

*A clinical case*

# Metal sewing needles in the brain of 52-year-old woman with headache. Case report and Literature review

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## Abstract

Intracranial sewing needles are rare incidental findings, often associated with historical infanticide attempts via fontanelle insertion during infancy. These cases pose unique clinical, diagnostic, and forensic challenges.

This study reviews the literature on intracranial sewing needles and presents a new case to highlight clinical implications.

**Methods.** A literature review was conducted using peer-reviewed sources from PubMed, Scopus, and Web of Science, focusing on clinical cases, historical/forensic contexts, entry mechanisms, diagnostic methods, and management strategies. A case report of a 52-year-old woman with intracranial sewing needles is included.

**Results.** The literature reveals that intracranial sewing needles are typically asymptomatic, detected incidentally in adults via computed tomography or radiography, often decades after insertion during infancy. Historical data link these findings to infanticide attempts through the anterior fontanelle. The brain's encapsulation of metallic objects often prevents significant neurological damage, though complications like seizures or headaches may occur. Management varies from conservative observation to surgical intervention, depending on symptoms. In the reported case, a 52-year-old woman presented with intensifying headaches associated with arterial hypertension. However, skull radiography and CT revealed two sewing needles near the vertex, likely inserted in infancy, with no neurological deficits. A neurosurgical consultation concluded that neurosurgical treatment is not required.

**Conclusion.** Intracranial sewing needles are rare, often asymptomatic, and linked to historical infanticide. This case underscores the importance of neuroimaging for diagnosis and a tailored approach to management, with forensic awareness of potential child abuse.

**Keywords:** brain, foreign body, sewing needle, homicide, headache.

## 1. Introduction

The incidental discovery of intracranial sewing needles is a rare but intriguing phenomenon reported in medical literature, often identified during imaging for unrelated symptoms. These cases raise unique clinical, historical, and forensic considerations, particularly due to the potential association with infanticide or accidental insertion during early life. This manuscript synthesizes peer-reviewed literature on reported clinical cases, historical and forensic contexts, mechanisms of entry, diagnostic methods, and clinical implications and management strategies for intracranial sewing needles, with a focus on adult cases. Intracranial sewing needles represent an exceedingly rare category of retained foreign bodies. The earliest documented case dates to Germany in 1914, and since then, approximately 40–50 cases have been reported globally, predominantly from Iran and Turkey. Many of these cases are linked to attempted infanticide, involving insertion of needles through open fontanelles in infancy — an ancient but persistent practice in some regions.

Several recent reports have described rare cases of intracranial sewing needles, often discovered incidentally during radiological examinations. For

example, Kim et al. reported a case of an asymptomatic adult patient with a needle located near cortical vessels, which was managed conservatively without complications [1]. Similarly, another report described a needle found accidentally in the brain of an adult, where a non-invasive approach was also recommended [2]. A pediatric case showed that a needle introduced in infancy may remain undetected for years until the patient presents with seizures, requiring surgical intervention [3]. Forensic evidence indicates that in some cases, particularly in historical contexts, sewing needles may have been used as a method of infanticide through the fontanelle, emphasizing the legal and ethical implications of such findings [4]. A 2023 review of cranial penetrating injuries in infants confirmed that timely surgical management is crucial in symptomatic cases [5]. Furthermore, a broader review of intracranial foreign bodies stressed the need for individualized treatment plans, depending on the location, clinical presentation, and potential complications [6].

## 2. Case report

We report a case of a 52-year-old woman with intracranial metallic foreign bodies who presented with headache complaints. Her history of headaches began when she was fifty years old and continued with increasing intensity. However, her headaches were more associated with periodic increases in blood pressure to 150/80 mmHg. She was treated by general practitioner at the outpatient department, but the headaches became more intense, which prompted a more in-depth examination. Initially, the general practitioner referred the patient for skull radiography in two projections (in 2019), where foreign metallic objects in the form of sewing needles (about 4 cm long) were found in the amount of 2 pieces (Figures 1-2).

After that, the patient was examined by a neurologist, and during the neurological examination no neurological deficit was detected, except for the general cerebral syndrome and the patient was recommended to undergo a CT scan of the brain, which showed that two metal sewing needles were located near the top of the head (Figure 3). The location and position of the foreign bodies suggest that they were

introduced in infancy through the anterior fontanelle prior to its closure as a result of a possible failed homicide attempt. This case is one of the few reported cases of headache and intracranial foreign bodies, and we discuss the relationship between headache and these metallic materials. The patient was eventually consulted by neurosurgeons, who did not recommend surgical intervention.

The patient herself was shocked by this fact and tried to find out from her mother the details of her childhood. It turned out that the patient's grandmother (her father's mother) took care of her when she was under a year old, and she disliked her daughter-in-law (the patient's mother) and wanted to divorce her from her son. She forced her daughter-in-law to go to work and said she would look after the child herself.



Figure 1 – X-ray of the skull in lateral projection showing 2 needles about 4 cm long in the parietal region

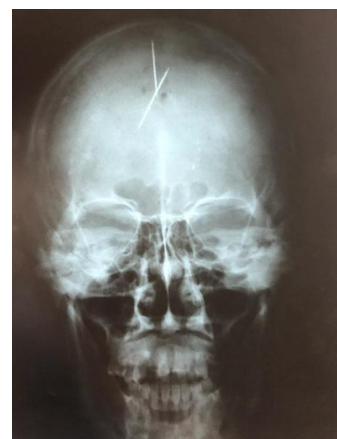


Figure 2 – X-ray of the skull in a straight (anteroposterior) projection showing 2 needles about 4 cm long in the parietal region along the midline

However, the constant scandals in the family from the mother-in-law did not stop and the daughter-in-law left the family with a one-year-old baby. Perhaps the

dislike for the daughter-in-law and the desire to divorce from her son were the motive for committing such a crime, we will never know.

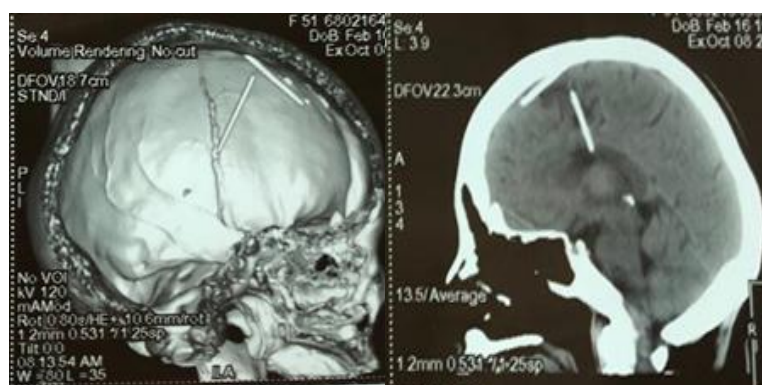


Figure 3 – CT scans of the skull and brain in sagittal projection showing foreign bodies similar to sewing needles inside the brain

After 5 years in 2024, the patient came to see the neurosurgeon again more to reassure herself

psychologically, she had no complaints, no neurological deficit.

### 3. Discussion

Intracranial sewing needles are typically detected as incidental findings in asymptomatic or minimally symptomatic patients. A notable case involved a 48-year-old male with a sewing needle identified on skull radiography during evaluation for a mild headache. The needle, located along the midline from the inner table to the anterior skull base, was surrounded by the right pericallosal artery but caused no parenchymal or vascular damage, leading to a recommendation for clinical observation [7]. Another case described a 4-year-old boy with normal neurological development, where a 4.5 cm needle was found on cranial CT

following a minor head injury, with no acute penetrating trauma noted [8]. A review of 13 cases by Abbassioun et al. reported three new adult cases and ten previously published cases, all involving needles presumed to have been inserted in infancy before fontanelle closure [9]. Similarly, a 16-year-old boy with four adjacent intracranial needles was reported, likely from an infanticide attempt in early childhood, detected incidentally without neurological deficits [10].

A seminal report from 1970 described two adult survivors (a 32-year-old man and 31-year-old woman) with intracranial needles introduced in infancy. Clinical manifestations included epilepsy (8 years duration) and headache with hemiparesis. Subsequent literature has reported similar presentations. Sturiale et al. (2010) noted several instances where needles likely penetrated via anterior fontanelle before closure [11]. One Turkish case (2012) involved a 37-year-old male with two needles; both asymptomatic and suggestive of early-life insertion [12]. A Beijing series documented a 61-year-old man presenting with dizziness; imaging showed a needle under sagittal suture, asymptomatic until discovery [13]. These cases highlight that intracranial sewing needles are often asymptomatic in adults, discovered decades after presumed insertion.

Historically, sewing needles have been associated with infanticide, particularly in cultures where such acts were covertly performed. The insertion of needles through the anterior fontanelle in infancy, before its closure around 18–24 months, is a documented method in historical and forensic literature [9,11]. This practice was reported in various regions, including the Middle East and Eastern Europe, often as a means of concealing infanticide due to social or economic pressures [11]. Amirjamshidi et al. reviewed six cases, suggesting that such insertions were deliberate attempts at homicide, likely performed by caregivers in infancy, with the needle remaining undetected due to the absence of immediate symptoms [12]. Forensic investigations emphasize the medico-legal importance of these findings, as they may indicate child abuse or attempted murder. A case reported by Tuncer et al. described an adult male with seizures attributed to an intracranial needle, raising suspicion of child abuse from decades prior [13]. The historical use of sewing needles underscores the need for forensic awareness when such objects are identified, particularly in asymptomatic adults.

The mechanism by which sewing needles enter the brain without immediate detection remains speculative but is primarily linked to insertion during infancy. The anterior fontanelle provides a soft entry point in neonates, allowing needles to be inserted with minimal resistance and without causing acute symptoms [9,11]. Amirjamshidi et al. proposed that the brain's tolerance to metallic foreign bodies, compared to organic materials like wood, may explain long-term asymptomatic presence [14]. Over time, a fibrous capsule forms around the needle, composed of iron phosphate and oxides ( $\text{Fe}_2\text{O}_3$ ,  $\text{MnO}_2$ ,  $\text{Cr}_2\text{O}_3$ ), which

isolates it from surrounding brain tissue and reduces the risk of abscess or significant inflammation [7,14]. In some cases, accidental insertion during childhood activities or trauma has been hypothesized, though less commonly, as most patients lack a history of penetrating injury [7,8]. Migration of the needle within the brain is rare but reported, potentially leading to delayed symptoms like seizures [15]. These mechanisms highlight the brain's remarkable ability to adapt to foreign bodies when inserted early in life.

Modern neuroimaging is critical for detecting intracranial sewing needles. Skull radiography often serves as the initial imaging modality due to its accessibility and ability to identify metallic objects [7]. However, CT is the gold standard for precise localization and assessment of surrounding structures. In the case of the 48-year-old male, CT angiography confirmed the needle's proximity to the pericallosal artery without vascular compromise [7]. Similarly, CT in the 4-year-old boy's case delineated the needle's intracranial position without evidence of acute trauma [8]. Magnetic resonance imaging (MRI) is less commonly used due to potential risks of needle migration in magnetic fields, but it can provide detailed soft tissue visualization when safe [16]. Gradient echo sequences on MRI are particularly sensitive to metallic artifacts, aiding in needle detection [17]. The choice of imaging depends on clinical context, with CT preferred in acute settings and MRI reserved for cases requiring detailed parenchymal assessment, provided ferromagnetic risks are ruled out.

Intracranial sewing needles are often asymptomatic, as seen in multiple case reports where patients presented with mild or unrelated symptoms [18-20]. However, potential complications include seizures, headaches, or brain injury from needle migration [15]. The fibrous encapsulation of needles may prevent significant neurological damage, but long-term risks remain poorly understood [14]. Treatment approaches are controversial, with no consensus due to limited clinical evidence. Conservative management is frequently recommended for asymptomatic cases, as surgical removal carries risks of hemiplegia, aphasia, or death [21-23]. In the 48-year-old male's case, observation was chosen due to the needle's stable position and lack of symptoms [7].

Conversely, surgical intervention is considered in symptomatic patients or those with evidence of complications, such as seizures or abscess formation [13]. Sturiale et al. reported a case where subdural collection was evacuated, but the needles were left in

place due to their stable integration [11]. The decision to intervene surgically depends on the patient's age, symptoms, and neuroimaging findings, with a preference for observation in asymptomatic adults.

#### 4. Conclusions

The incidental finding of intracranial sewing needles is a rare but clinically significant phenomenon, often linked to historical practices of infanticide or accidental insertion in early life. Most reported cases involve asymptomatic adults, with needles detected via CT or radiography during evaluation for unrelated complaints. The brain's ability to encapsulate metallic objects allows for long-term asymptomatic presence, though risks of delayed complications like seizures exist. Most cases stem from early-life insertion (often homicidal) and remain asymptomatic for years. Imaging (X-ray, CT) is key to diagnosis; MRI is generally avoided.

Management must balance surgical risks and symptom burden: removal is indicated for symptomatic patients, while conservative follow-up suits asymptomatic individuals. Self-insertion represents a

distinct, psychiatric-medical scenario requiring nuanced care. Diagnostic imaging, particularly CT, is essential for accurate localization, while treatment remains individualized, balancing surgical risks against clinical stability. Forensic awareness is critical, as these findings may indicate past abuse. Further research is needed to establish standardized management protocols and understand long-term outcomes.

**Conflicts of interest.** The authors declare no conflicts of interest.

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## **Бас ауруы бар 52 жастағы әйелдің бас миында анықталған металл тігін инелері. Клиникалық жағдай және әдебиетке шолу**

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### **Түйіндеме**

Интракраниальды тігін инелері – сирек кездесетін кездейсоқ олжалар, көбінесе нәресте кезіндегі төбе еңбегіне енгізу арқылы нәрестені өлтірудің тарихи әрекеттерімен байланысты. Мұндай жағдайлар бірегей клиникалық, диагностикалық және сот-медициналық мәселелер болып табылады.

Бұл қолжазбада интракраниальды тігін инелеріне арналған әдебиеттерге шолу жасалды және салдарын сипаттау мақтасында клиникалық жағдайды ұсынылды.

**Әдістері.** Клиникалық жағдайларға, тарихи/сот-медициналық контекстке, ену механизмдеріне, диагностикалық әдістерге және емдеу стратегияларына назар аудара отырып, PubMed, Scopus және Web of Science-тен рецензияланған дереккөздерді пайдалана отырып, әдебиеттерге шолу жасалды. Қолжазба 52 жастағы әйелде интракраниальды тігін инелерінің анықталуы клиникалық жағдайын қамтиды.

**Нәтижелер.** Әдебиеттерге сәйкес, интракраниальды тігін инелері әдетте асимптоматикалық болып табылады және ересектерде компьютерлік томография немесе рентгенография арқылы кездейсоқ анықталады, көбінесе нәресте кезінде енгізілгеннен кейін ондаған жылдар өткен соң. Тарихи деректер бұл олжаларды алдыңғы төбе еңбегі арқылы нәресте өлтіру әрекеттерімен байланыстырады. Миды металл заттармен инкапсуляциялау көбінесе неврологиялық зақымданудың алдын алады. Дегенмен құрысулар немесе бас аурулары сияқты асқынулар болуы мүмкін. Емдеу симптомдарға байланысты консервативті бақылаудан хирургияға дейін өзгереді.

Бұл клиникалық жағдайда 52 жастағы әйел артериялық гипертониямен байланысты бас ауруына шағымданды. Алайда, бас сүйегінің рентгенографиясы мен компьютерлік томографиясы төбе еңбегі аймағында нәресте кезінде енгізілген болуы мүмкін екі тігін инесін анықтады. Дегенмен неврологиялық жетіспеушілік болған жоқ. Нейрохирургтың кеңесі хирургиялық емдеуді қажет етпейді деп мәлімдеді.

**Қорытынды.** Интракраниальды тігін инелері сирек кездеседі, көбінесе асимптоматикалық болып табылады және нәрестені өлтірудің тарихи жағдайларымен байланысты. Бұл жағдай диагностика мен емдеуге жеке көзқарас үшін нейробейнелеудің маңыздылығын, сондай-ақ сот-медициналық мамандардың балаларға қатысты ықтимал қатыгездік туралы хабардар болуын көрсетеді.

**Түйін сөздер:** ми, бөтен дене, тігін инесі, кісі өлтіру, бас ауруы.

## Металлические швейные иглы в головном мозге у 52-х летней женщины с головной болью. Клинический случай и литературный обзор

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### Резюме

Швейные иглы внутри черепа – это редкие случайные находки, часто связанные с историческими попытками детоубийства путем введения в родничок в младенческом возрасте. Такие случаи представляют собой уникальные клинические, диагностические и судебно-медицинские проблемы.

В данном исследовании приводится обзор литературы о швейных иглах, найденных внутри черепа и представлен новый случай, чтобы подчеркнуть клинические последствия.

**Методы.** Был проведен обзор литературы с использованием рецензируемых источников из PubMed, Scopus и Web of Science с упором на клинические случаи, исторически/судебно-медицинский контекст, механизмы проникновения, методы диагностики и стратегии лечения. В данный обзор включен случай 52-летней женщины у которой были обнаружены швейные иглы внутричерепка.

**Результаты.** Согласно литературным данным, швейные иглы внутричерепной локализации обычно протекают бессимптомно и обнаруживаются случайно у взрослых с помощью компьютерной томографии или рентгенографии, часто через десятилетия после введения в младенчестве. Исторические данные связывают эти находки с попытками детоубийства через передний родничок. Инкапсуляция мозга металлическими предметами часто предотвращает значительные неврологические повреждения, хотя могут возникать такие

осложнения, как судороги или головные боли. Лечение варьируется от консервативного наблюдения до хирургического вмешательства, в зависимости от симптомов. В данном случае 52-летняя женщина поступила с усиливающимися головными болями, связанными с артериальной гипертонией. Однако, рентгенография и КТ черепа выявили две швейные иглы в районе темени, вероятно, введенные в младенчестве, при этом неврологический дефицит отсутствовал. Консультация нейрохирурга засвидетельствовала, что показаний для нейрохирургического лечения нет.

**Выводы.** Внутричерепные швейные иглы встречаются редко, часто протекают бессимптомно и связаны с историческими случаями детоубийства. Этот случай подчеркивает важность нейровизуализации для диагностики и индивидуального подхода к лечению, а также осведомленность судебно-медицинских экспертов о возможном жестоком обращении с детьми.

**Ключевые слова:** головной мозг, инородное тело, швейная игла, убийство, головная боль.