

MEMEDE YABANCI CİSİM: DREN UCU

FOREIGN BODY IN THE BREAST: TIP OF A DRAIN

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Dear Editor;

Presence of a foreign body in the breast tissue postoperatively is not a frequent condition. In the literature, foreign bodies in the breast have been reported in the form of the remainder of the cuff of the catheter in the breast tissue after application of the catheter into the central vein or the remainder of the wires, used as markers after needle biopsy.¹⁻³ These foreign bodies can appear during mammography screening.¹⁻³ Mammography was performed on a 38-year-old patient after detection of a mass on routine breast examination. In the history of the patient who had been referred to our clinic because of a foreign body, it was learnt that she had undergone breast reduction surgery in another clinic. The patient stated that the drains had been pulled out on the 4th postoperative day and that the procedure of the drain removal had been difficult. It was revealed that on postoperative controls, she had asked the doctors of the clinic where she had undergone the operation about the mass and that the doctors had said that it could be the scar tissue inside the breast. The foreign body, which was detected during mammography, was thought to be the tip of a drain (Fig. 1A) and that piece of the drain was access through entrance from the upper border of the areola under local anesthesia and the tip of the drain that measured 10 cm was removed (Fig. 1B).

Despite the fact that foreign bodies in the breast are usually asymptomatic, they can form a palpable mass and cause pain.^{1,2} Removal of the wires which remain after breast biopsy may not always be a technically easy procedure. Because sometimes they may be located in the deep tissue and a wide scar tissue may be present around it.² Removal was easy in the reported patient, since the mass could be palpated and it was located close to the skin. The

reason for the tip of drain remaining in the breast can be that the drain may have been sutured accidentally to the subcutaneous tissue after being installed in the first surgery and when removal of the drain had been attempted, the drain may have separated from the point it had been sutured. Early detection of this situation can be made by considering that a part of the drain can remain inside if removal proves to be difficult. Another method is to cut the tip of the drain at a position between the holes and when pulling out the drain, if the tip is at the level of the hole, a piece of the drain should be suspected as remaining in the tissue. Early recognition of a foreign body can reduce the legal problems of the surgery team and the surgeon.

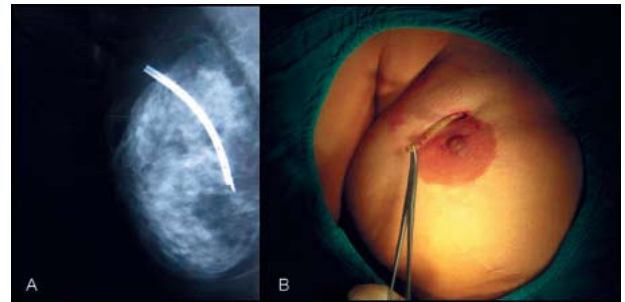


Figure 1: (A) Mammography image of the patient at the 3rd postoperative year. (B) Figure of the drain being removed during surgery

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REFERENCES

1. Ellis RL, Dempsey PJ, Rubin E, Pile NS, Bernreuter WK. Mammography of breasts in which catheter cuffs have been retained: normal, infected, and postoperative appearances. *AJR Am J Roentgenol.* 1997;169(3):713-5.
2. Montrey JS, Levy JA, Brenner RJ. Wire fragments after needle localization. *AJR Am J Roentgenol.* 1996;167(5):1267-9.
3. Ioannis K, Ioannis K, Angelos L. Routine mammographic imaging: it was only a needle. *Breast J.* 2006;12(5):493.