Endoscopic removal of an impacted acupuncture needle in the duodenum

A 49-year-old Korean woman was admitted to our hospital for treatment of hemorrhoids with intermittent blood-tinged stool since 5 months. She had had cerebral infarction 10 months ago, for which she was treated with traditional Chinese medicine including acupuncture therapy in the facial region. A detailed history could not be taken because of confusion of orientation and aphasia. Her vital signs were stable, with normal abdominal and chest examination and laboratory tests. However, a hyperdense, linear, pin-like foreign body was incidentally found in the right upper abdominal area in a simple abdominal X-ray performed as part of the preoperative investigation (Fig. 1). An abdominal computed tomography (CT) scan showed the foreign body was located in the second portion of the duodenum (Fig. 2). Subsequently, a transparent cap-fitted upper gastrointestinal endoscopy revealed a needle-like foreign body embedding into the mucosa of the second portion of the duodenum (Fig. 3). The proximal part of the foreign body was firmly grasped with biopsy forceps and slow traction applied into the cap of the endoscope as it was carefully withdrawn (Fig. 4). The foreign body was a 6-cm long acupuncture needle consisting of two parts: a 40 × 0.25 mm thin, acupuncture part proximally located at the duodenum and a distally located 20 × 1 mm thick, strap part (Fig. 5). There was no significant complication associated with either the presence of the foreign body or the endoscopic procedure. Such cases are extremely rare in the published literature [1–3].

Endoscopy_UCTN_Code_CCL_1AB_2AF

Competing interests: None

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Fig. 1 Simple abdominal X-ray showing a hyperdense, linear, pin-like foreign body in the right upper abdominal area in an older woman with hemorrhoids and intermittent blood-tinged stool.

Fig. 2 An abdominal computed tomography (CT) scan confirmed the location of the foreign body in the second part of the duodenum.
References

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DOI http://dx.doi.org/10.1055/s-0031-1291571
Endoscopy 2012; 44: E106–E107
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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Fig. 3 Cap-fitted upper gastrointestinal endoscopic view showing a needle-like foreign body embedding into the mucosa of the second part of the duodenum.

Fig. 4 Endoscopic view of the needle-like foreign body being moved into the cap before endoscopic withdrawal.

Fig. 5 The endoscopically removed 6-cm long acupuncture needle.