

Letter to the Editor

Sewing needle in breast: Mammography and ultrasonography findings

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The most common foreign bodies in the breast are surgical clips and fragments of localization hook-wires [1]. Pieces of glass, lead shot and other metallic objects have also been reported. Mammography is often useful in the diagnosis of these metallic foreign bodies within the breast. Montrey et al. [2] reported the frequency of retained wire fragments to be 0.2%. Some studies reported possible wire migration to the chest wall, pleural and abdominal cavities. For the excision of non-palpable breast lesions, wire-guided localization is the standard procedure.

A 70-year-old female who presented with swelling in the left breast, had palpable mass in her left breast at physical examination. She did not have a history of surgery or trauma owing to her left breast. She does not remember any interaction with any foreign body either. Her right breast was mastectomized because of invasive ductal carcinoma. Screening mammography detected linear dens structure in the upper lateral quadrant of the left breast (Fig. 1). Ecogenic linear structure was demonstrated at the same localization on ultrasonography (Fig. 2). The sewing needle was extracted surgically.

Foreign body in the breast may be asymptomatic like our case and it can be detected incidentally. Cases of migrating needles in any part of the body might stay asymptomatic for a long time, or might be found through symptoms related to toxic and allergic reac-

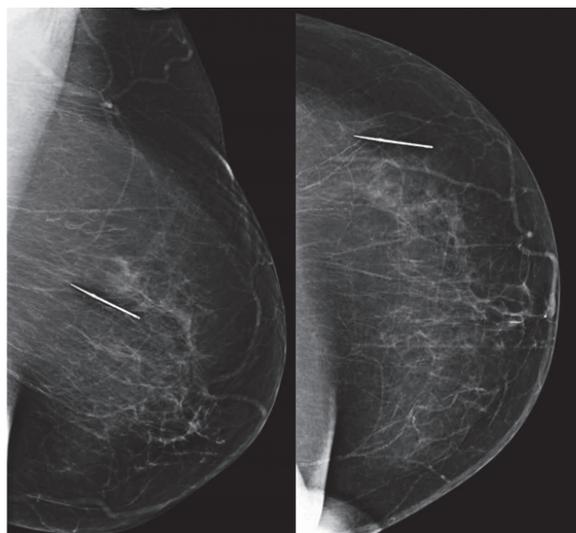


Fig. 1. A dens linear structure is seen at upper-outer quadrant of left breast. a) mediolateral oblique graphy, b) cranio-caudal graphy.

tions, inflammation, infection or an abscess. A needle in the breast tissue should always be surgically taken away as soon as possible even if the patient is asymptomatic, because of the strong possibility of an abscess formation and the risk of migration of the needle into the thoracic cavity, the lung or the heart [3].

Conflict of interest

Conflict of interest statement: Elif Aktas and other co-authors have no conflict of interest.

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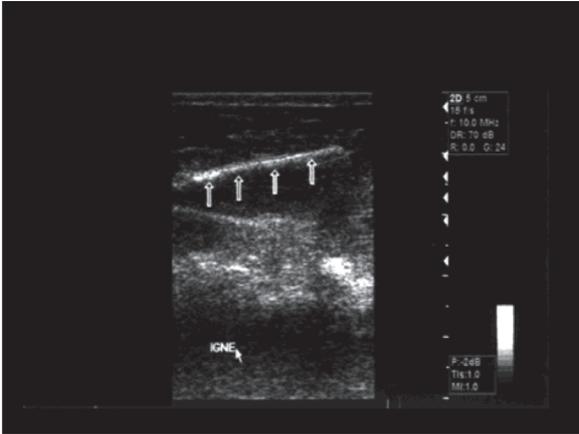


Fig. 2. A hyperechoic linear structure is not show any posterior shadowing at ultrasonographic examination.

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