An 80-year-old woman with a history of surgical fixation of her acromio-clavicular joint with three Kirschner wires 3 months earlier presented with shortness of breath and a dislocated shoulder. Computed tomography scan confirmed the diagnosis of a retained Kirchner wire in the right ventricle (Fig. 1) with pericardial effusion (Fig. 2).

Figure 1: Scout view showing one wire within the heart shadow, another in the left upper chest and the third still in place in the dislocated left shoulder.

Figure 2: Computed tomographic scan showing the wire in the heart with pericardial effusion. Under cardiopulmonary bypass, we extirpated the foreign body and repaired a tear in the inferior vena cava.