

## Retained foreign body mimicking chest sarcoma

\*Corresponding Author: **Kalliopi Athanassiadi**

Email: [k.athanassiadi@hotmail.de](mailto:k.athanassiadi@hotmail.de)

**Alexandros Tsompanellis<sup>1</sup>; Magdalini Simou<sup>1</sup>; Aikaterina Pranti<sup>2</sup>; Krystalia Vitoula<sup>2</sup>; Kalliopi Athanassiadi<sup>1\*</sup>**

<sup>1</sup>Departments of Thoracic Surgery and, General Hospital "Evangelismos", Athens, Greece.

<sup>2</sup>Departments of Thoracic Surgery and Anaesthesiology, General Hospital "Evangelismos", Athens, Greece.

Received: Aug 02, 2024

Accepted: Sep 04, 2024

Published Online: Sep 11, 2024

**Copyright:** © Athanassiadi K (2024). This Article is distributed under the terms of Creative Commons Attribution 4.0 International License.

**Cite this article:** Tsompanellis A, Simou M, Pranti A, Vitoula K, Athanassiadi K. Retained foreign body mimicking chest sarcoma. J Clin Med Images Case Rep. 2024; 4(5): 1732.

### Introduction

Surgery often requires the placement of foreign material inside the body. Many systems and safeguards are applied in the Operating Room (OR) to ensure that no material is left behind unintentionally after closure of the incision, but none is fool-proof. We describe a case of a retained foreign body mimicking sarcoma.

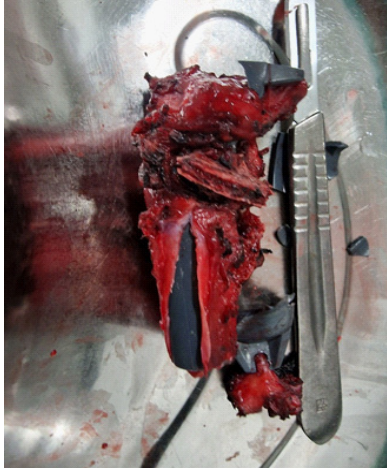
### Case presentation

A 46 year old woman with a history of teratoma thoracoscopically removed 7 years earlier was admitted to our department with fever and pain. The patient was submitted to chest CT scan that revealed a soft tissue mass involving the ribs in the left chest cavity and to a PET scan with a Standardized Uptake Value (SUV) of 7.1. After informed consent the patient was led to surgery and was submitted to left thoracotomy. When the incision was done plastic material was recognized between the ribs that was solidly adherent. Through the thoracotomy a long plastic tube was found resulting in the mediastinum near the pulmonary artery that was identified as a trocar left during

the previous thoracoscopy causing chronic inflammation and consequent tissue reaction mimicking a malignant process. The trocar was very carefully removed due to the adhesions to the lung and mediastinum. and the patient was extubated in the OR. The postoperative course was uneventful and the patient was discharged and put on follow up.



**Figure 1:** PET scan revealing a soft tissue mass.



**Figure 2:** The retained trocar in the chest.

**Comments:** Retained surgically placed foreign bodies have been associated with increased morbidity and mortality, as well as increased costs and medicolegal consequences [1]. Despite various systems and safeguards available, unintentionally retained surgically placed foreign bodies remain difficult to eliminate completely.

#### References

1. Whang G, Mogel GT, Tsai J, Palmer SL. Left Behind: Unintentionally Retained Surgically Placed Foreign Bodies and How to Reduce Their Incidence-Pictorial Review. 2009; 193(6): 79-89. doi.org/10.2214/AJR.09.715.