

## Clinical Image

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# Nailing the chest pain

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### Description

A 64-year-old male with known HFrEF, hypertension and non-compaction cardiomyopathy presented for evaluation of chest pain and underwent an outpatient nuclear stress test. This showed a moderate to large, fixed, inferior apical defect and a stress LVEF of 17% which was similar to prior echocardiograms. Given concerning symptoms, a left heart catheterization was performed. On fluoroscopy, he was noted to have widely patent coronaries without any disease, however, he was surprisingly noted to have a metallic nail in the left hemithorax (Figure 1). Further imaging including a CT chest and chest x-ray localized the nail to be in the left lower lobe bronchus (Figure 2). A flexible bronchoscopy failed to locate the nail for retrieval due to its distal location. Eventually, he underwent a surgical wedge resection of the affected lobe for foreign body removal and has done well post procedurally. A screening chest x-ray for chest pain may have led to workup along a different and more appropriate route. The patient did not report any history of foreign body ingestion, further information from the patient's wife revealed that he was in the habit of sleeping with a nail in his mouth and likely inhaled it in his sleep.



**Figure 1:** Metallic nail in the left hemithorax.



Figure 2 : CT chest and chest x-ray localized the nail to be in the left lower lobe bronchus.