Images in cardio-thoracic surgery

Foreign body aspiration: where can it be?

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We present two patients with scarf pin aspiration who were treated with left thoracotomy. The patients had bronchoscopic examinations immediately after aspiration in another center, with removal of only the plastic knobs of the pins; the physicians reported that the pins had disappeared during bronchoscopy. Computed thoracic tomographies were performed immediately (see Figs. 1 and 2).

Fig. 1. Computed (CT) tomography showed migration of the pin into the descending aorta with the result of hemothorax. The pin was extracted via left thoracotomy by pulling out from the part of needle which was out of the aorta, immediately after CT evaluation.

Fig. 2. Computed tomography showed migration of the pin outside the left main bronchus into mediastinum 1 cm distal to the carina. The pin was extracted after a complete dissection around the left main bronchus.