A patient presented to our emergency department with a history of hypertension and hypothyroidism. The patient had undergone a long acupuncture needle insertion through the abdomen by an acupuncturist about 20 min before. The acupuncturist, who brought the patient to our hospital, said the long acupuncture needle had not been removed completely and showed us an example of the type of needle used in the patient (figure 1A). The patient’s laboratory results were unremarkable, without any findings of leukocytosis. On physical examination the patient had no abdominal tenderness. Abdominal CT scan showed a 7.3 cm long acupuncture needle in the left paravertebral space and a subcutaneous haematoma in the left lower abdominal wall (figure 2).

The patient was offered surgical exploration. After general anaesthesia, minimal haemorrhage at the omentum occurred. The needle was found in the left side of the abdominal aorta sheath, 2 cm from the inferior mesenteric artery root. The needle was removed using mosquito forceps (figure 1B). The patient’s recovery was delayed due to epigastric discomfort after eating, but it was uncertain whether the delayed gastric emptying was associated with the removal procedure. The patient was discharged 27 days after the operation.

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Long acupuncture needle broken in the abdomen

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