



Case Report

Inserted Needle in the Abdominal Wall.

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Abstract

A 20 year old housewife presented with multiple needles in her abdominal wall as revealed by radiological examination. She had unrelated symptoms but the needles were more or less silent for months except one group caused foreign body granuloma formation. Exploration and removal of four of these needles were done under general anaesthesia. Deliberately inserted needles in the abdominal wall are very unusual, which is not yet reported to our knowledge.

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Introduction

Sharp metallic bodies (Needles) penetrate the abdominal wall usually accidentally. Incidence of their deliberate insertion is rare. Such foreign bodies usually produce a pricking sensation but surprisingly they may remain silent. Patient may present with unrelated symptoms and the discovery of the foreign body on radiological examination may come as a surprise. Ingested foreign bodies after perforation of gut wall have been reported to migrate to any intra abdominal or extra abdominal sites! Migration to the liver, mesentery or abdominal wall however is extremely rare¹. We report here a case of a young woman with deliberately inserted needles in her abdominal wall.

Case History

A village housewife was admitted in surgical unit - 2 of Rajshahi Medical College Hospital, as a known case of multiple inserted needles in her abdominal wall. During admission she had pain in the upper abdomen for 2 yrs, occasional loss of

consciousness for 2 yrs, irregular menstruation, pain in the lower abdomen for 6 months and a painful nodule above and right to umbilicus for one month. Her bowel and bladder habit were normal.

All her symptoms developed, one year after the birth of her only daughter, who is at present three years old. She had several episodes of pain in the upper abdomen associated with palpitation, dizziness and unconsciousness. These symptoms repeated in 2-3 weeks intervals and persist for 2-3 hours but did not cause any residual weakness. Her consciousness regained by the use of some injectable medicines given by her husband, who is an unskilled village practitioner. She visited several cardiologists and psychiatrists. She was almost cured by their treatment but from the last six months she developed irregular menstruation 3-4 times in a month; associated with lower abdominal pain and vomiting. With these symptoms she was admitted in a local clinic 2 months back, where X-Ray abdomen was done,

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which showed multiple needle like radio opaque shadows in the abdominal wall. She has also been experiencing a gradually increasing lump in her abdomen for last one month.

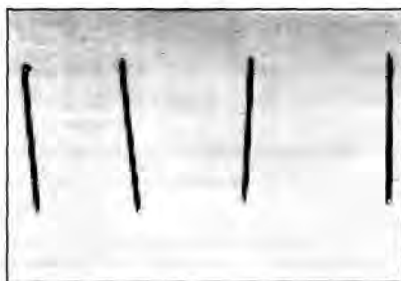
On general examination she was found to have mild anaemia and moderate tachycardia.

On abdominal examination, abdomen was found soft but mild tenderness over the hypogastric region. No scar mark or any entry points of foreign body were noted. A firm tender indurated small ovoid mass was palpated in the center of right rectus, measuring 3X4 sqcm in size. No foreign body was palpable in the abdominal wall.

On investigation blood count and biochemical profile was normal. ECG showed sinus tachycardia. A hypo echoic mass in the right para umbilical region with possible suggestion of parietal abscess was detected by USG of the whole abdomen but it failed to detect presence of any foreign body. FNAC of the nodule suggested benign mesenchymal tumour. Repeated X-Ray abdomen (A/P & lateral view) showed multiple radio opaque elongated foreign body in the abdominal wall.



X-Ray Abdomen showing multiple radio opaque shadow in the parietal wall



Photograph showing four explanted needles

She was operated under GA with the help of portable X-Ray and metallic surface marker. On exploration two needles were found in the center of the anterior wall of the right rectus sheath with formation of foreign body granuloma. In the left hypo gastric region, one needle was found beneath the anterior rectus sheath and another needle was found beneath the rectus muscle over the peritoneum. The needles were exactly the cut distal part of (23 G, 2 cm in length) hypodermic injectable needles. All the four needles looked fresh and were free from rust. Her postoperative recovery was satisfactory.

Discussion

Deliberate insertion of needles or other sharp metallic bodies in to the abdominal wall is a rare occurrence. Needles sometimes ingested accidentally by children may pass through stool or perforate the gut wall. Perforation and migration of such foreign body may be remain silent or may produce symptoms⁴.

Though it has been reported that prisoners and mentally debilitated persons occasionally swallow foreign body intentionally² but the young woman in this case is hysterical but not mentally debilitated. Whether the needles were self introduced or inserted by other person were unrevealed till now.

Violent muscular movement may accidentally break hypodermic injectable needles during injection or needles may be pricked during hand

sewing or may be introduced in to the buttock, trunk, palm and sole accidentally. But her history does not correlate the above occurrences.

Any foreign body implanted or inserted in to the human body is at risk of infection or tissue reaction³. Here in this case a group of needles caused foreign body granuloma in the center of the right rectus abdominis muscle without any pyogenic infection. The metallic foreign bodies were the cut distal ends of stainless sterile hypodermic injectable needles.

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