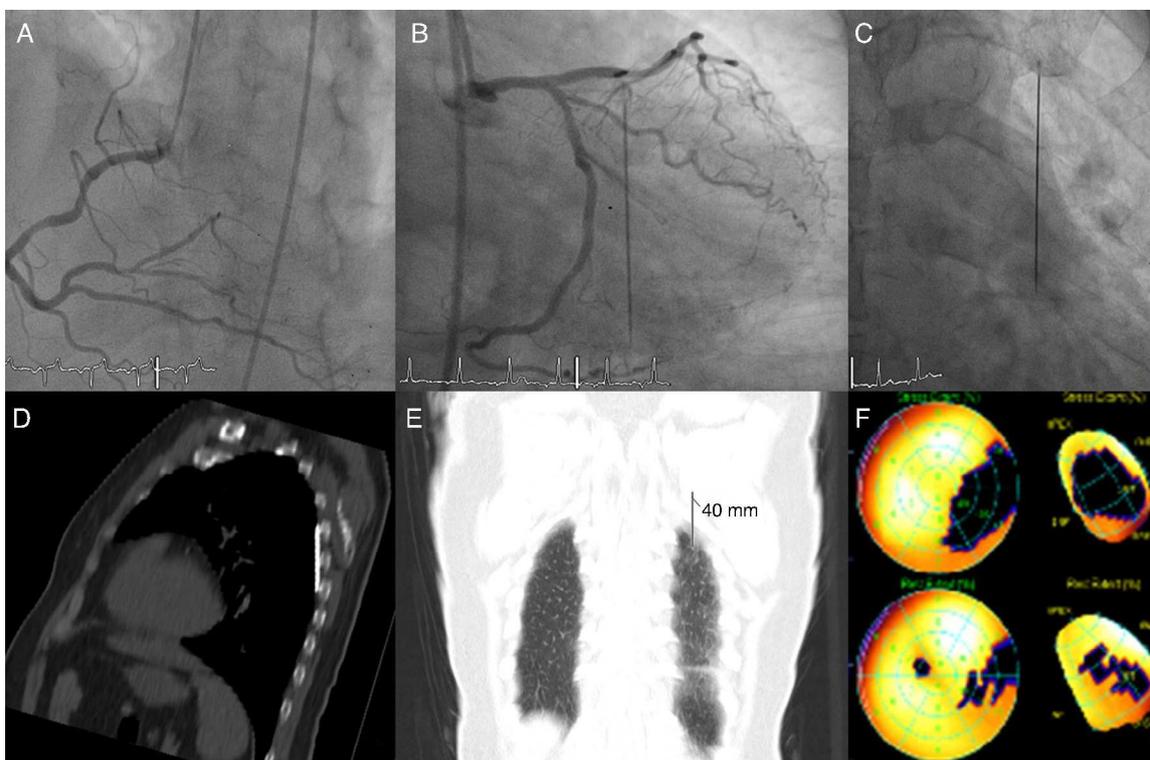


Figure 1 (A) Right coronary artery in left anterior oblique projection at 45° , caudal 10° , showing 60% proximal stenosis and 70% stenosis in the posterolateral branch; (B) left coronary artery in right anterior oblique projection at 30° , caudal 10° , showing no significant lesions but revealing a sewing needle in the left hemithorax; (C) anteroposterior view, $0^\circ 0^\circ$, showing magnified image of the needle; (D) thoracic computed tomography (CT), sagittal plane, showing the needle in subpleural position, posterior to the apical segment of the left inferior lobe; (E) thoracic CT, pulmonary window, coronal plane, showing the needle, 40 mm in length, in cranial-caudal orientation; (F) myocardial scintigraphy: after exercise (above) and at rest (below), documenting a lateral perfusion defect with significant reversibility.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Conflicts of interest

The authors have no conflicts of interest to declare.