A 69-year-old man with sleep apnea, high blood pressure, dyslipidemia, and personal history of aortic valve replacement with a mechanical valve 12 years prior, presented with dyspepsia, nocturnal epigastric pain, and perceived abdominal “fullness”. He described ongoing symptoms for about 2 years, with an abrupt onset after a single episode of self-limited, severe epigastric pain, that appeared during anterior flexion of the trunk, while lifting a weight from the floor.

After showing no symptomatic improvement with proton pump inhibitors, an upper gastrointestinal endoscopy showed a foreign body (apparent metal wire), with one extremity adherent to the gastric body wall (Fig. 1). Endoscopic removal was unsuccessful.

Thoracic-abdominal computed tomography shows sternotomy wires from previous surgery, along with a metallic wire that extends from a subxiphoid location to a perigastric...
tric position, and perforates the anterior wall of the gastric body, with no signs of pneumoperitoneum or fluid collection (Fig. 2).

Migration of thoracic wires is a known, albeit rare complication of cardiac surgery. Although, frequently, this complication presents on a post-operative setting, cases of migrating temporary epicardial pacemaker wires, as well as migrating sternal fixation wires, have been previously reported, years after stability in the precordium.

After multidisciplinary evaluation, due to clinical and imagiologic stability, the patient’s comorbidities, and no signs of local complication, a decision against an invasive and potential high-risk procedure to remove the wire was made, and an active surveillance approach has been adopted.

**DECLARAÇÃO DE CONTRIBUIÇÃO /CONTRIBUTORSHIP STATEMENT**

NP: Escrita do artigo e recolha de imagens
AP: Revisão de literatura e revisão do artigo
AR: Tradução e revisão do artigo

Todos os autores aprovaram a versão final a ser publicada

**RESPOSTAS ÀS PREGUES**

**REFERENCES**