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Accidental Chest Penetration with Unusual Metallic Foreign Body: Faucet Handle

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Intraduction: Penetrating wounds of chest wall usually are performed by a knife, bullet or shrapnel. With this case, we aimed to present an unusual penetrating chest wall trauma.

Case Presentation: 24-year-old female who was admitted to emergency department with an accidental right posterolateral chest wall injury by a faucet handle after slipping in the bathroom. During the examination the patient was complaining about severe local pain and we palpated extensive subcutaneous emphysema extending through thoracic and lumbar vertebrae up to the lower posterior neck. When the chest radiography was examined, multiple radio-opaque substances were observed in the subdiaphragmatic area so it became clear that faucet handle was shattered in the chest wall and intrapleural cavity. Thorax CT demonstrated; there are metallic foreign bodies, which on the chest wall - right hemithorax (pleural space) and they lead to 11th rib fracture. We also determine pneumothorax on the right side, pneumomediastinum and subcutaneous emphysema. Due to artifacts of the computed tomography, the characteristics of the foreign body could not be determined clearly. The patient underwent surgery on the same day. Intraoperatively incision was extended and multiple metallic objects were removed under the skin, between the muscles and intrapleural space. Follow-up of the patient continues smoothly.

Conclusion: Foreign bodies can be seen in many parts of the chest wall and usually develop as a result of trauma and accident. There are in more cases penetrating thoracic trauma cause to significant internal injury without obvious chest wall injury. Thorax CT provides more detailed information about characteristics of foreign body, localization. The treatment of chest wall foreign bodies is still controversial. They can be followed or surgically removed. Large, sharp, infected, close to major vascular structures and may cause bleeding, loss of function, and possible intoxication should be removed. In particular, there are studies advocating the follow-up of small, non-infectious, tolerated metallic foreign bodies on the chest wall that have not caused organ damage, as well as studies suggesting the removal of foreign bodies that may cause sharp, pointed, large, contaminant, hemorrhagic. The point we want to draw attention with this case is the history of the patients and the importance of questioning the mechanism of trauma who present with penetrating chest wall incisions. Concurrently as in our case, thorax CT sometimes can not give clear information about the nature of metallic foreign bodies. Therefore, detailed evolution is required in cases with radiology examination and patient history.

Keywords: Faucet handle, foreign body, Accidental chest penetration