



RESEARCH ARTICLE

OPEN ACCESS

INTRATHORACIC FOREIGN BODY DIAGNOSED LATE AFTER PENETRATING CHEST TRAUMADURING THE COVID-19 PANDEMIC

Caio Plácido Costa Arcanjo¹; Evandro Aguiar Azevedo²; Francisco Plácido Nogueira Arcanjo^{*3}; Paula Andréia Araújo Monteiro³; Luiza Fernanda Araújo Monteiro⁴; Priscila Gonçalves Teixeira⁴; Jeferson de Sousa Justino¹; Cecília Costa Arcanjo¹ and Felipe Costa Arcanjo²

¹Hospital Regional Norte, Av. John Sanford, 1505 - Dr. Jose Euclides Ferreira Gomes Junior, 62.030-340 – Sobral-Ceará, Brazil; ²Centro Universitário INTA, R. Cel. Antonio Rodrigues Magalhães, 359 - D. Expedito Lopes, 62.050-100 – Sobral-Ceará, Brazil; ³Universidade Federal do Ceará, Av. Comandante Maurocéllo Rocha Ponte, 100 – Derby, 62.042-280 – Sobral-Ceará, Brazil; ⁴Instituto Técnico Sobralense, Cel. Diogo Gomes, 857 - Centro, 62.010-150 - Sobral-Ceará, Brazil

ARTICLE INFO

Article History:

Received 17th August, 2020

Received in revised form

06th September, 2020

Accepted 26th October, 2020

Published online 30th November, 2020

Key Words:

Case report; Penetrating trauma;

Foreign bodies; X-rays.

*Corresponding author:

Francisco Plácido Nogueira Arcanjo,

ABSTRACT

Patient: A 44-year-old man, farmer, from a rural town in Ceará, Brazil, came to the doctor's office complaining of ventilatory-dependent chest pain and sporadic hemoptysis, with dyspnea on moderate exertion. **Diagnosis:** During history-taking, the patient described a piercing stab wound to the chest two years before. Thoracic inspection showed a scar of approximately 2 cm below the left scapula; and a chest X-ray revealed part of the blade from the weapon used in his trauma, fully inserted into his chest. **Intervention:** None, the patient was discharged for regular outpatient follow-up. Hospitalization for surgery will only be scheduled after a reduction in the demand for ICU beds due to the COVID-19 pandemic.

Copyright © 2020, Caio Plácido Costa Arcanjo et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Caio Plácido Costa Arcanjo; Evandro Aguiar Azevedo, Francisco Plácido Nogueira Arcanjo, Paula Andréia Araújo Monteiro et al. 2020. "Intrathoracic foreign body diagnosed late after penetrating chest traumaduring the Covid-19 Pandemic", *International Journal of Development Research*, 10, (11), 42141-42142.

INTRODUCTION

A 44-year-old man, farmer, from a rural town in Ceará, Brazil, came to the doctor's office complaining of ventilatory-dependent chest pain and sporadic hemoptysis, with dyspnea on moderate exertion. He reported that the pain had started about six months before and worsened since then. He denied smoking, alcoholism, comorbidities, and the use of continuous medications. During history-taking, the patient reported a single previous hospitalization two years before, due to a piercing stab wound to the chest, attended at a small hospital in the city of origin and discharged the following day. In the outpatient physical examination, the man was somewhat pale, oriented, cooperative, and eupneic on room air. Cardiorespiratory auscultation showed no findings of interest. Thoracic inspection showed a scar of approximately 2 cm below the left scapula.

Abdomen was flat, flaccid, painless to palpation, without visceromegaly. There was no lower limb edema. A chest X-ray was requested (Figures 1 and 2), which revealed part of the blade from the weapon used in his trauma suffered 2 years before, completely inserted into his chest. It was concluded that, in the initial trauma care, only the skin injury was sutured, without investigation or exploration of the deep thoracic injury.

The patient was admitted to a referral hospital for thoracic surgery where he underwent blood tests and imaging. Infection of the ipsilateral main bronchus and blood-vessels of the base was ruled out with computed tomography, there were no restrictions from the cardiovascular point of view, and surgical removal of the foreign body was considered feasible (Sobnachet et al, 2010; Ludwig & Koryllos, 2017).



Figure 1. Chest X-ray posteroanterior view showing a metallic foreign body



Figure 2. Chest X-ray lateral view confirming the position of the foreign body

However, from April 2020 up to the current date, the priority of the state's hospital intensive care beds is for the victims of the COVID-19 pandemic (Racheet *al*, 2020). For this reason, the patient was discharged for regular outpatient follow-up; hospitalization for surgery will only be possible after a reduction in the demand for ICU beds due to the pandemic. Up to date, the patient remains clinically stable and continues in his daily activities with slight limitations.

REFERENCES

- Ludwig, C., & Koryllos, A. (2017). Management of chest trauma. *Journal of thoracic disease*, 9(Suppl 3), S172–S177. <https://doi.org/10.21037/jtd.2017.03.52>
- Rache, B., Rocha, R., Nunes, L., Spinola, P., Malik, A. M., & Massuda, A. (2020). Necessidades de infraestrutura do SUS em preparo à COVID-19: leitos de UTI, respiradores e ocupação hospitalar. São Paulo: Instituto de Estudos para Políticas de Saúde. Available online at: <http://www.epsjv.fiocruz.br/sites/default/files/files/NT3%20vFinal.pdf>
- Sobnach, S., Nicol, A., Nathire, H., Kahn, D., & Navsaria, P. (2010). Management of the retained knife blade. *World journal of surgery*, 34(7), 1648–1652. <https://doi.org/10.1007/s00268-010-0514-4>
