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 aphrasia. 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body was firmly grasped with biopsy forceps and slow traction applied into the cap of the endoscope as it was carefully withdrawn (▶ **Fig. 4**).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].

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Competing interests: None

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.

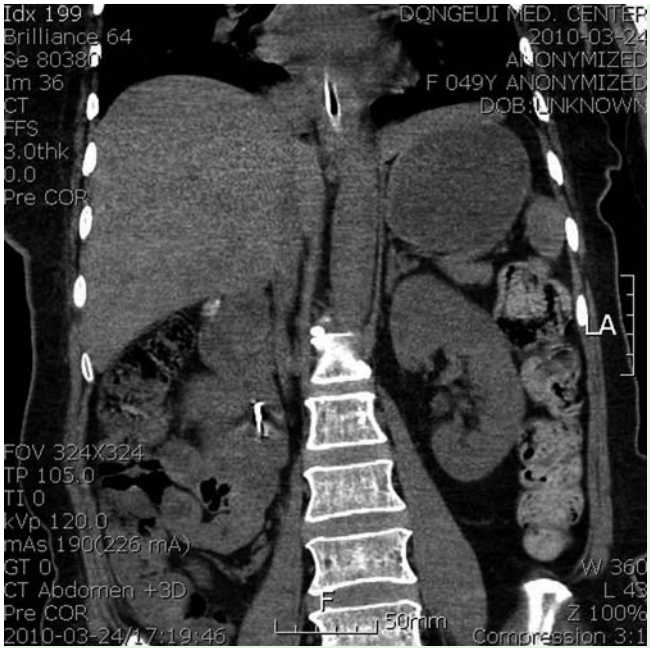

Fig. 2 An abdominal computed tomography (CT) scan confirmed the location of the foreign body in the second part of the duodenum.

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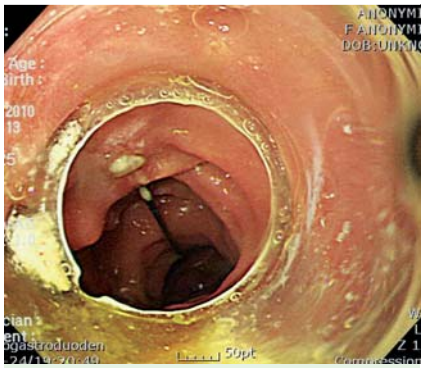

Fig. 3 Cap-fitted upper gastrointestinal endoscopic view showing a needle-like foreign body embedding into the mucosa of the second part of the duodenum.

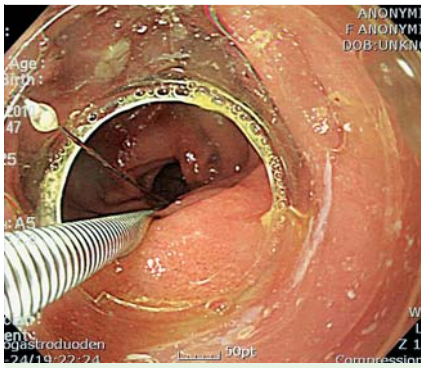

Fig. 4 Endoscopic view of the needle-like foreign body being moved into the cap before endoscopic withdrawal.

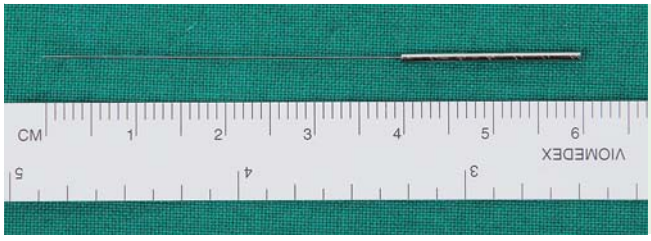

Fig. 5 The endoscopically removed 6-cm long acupuncture needle.

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Bibliography

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