

Self-Inflicted Sewing Needles Penetrating the Interventricular Septum

A 34-year-old incarcerated male presented with left-sided chest pain. He reported deliberate self-harm by inserting sewing needles into his chest several months earlier. Physical examination and laboratory findings were unremarkable. Electrocardiography demonstrated normal sinus rhythm.

Posteroanterior chest radiography revealed multiple linear metallic foreign bodies projected over the cardiac silhouette (Figure 1). Thoracic computed tomography demonstrated several sewing needles within the thorax, including one penetrating the mid-interventricular septum (Figure 2A). Transthoracic echocardiography confirmed a hyperechoic linear structure embedded within the interventricular septum without pericardial effusion or ventricular dysfunction (Figure 2B).

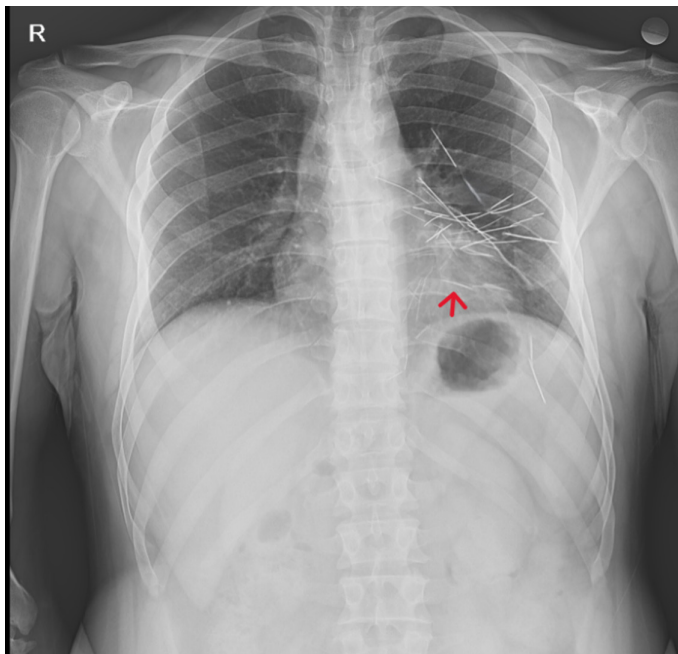


Figure 1. Chest radiograph showing multiple linear metallic foreign bodies over the cardiac silhouette.

Although the patient was hemodynamically stable, septal myocardial penetration raised concern for potential delayed complications such as arrhythmias, septal defect formation, or migration. Surgical removal was strongly recommended; however, the patient declined operative intervention and was discharged with follow-up advice.

E-PAGE ORIGINAL IMAGE

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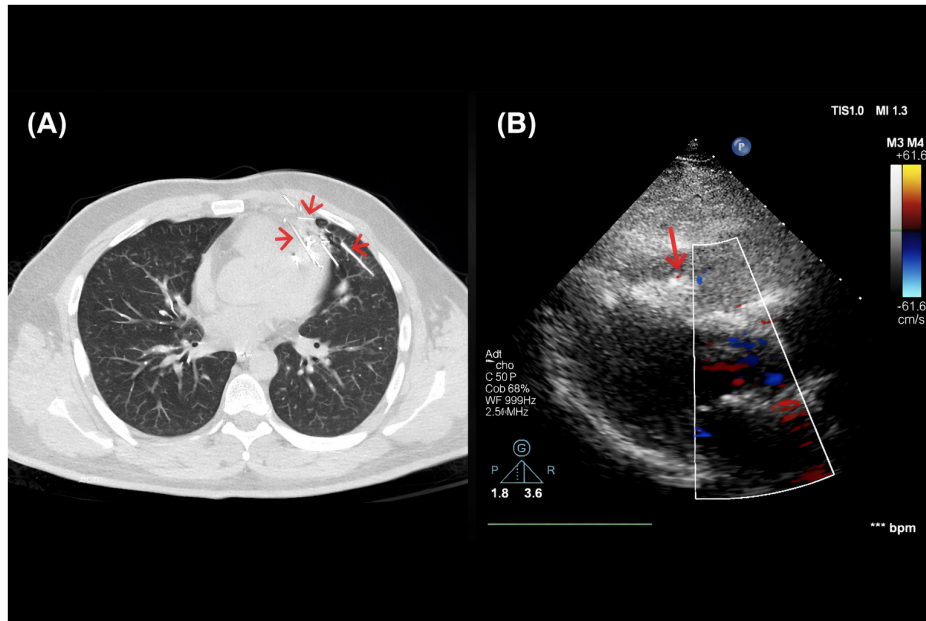


Figure 2. (A) Axial computed tomography demonstrating a sewing needle penetrating the interventricular septum. (B) Transthoracic echocardiography confirming septal myocardial involvement.

This case highlights the importance of multimodality imaging in identifying myocardial penetration and guiding management in patients with intracardiac sharp foreign bodies.

Informed Consent: Written informed consent was obtained from the patient.