Objective:
To describe a rare case of a retained foreign body (suture needle) after tonsillectomy.

Study Design:
Case report and literature review.

Case Review:
A nine year-old boy was referred for an incidental finding of a foreign body in the nasopharynx. Three years ago the patient had undergone an adenotonsillectomy for chronic tonsillitis in Haiti. A referral letter stated that sutures were placed bilaterally at the time of tonsillectomy but provided no more details. Six months ago the patient returned to his physician complaining of nasal obstruction. A lateral neck x-ray performed at that time revealed a foreign body at the level of the palate. At presentation the patient was asymptomatic. The only abnormality found on physical exam was edematous inferior turbinates. There was no evidence of the foreign body on physical exam or nasopharyngoscopy.

Computer tomography imaging of the neck demonstrated a radio-opaque foreign body, consistent with a suture needle, in the right lateral pharyngeal wall at the level of the soft palate. The patient underwent transoral removal of the foreign body in the operating room. Intra-operatively a C-arm x-ray machine was used to aid in localization, as the foreign body was deeply buried in the lateral pharyngeal wall. It was removed without complication. The removed suture needle was over one centimeter with a broken off swage end. The patient was discharged home the next day doing well.

Cases of retained foreign bodies after tonsillectomy are rare. To the best of our knowledge this is only the second reported case of a retained suture needle.

Discussion:
The use of suture ligatures to control bleeding during tonsillectomy is a widely used technique. Despite this, suture needles are apparently rarely lost during tonsillectomy. If a needle does become buried the area should be explored immediately in order to remove it. Due to muscle movement foreign bodies can quickly migrate and become difficult to find and remove. If left in place, foreign bodies can migrate to locations distant from the tonsillar fossa such as the parapharyngeal space, deep tissues of the neck, pharynx, larynx and esophagus. Additionally, as foreign bodies continue to migrate, they can cause significant sequelae. These include chronic pain, dysphagia, infection and neurovascular compromise secondary to erosion of vital structures.

In our case, the patient did not have any complaints related to the foreign body and the retained suture needle was found only incidentally after a lateral neck film was performed to rule out adenoid regrowth. No operative report of a needle being lost during the surgery was available and it was unclear if an attempt at removal had been made during the initial surgery. Despite the absence of symptoms for three years with the needle present, we chose to remove it in order to prevent any possibility of future problems.

As in our case, successful removal of a foreign body is predicated on precise localization. We had preoperative images to guide our search for the needle, but most helpful was the use of intra-operative fluoroscopy. Dissection was guided by the relationship of the surgical instruments to the needle on the fluoroscopic images.

The loss of all or part of a suture needle during tonsillectomy can lead to potentially serious complications. If a needle is lost during tonsillectomy, or any head and neck procedure, it is best to remove it immediately to prevent future complications.

REFERENCES