A 34-year-old male was assessed in our department due to abdominal pain that had developed over several days. He had undergone surgery for pectus excavatum repair with the Ravitch procedure in 1995. He reported no previous history of chest trauma. Abdominal CT revealed a metallic foreign object in the pelvic area that corresponded to a broken fragment of the fixation bar used to correct the pectus disorder (Fig. 1). In June of 2010, the patient underwent a midline laparotomy to remove the foreign object, which was lodged at the bottom of the Douglas pouch (Fig. 2).