A 55-year-old man suffered a thoracic knife wound during an assault. The wound was sutured by a general practitioner. Five days later, the patient re-presented to another medical centre with chest pains after travelling on two Australian domestic flights, including one for which airport security required him to undergo screening with a metal detector.

Chest x-rays showed a 13-cm steak-knife blade, with no handle, lodged deep within the chest wall muscle, but not perforating the pleura (Figure, A, postero-anterior view, and B, lateral view). The blade was removed surgically.

This case highlights the need for thorough investigation of thoracic stab wounds.

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