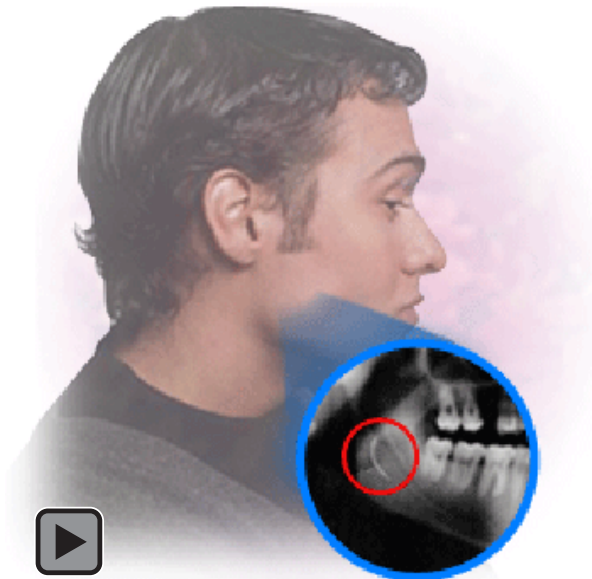


An Unusual Foreign Body (Suturing Needle) in the Tonsillar Region

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Abstract

This case report describes the presence of a foreign body (surgical needle) in the tonsillar area. The needle was overlooked during surgery. Following the surgery, the patient had no pain or other complaints related to the surgical site. There are only a few reported cases of forgotten surgical materials in operation sites in the literature.¹

Keywords: Foreign body, suture needle, tonsillar area

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Introduction

There are only a few reported cases of forgotten surgical materials in surgical sites in the literature.¹ Even fewer cases are reported that relate to the orofacial region.² To our knowledge, there is only one case report presenting a surgical needle left in a surgical area.³ This article reports a case in which a surgical needle was left in a surgical site located in the tonsillar area. There were no clinical signs or symptoms related to the needle. It was discovered in a panoramic radiograph during a routine dental examination.

Case Report

A 23-year old male was referred to the Oral Diagnosis and Radiology Department of a dental school with dental pain and carious teeth. The results of his physical examination were within

normal limits. Multiple carious and missing teeth were found during the intraoral examination.

A routine panoramic radiographic examination revealed a crescent-shaped radiopacity in the right angle of the mandible (Figure 1).

Panoramic radiography was repeated (Figure 2) and an posteroanterior (PA) radiograph was taken (Figure 3). The same radiopacity was seen in both radiographs.

The medical history revealed the patient had a tonsillectomy operation when he was 4 years old; therefore it was thought a suturing needle may have been forgotten in the surgical site at that time.



Figure 1. Panoramic x-ray showing the needle in the tonsillar region (arrow).



Figure 2. Repeated panoramic x-ray showing the needle in the tonsillar region (arrow).

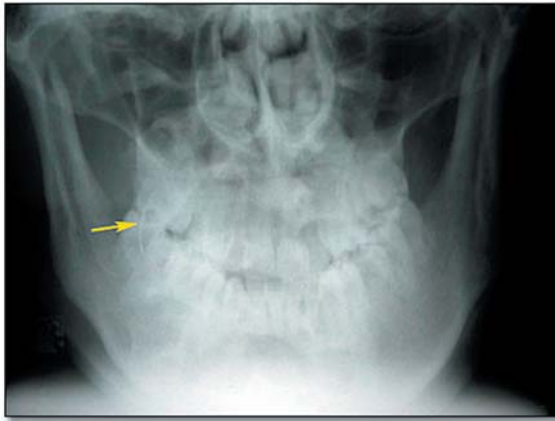


Figure 3. Skull x-ray (PA) showing a crescent-shaped radiopacity on the right molar teeth (arrow).

Following the operation, the patient had no pain or other complaints related to this area. On palpation, there were no signs or symptoms in the pharyngeal region. The situation was explained to the patient, and he was referred to an otorhinolaryngologist for removal of the suture needle.

Discussion

Suture ligatures are rarely used in tonsillectomy procedures. Review of the literature revealed there was only one case of a forgotten suturing needle in the tonsillar region.³ Suture needles can be easily detected on radiographs because of their characteristic crescent shape.

In dentistry, it is more common for an anesthetic injection needle to be broken while in soft tissue during an inferior alveolar nerve block injection.⁴⁻¹¹

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Such broken needles were located most often in the pterygomandibular region and less often in the maxilla.⁴⁻⁹

Forgotten surgical materials can cause various complications in the early or late post-operative period.^{1,9}

Pain, swelling, abscess, and fistula formation may be seen in the early post-operative period; while abscess formation, chronic fistula, bleeding, paresthesia, pseudo-tumor, and fibrosis can be seen in the late post-operative period.

In this case no complications occurred during the 23 years the surgical needle was embedded in the surgical site. However, review of the literature indicated that foreign bodies like these should be immediately removed whenever they are detected and located because of the possibility of the needle migrating toward vital structures.^{4,7-9,11}

Summary

Foreign bodies of the orofacial region can be revealed in routine panoramic examinations.² In addition to panoramic radiographs computerized radiographs and magnetic resonance imaging have been reported to be useful in the detection of these foreign bodies.^{2,6,11} In these circumstances re-examination of the patient is important for an accurate diagnosis. Following a surgical operation, post-operative radiographs should suffice for the detection of radiopaque surgical instruments and materials.

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