

Invisible Intruders: Case Series of Missed Foreign Bodies

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ABSTRACT

Missed foreign bodies in the limbs represent a frequent, preventable cause of delayed morbidity. Clinicians should maintain a high index of suspicion in all penetrating limb injuries and utilize appropriate imaging based on the suspected material to avoid oversight and complications

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INTRODUCTION

Foreign body injuries to extremities are a common entity. They may present with pain, swelling, and infection. They may not always present acutely.¹ Commonly found foreign bodies include wood, nails, needles, thorns, glass, and gravel.² Identification of a foreign body can be difficult depending on the type and location of the wound, and the mechanism of injury and time since injury.³

NEED FOR STUDY

Diagnostic difficulties and management dilemmas exist in the case of missed foreign bodies. This case series enlightens us regarding the same.

MATERIALS AND METHODS

Three patients presented to the outpatient department of Plastic Surgery, Victoria hospital and Bangalore Medical College with missed foreign bodies over hand, neck and leg.

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A 41-year-old lady presenting with a needle in left leg for the past 10 years presented with pain in left leg. Needle found in popliteal fossa on X-ray, removed under C-arm guidance

A 38-year-old male underwent contracture release + STSG for PBC neck 5 years ago presented with foreign body sensation in the neck. Foreign body found to be a staple pin, visualized under C-arm and removed.

A 55-year-old male presented with a foreign body in left hand for the past 30 years. Exploration was done, and the thorn was removed.



Figure 1: Missed foreign body in Leg.

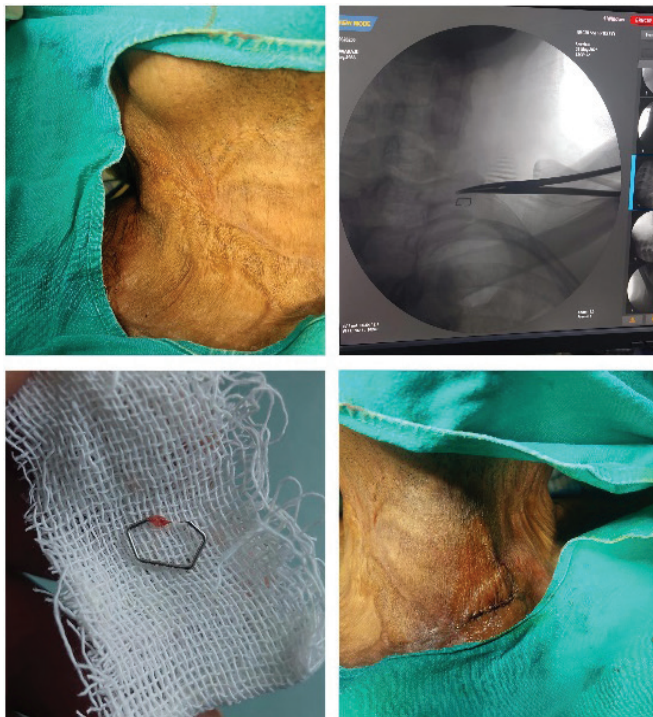


Figure 2: Missed foreign body in Neck.

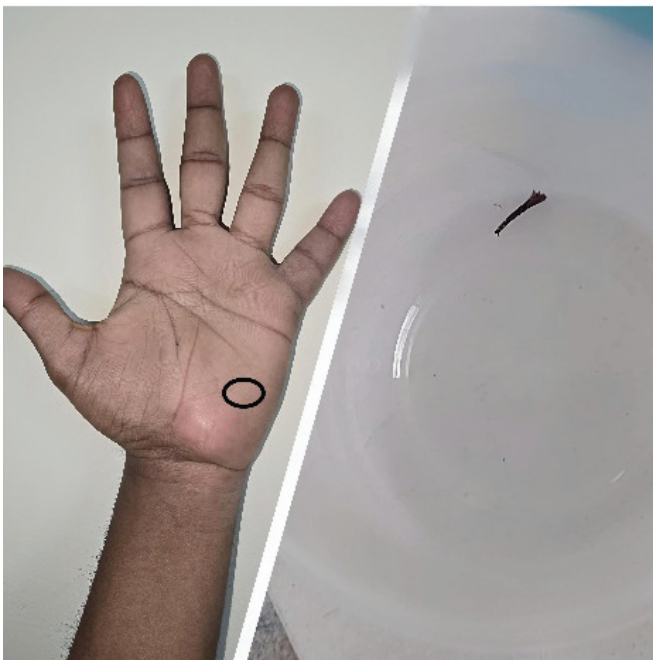


Figure 3: Missed foreign body in Hand.

DISCUSSION

Missed foreign bodies may result from improper initial assessment, inadequate imaging, or the challenging nature of detecting certain materials, especially those that are radiolucent, such as wood or plastic. Some cases remain asymptomatic for extended periods, while others develop signs such as chronic infection, abscesses, or persistent sinuses. Detection largely depends on the nature of the foreign body and the imaging modalities used. Radiopaque materials like metal and glass are more easily detected with X-rays, while radiolucent materials such as wood are often missed unless high-resolution ultrasound or MRI is employed. Up to 38% of foreign bodies can be missed during the initial evaluation, underscoring the need for diligence and suspicion in all cases of penetrating injury.⁴ Mainstay of treating missed foreign bodies is surgical removal after precise localization using appropriate imaging techniques.

CONCLUSION

Missed foreign bodies in the limbs represent a frequent, preventable cause of delayed morbidity. Clinicians should maintain a high index of suspicion in all penetrating limb injuries and utilize appropriate imaging based on the suspected material to avoid oversight and complications.⁵

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