

Needles in the Abdominal Cavity as a Complication of an Hysterectomy.

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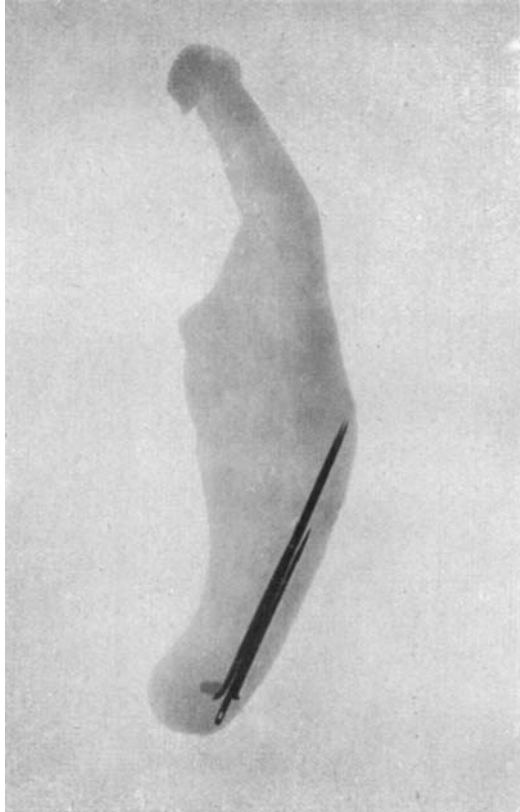
I WISH to bring under your notice and place on record an "abdominal surprise" which I venture to suggest is in many points quite unique. On September 23 1912 I saw, in consultation with Dr. O'Reilly, of Ratoath, a private patient, whose symptoms, owing to age and unpleasant vaginal discharges, suggested malignant disease. Under ether I was able to satisfy myself that the cause of her trouble was multiple fibromata of the uterus without any evidence of malignancy.

A sub-total hysterectomy was advised, and successfully performed by me, assisted by Drs. O'Reilly and Meenan, on September 26 1912. The operation over, I proceeded to make the peritoneal toilet, and felt my finger pricked by some sharp instrument. On investigating the cause I found the point of a needle sticking through the wall of a small intestine. To prevent the possibility of leakage a purse-string suture of fine catgut was inserted so as to encircle the needle opening into the intestine, the ends being tightened together as the needle was withdrawn. I searched further, and, to my astonishment, I found more needles—some lying in the omentum away from any coil of intestine. Others were found projecting through the wall of the intestine, but covered by a smooth covering as if a diverticulum had been made from the intestinal wall. Others had perforated the intestine, but a protective omental adhesion surrounded the needle.

The appendix, which dipped into the pelvis almost to the floor, was, as you see, hypertrophied and markedly congested. On palpation a hard body could be felt. It was removed.

Dr. Harry Meade made an *x*-ray photograph of the appendix showing two needles and one pin lying parallel to each other, the heads being down. The eye of the needle is plainly to be seen, and Dr. T. T. O'Ferrall opened a window in the appendix showing the three metallic bodies *in situ*. All the needles—10 in number—are tarnished by sulphuretted hydrogen. They are extremely brittle and of the same size.

Considering the nature of the operation, some anxiety was felt as to the subsequent convalescence. Nothing untoward happened until the end of the third week. Preparations were being made for



Appendix showing two needles and one pin.

the patient to get up. On the morning of the appointed day, whilst at stool, the patient was seized with an acute pain referred to the anus. The sister in charge, on making an examination, found a needle stuck in the mucous membrane, which she promptly removed. Some days following this the patient complained of abdominal pains, aggravated by pressure over both iliac regions. Palliative measures gave little or no relief. The possibility of more needles being present was considered, and Dr. Maurice Hayes kindly skiagraphed the patient for me. Two of the plates located three needles—one on the right side evidently broken in two, another on the left side at the pelvic brim, and a third somewhere about the pubes. I re-opened the abdomen. It was felt that although the presence of needles was demonstrated, their precise position, whether in the intestine or outside it, could not be determined. My anxiety was soon allayed, as, dipping my fingers into the left iliac fossa, I found at once a needle perforating the sigmoid flexure of the colon, but well protected by omental adhesions. The broken needle which I show you, covered by its fibrous envelope, was removed from a small intestine on the right side. The third needle—that is, the one indicated lying close to the pubes—was found in the omentum.

My "bag" consisted of ten needles and one pin. In looking up references to foreign body appendicitis I find in the September number of the *Annals of Surgery* an exhaustive article by Royal Hamilton Fowler, M.D. He says sharp-pointed metallic foreign bodies represent a class by themselves. They have rarely been found even in large surgical experiences, and their occurrence represents a surgical curiosity. The common domestic pin is the most frequently encountered body of this nature found in the appendix. McBurney and Park have seen but two cases. A. O. J. Kelly found one instance in a study of 460 cases. Kelly and Hurdon but one in 1,000 cases. Bell two in 1,000 cases. Ewing, Schultze and Wood in exceptionally large pathological experience have observed no cases. Barnes, in a study of 94 cases of true foreign bodies found in the appendix, estimated that more than 52 per cent. were pins. Whilst Fowler observed one instance in his first series of 50 cases of appendicitis.

As regards the number of metallic bodies found in the appendix, McBurney found two pins lying parallel to each other, and Hirst also found two pins in an appendix which he removed.

On looking up the references to which I had access I cannot find recorded any case where three sharp-pointed metallic foreign bodies were previously found in the appendix. The presence of two needles is also interesting.

There can be no doubt, from the positions where the needles were found, that they gained an entrance to their host through the alimentary tract. Yet the patient stoutly denies that she ever had

the habit of holding needles in her mouth or of swallowing them. She admitted, however, that when a child in her nursery the nurse frequently gave her the work-basket to tidy and play with. That the needles were a long time lost is evident from their extreme brittleness, the well-organized fibrous envelope which covered the perforating needles, and the distance which some of the needles travelled into the omentum. This case goes to confirm the view that the presence of metallic foreign bodies is more apt to cause chronic than acute appendicitis.

It is remarkable that so many needles could be swallowed with such apparent impunity and that their perforation of the intestinal wall gave rise to so little disturbance, no evidence whatever of anything approaching a peritonitis being discovered, but merely tiny protective fibrous sheets, a delicate omental adhesion, covering the needles. This is the first recorded instance of three sharp-pointed metallic foreign bodies being found in the appendix.

All references were taken from Royal Hamilton Fowler's article in the *Annals of Surgery*, September 1912.