

Liver Abscess due to Sewing Needle Perforation



FIGURE 1. (A,B) Abdominal CT scan showing a foreign body perforating through the duodenum in the left liver lobe (small arrows) and a liver abscess (big arrow).

Ewoud H. Jutte* and Huib A. Cense

Department of Surgery, Red Cross Hospital, Beverwijk, The Netherlands

E-mail: ejutte@rkz.nl

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A 45-year-old female was admitted to the hospital with a 1-week history of right upper abdominal pain and nausea. Ultrasonography showed a thickened duodenum with infiltration. Subsequent gastroscopy did not reveal any abnormalities. CT scan showed a foreign body perforation at the duodenum and a liver

*Corresponding author.

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abscess (Fig. 1A,B). A diagnostic laparoscopy was performed. During the operation, the abscess was drained (Fig. 2A,B) and a sewing needle was removed (Fig. 3A,B). The patient claimed to have no recollection of swallowing the needle and made a quick recovery.

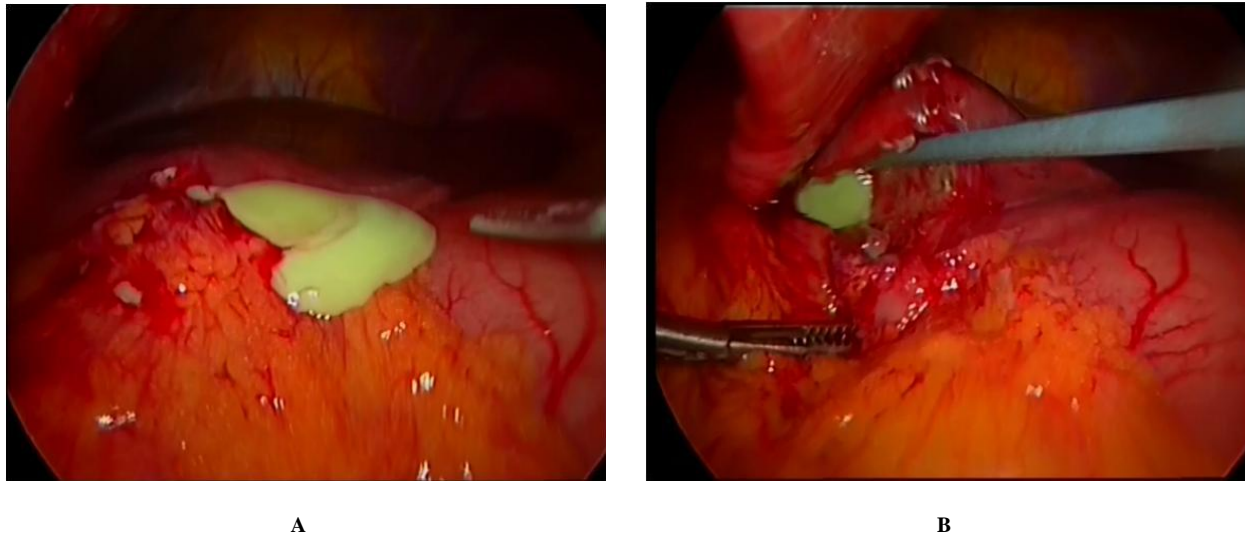


FIGURE 2. (A,B) Laparoscopic imaging showing the liver abscess, which was drained by a suction device.

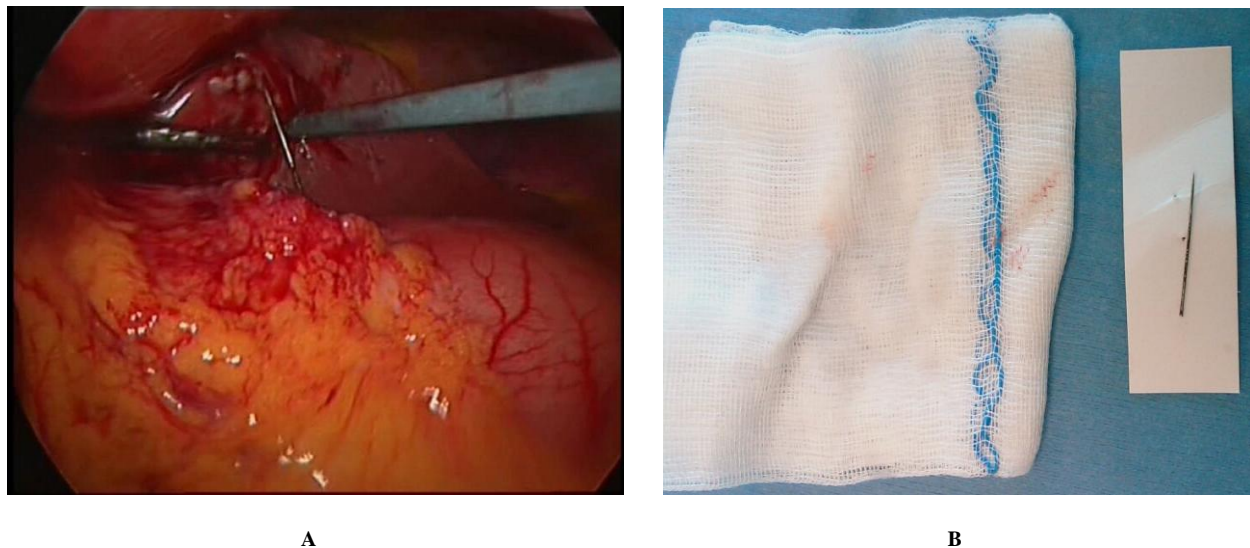


FIGURE 3. (A) Laparoscopic imaging showing the perforating sewing needle. (B) Postoperative image of the removed sewing needle, lying beside a 10- x 10-cm gauge.

Although rare, gastrointestinal perforations due to ingested foreign bodies most frequently occur at ileocecal, rectosigmoid, and duodenal regions[1]. Sewing needle perforations into the liver have been reported in children, adults, and psychiatric cases. Symptoms can vary from mild gastric pain to signs of peritonitis[2]. “Wait and see” is recommended for asymptomatic patients with no complications. Symptomatic patients (e.g., liver abscess) need surgical intervention[1,2,3].

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