A 40-year-old man with a history of hypertrophic cardiomyopathy, progressive dyspnea and refractory ascites was referred to our hospital for heart transplantation. The patient underwent heart transplantation successfully from female donor who died of intracranial hemorrhage. After heart transplantation, the patient recovered uneventfully and discharged 1 month later. By chance, we found a linear opacity around the left hilum on the follow-up chest x-ray, 3 months later. On the review of the series of chest x-ray, it was also visible on immediate post-operative chest x-ray (Figure 1A, black arrow). Chest computed tomography showed a foreign body inside the left main pulmonary artery (Figure 1B, solid arrow). He received percutaneous intervention for a foreign body removal and it (Figure 1C, solid arrow) was successfully retrieved with a snare (Figure 1C, open arrow). It was a long fragment of the central venous catheter (Figure 1D), which was supposed to be an unpleasant gift from the donor heart. The patient discharged 2 days later without complication. We speculate that the donor had a central venous catheter and it was accidently acquired with donor heart during procurement, and then migrated into the left pulmonary artery after heart transplantation. This case demonstrates routine examination of donor heart is a key to suspect the presence of a foreign body including the possibility of an amputated central venous catheter.

KEY WORDS central venous catheter, foreign body, heart transplantation

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(A) Linear foreign body on post-operative chest X-ray. (B) High-opacity material inside the left pulmonary artery on chest computed tomography. (C) Percutaneous foreign body retrieval with a loop snare wire. Solid arrow indicates the foreign body. Open arrow indicates the loop snare wire. (D) Amputated central venous catheter.