

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was firmly grasped with biopsy forceps and slow traction applied into the cap of the endoscope as it was carefully withdrawn (▶ Fig. 4).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

Endoscopy\_UCTN\_Code\_CCL\_1AB\_2AF

**Competing interests:** None

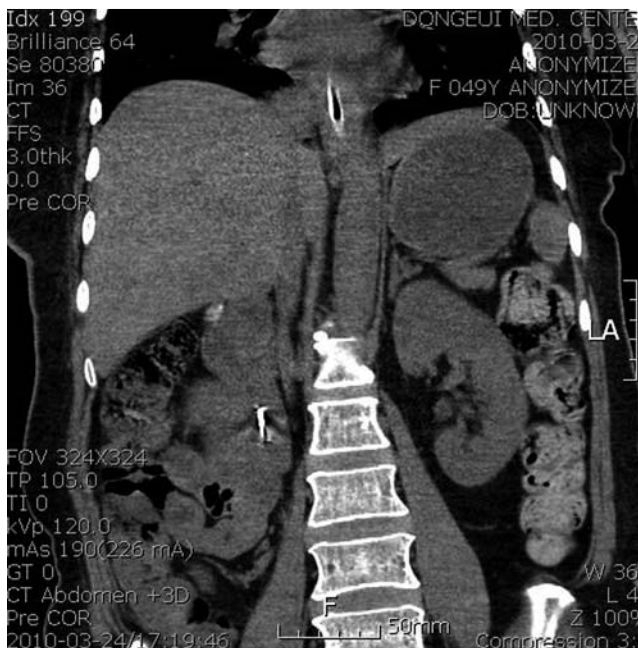
**J. M. Yun<sup>1</sup>, W. Moon<sup>2</sup>, J. H. Roh<sup>1</sup>**

<sup>1</sup> Department of Internal Medicine, Dong-Eui Medical Center, Busan, Korea

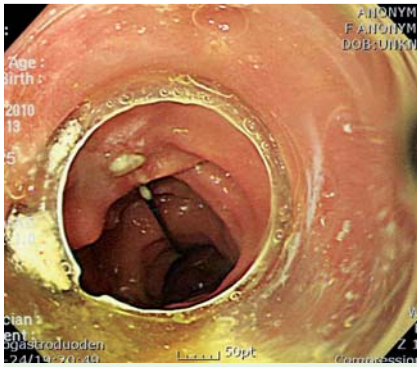
<sup>2</sup> Department of Internal Medicine, Kosin University College of Medicine, Busan, Korea



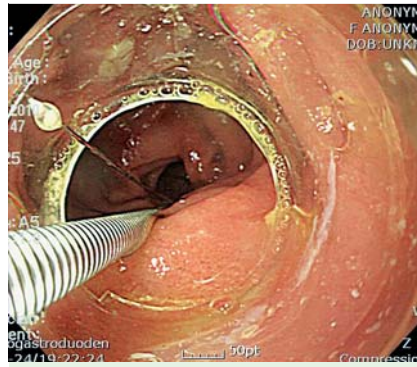
**Fig. 1** Simple abdominal X-ray showing a hyperdense, linear, pin-like foreign body in the right upper abdominal area in an older woman with hemorrhoids and intermittent blood-tinged stool.



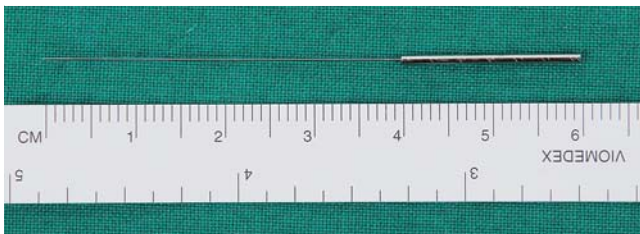
**Fig. 2** An abdominal computed tomography (CT) scan confirmed the location of the foreign body in the second part of the duodenum.



**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.

## References

- 1 Velitchkov NG, Grigorov GI, Losanoff JE et al. Ingested foreign bodies of the gastrointestinal tract: retrospective analysis of 542 cases. *World J Surg* 1996; 20: 1001–1005
- 2 Gracia C, Frey CF, Bodai BI. Diagnosis and management of ingested foreign bodies: a ten-year experience. *Ann Emerg Med* 1984; 13: 30–34
- 3 Webb WA. Management of foreign bodies of the upper gastrointestinal tract: update. *Gastrointest Endosc* 1995; 41: 39–51

## Bibliography

**DOI** <http://dx.doi.org/10.1055/s-0031-1291571>  
*Endoscopy* 2012; 44: E106–E107  
 © Georg Thieme Verlag KG  
 Stuttgart · New York  
 ISSN 0013-726X

## Corresponding author

**W. Moon**  
 Department of Internal Medicine  
 Kosin University College of Medicine  
 34 Amnam-dong  
 Seo-gu  
 Busan 602-702  
 Korea  
 Fax: +82-51-9903005  
 moonone70@hanmail.net