

## 00444 Thoracoscopic Removal of scalpel blade

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**Area and Category(at submission):**

[WCBIP] Thoracoscopic lung surgery

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**Case Report:** YES

**Background:** Occurrence of foreign body in pleural space is uncommon. An iatrogenic slipping of scalpel blade occurred during intercostal drainage for left pneumothorax. Thoracoscopic removal of foreign body was successfully done without any trauma to adjacent mediastinal structure. Slippage of scalpel blade in pleural space is known during intercostal drain insertion. Thoracoscopic removal is safe procedure for removal of foreign body instead of thoracotomy.

**Case report:** A 24 year male presented with history of chest pain and dyspnoea. He was diagnosed to have massive left sided pneumothorax. Intercostal drainage was advised for management of pneumothorax. However, during the ICD insertion the scalpel blade slipped into the pleural space. ICD was secured in place and patient was referred for Thoracoscopic removal of FB. Thoracoscopy was done with thoracic epidural blockage with two ports. Scalpel blade was seen in mediastinal recess of pleura space. Adjacent structures were normal. No evidence of trauma secondary to FB. Lung expansion was noted post Thoracoscopy. ICD was removed on 2nd day.

**Discussion:** Foreign body in pleura space is rare in occurrence. Broken tip of intercostal drain and pellets inserted by psychotics' person has been reported. Iatrogenic slippage of scalpel is also reported. However, several different methods of removal are reported. Thoracotomy, Trans abdominal through diaphragmatic approach has been reported.

**Conclusion:** Thoracoscopic removal of scalpel blade can be done to avoid thoracotomy. Danger of damage to adjacent mediastinal structure and underlying lung are feared complications during thoracoscopic removal.

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