CASE REPORT: A RARE CASE OF GOSSYPIBOMA

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Abstract:

Gossypiboma or textiloma is used to describe a surgical complication due to retained surgical swab in the body after a surgery. Most commonly gossypibomas occur in the abdominal or pelvic cavity. The patients may present with acute complications like fistulas or may go unnoticed for long duration. We present a case of 46 year old female who had come to the out patients department with complaint of abdominal pain and belching for the past two weeks. There was an old history of tubal ligation 20 years back and abdominal hysterectomy five years back from some other hospital. She was obese with normal vitals. An abdominal mass arising from the pelvis occupying the entire hypogastrium extending into the left illiac fossa was felt. Sonography and CT scan suggested of Ovarian dermoid fibroma.laprotomy, an intact mass was removed. The growth revealed a surgical mop measuring 15 x 10 cm and confirmed the diagnosis of gossypiboma.

Key words: *Gossypiboma, Textiloma, retained surgical mop, foreign body.*

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INTRODUCTION

Gossypiboma or textiloma is a term used to describe a mass within the body that comprises a cotton matrix surrounded by a foreign body reaction, which can result from materials, such as a surgical sponge, accidentally left inside a patient's body. A foreign body can trigger a granulomatous reaction and may result in the formation of a sizeable mass. The incidence of retained sponges can never be determined precisely because of the difficulty in obtaining an accurate figure for the occurrence of new cases.' Gossipybomas most commonly occur in the abdominal or pelvic cavity usually after gynaecological and upper abdominal surgical procedures.

Case history

A 46 year old female reported to OPD with complaints of swelling in the abdomen for the last one month, abdominal pain since 2 weeks and history of belching since 2 weeks . There was no history of fever, vomiting, loss of weight, bowel or bladder disturbances. She was para 3, living 3, all full term vaginal deliveries at home; had undergone tubal ligation 20 years back at the time of her last child birth. Abdominal hysterectomy was done in a private hospital for fibroid uterus five years back, details of which were not available.

Clinical examination

Vital signs were normal. The patient was obese and on abdominal inspection an infraumbillical midline vertical scar was seen along with a suprapubic lump. On palpation, abdomen was soft, a firm mass measuring 15 x 12 cm arising from the pelvis occupying the entire hypogastrium extending into the left illinc fossa was felt: it was mobile and non tender. No significant findings on per vaginum and rectal examination.

Patient was admitted and investigated; sonography showed a large well defined cystic lesion measuring with dense internal echoes and echogenic contents, suggestive of Ovarian Dermoid. CT scan revealed a spherical pelvi-abdominal mass with well defined smooth margins in the midline from 1A to mid sacral level; predominantly of soft tissue with few areas of heterogenous calcifications in the posterio-inferior region. The impression was a neoplastic mass probably of ovarian origin or dermoid cyst or fibroma

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After complete investigation and pre-anaesthetic evaluation and informed consent patient was posted for laprotomy under spinal anaesthesia. An intact mass measuring 10 x 12 cm was removed. The tumor was excised draining odourless pultaceous material, and shockingly revealed a surgical mop measuring 15 x 10 cm.

Fig: Specimen of Gossypiboma

DISCUSSION

In this patient sonography and CT scan finding suggested Ovarian dermoid and gossypiboma was not among the top differential diagnosis. Similar to earlier reports of gossypiboma, this patient was also asymptomatic for a long period after the abdominal surgery.

Despite the rarity of the reporting of a retained surgical sponge, gossypiboma appears to be encountered more commonly than generally is appreciated. The decreased reporting might be because rarity of its occurrence or because of the medico-legal issues related to it.[1]

Gossypibomas in the early period after surgery usually manifest as abscess or abdominocutaneus fistulas, bowel or visceral perforation with no definite symptoms during lifetime or sepsis or even death or can migrate into the ileum, stomach, colon or bladder without any apparent opening in the wall of these luminal organs.[2] However, some remain clinically asymptomatic for many years like this patient, and then cause a foreign body reaction in the surrounding tissue, with new clinical signs indicating significant mass effect. Retained sponges are more common in obese patients, after emergency surgery and/or in case of unexpected change in surgical procedure,[3]

New technologies like radiofrequency identification (RFID) chip may help in reducing the incidence of occurrence of gossypibomas.

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