

Case Report

A Curious Case of Gossypibioma

Raviraj S.Chavan, and Sanjay Chatterjee*

Bombay Hospital, New Marine Lines, Mumbai, Maharashtra 400020, India

*Correspondence to: Sanjay Chatterjee; Bombay Hospital, New Marine Lines, Mumbai, Maharashtra 400020, India; E-mail: aparnasanjay@hotmail.com

Received: Aug 7th, 2020; Accepted: Sep 1st, 2020; Published: Oct 15th, 2020Citation: Chavan RS, Chatterjee S*. A curious case of gossypibioma. *Gen Surg Open A Open J.* 2020; I(2): 35-36.

ABSTRACT

The term gossypibioma is used to describe a retained surgical sponge or gauze after operation. It is a rare but serious complication which is seldom reported because of the medicolegal implications. Gossypibioma usually has varied and vague presentation and is also difficult to detect on radiological investigations. It can even remain silent and present years after the operation. We report a case of a 74-year-old man who presented with chronic lump since 1 year in the right lumbar region. He had a history of spinal surgery 20 years ago. They had taken right iliac crest as a graft during that spinal surgery. Radiological investigations were inconclusive in detecting the retained gauze. A working diagnosis of soft tissue tumour-? Desmoid tumour was made on ultrasonography and an excision of lump was done where he was found to have a large gossypibioma densely adhered to the right iliac crest. Though rare, gossypibioma should be kept in mind as a differential diagnosis in postoperative cases presenting as vague pain or chronic lump even years after the operation.

Keywords: *Gossypibioma, Soft tissue tumour, Desmoid tumour, Spinal surgery.*

INTRODUCTION

The term gossypibioma is used to describe a surgical sponge, gauze or a laparotomy pad left involuntarily in the body after a surgical procedure. The term is derived from a combination of Latin words “*Gossypium*” (cotton) and Swahili word “*boma*” (place of concealment).¹ It is a rare surgical complication but can cause significant morbidity and mortality. Most gossypibioma cases are discovered during the first few days after surgery; however, they may remain undetected for many years.² Imaging modalities including plain radiography, ultrasonography (USG), computed tomography (CT), and magnetic resonance imaging (MRI) may help to have exact diagnosis.³⁻⁸ Surgery is the recommended treatment option in these cases. Gossypibioma that presents late may pose a serious diagnostic dilemma. Gossypibioma should be considered as a diagnosis in patients with intra-abdominal mass with previous history of surgery.

CASE REPORT

A 74 years old man presented to our clinic with complaints of lump in the right side of the abdomen since 1 year. Patient had history of spinal surgery 20 years back. During spinal surgery, graft was taken from right iliac crest.

ON EXAMINATION

General condition-Fair, Afebrile. Per abdomen-soft, nontender. Local examination-Right lumbar swelling of 6*3 cm in size, oval in shape, margins were well defined and distinct, firm in consistency, no movement with respiration, non-ballotable, cough impulse absent, non-reducible, dull on percussion. Cardiovascular system, respiratory system, central nervous system-no any abnormality detected.

INVESTIGATIONS

Patient underwent ultrasonography, revealing a well defined oval shaped hypoechoic solid cystic lesion with tiny foci of calcification seen in subcutaneous plane in right lumbar region. The lesion does not show significant vascularity and measures 5.5*2.5 cm. Features suggestive of soft tissue tumour-? Desmoid tumour. As per ultrasonography report considering soft tissue tumour, patient operated.

INTRAOPERATIVE FINDINGS

Lump was actually a tense encapsulated cystic mass densely adhered to right iliac crest. The lump got open during dissection revealing thick pus along with a retained gauze as its content (Figure 1, 2). Excision of mass was done and sent for histopathology (Figure 1).

Figure 1. Intraoperative image of excised mass



Figure 2. Intraoperative image of retained gauze piece



HISTOPATHOLOGY REPORT

Right lumbar lump capsule showing florid foreign body granulomatous reaction and fibrosis. The postoperative period was uneventful and patient was discharged on fifth postoperative day.

CONFLICTS OF INTEREST

None.

REFERENCES

1. Rajput A, Loud PA, Gibbs JE, and Kraybill WG. Diagnostic challenges in patients with tumors: Case 1. Gossypiboma (foreign body) manifesting 30 years after laparotomy. *J Clin Oncol.* 2003; 21(19): 3700–3701. doi: [10.1200/JCO.2003.02.092](https://doi.org/10.1200/JCO.2003.02.092).
2. Colak T, Olmez T, Turkmenoglu O, and Dag A. Small bowel perforation due to gossypiboma caused acute abdomen. *Case Rep Surg.* 2013; 2013: 219354. doi: [10.1155/2013/219354](https://doi.org/10.1155/2013/219354)
3. Malhotra MK. Migratory surgical gossypiboma-cause of iatrogenic perforation: Case report with review of literature. *Niger J Surg.* 2012; 18(1): 27–29. doi: [10.4103/1117-6806.95486](https://doi.org/10.4103/1117-6806.95486)
4. Lincourt AE, Harrell A, Cristiano J, Sechrist C, Kercher K, and Heniford BT. Retained foreign bodies after surgery. *J Surg Res.* 2007; 138(2): 170–174. doi: [10.1016/j.jss.2006.08.001](https://doi.org/10.1016/j.jss.2006.08.001)
5. Uluçay T, Dizdar MG, Sunay YM, and Aşirdizer M. The importance of medico-legal evaluation in a case with intraabdominal gossypiboma. *Forensic Sci Int.* 2010; 198(1–3): e15–e18. doi: [10.1016/j.forsciint.2010.01.013](https://doi.org/10.1016/j.forsciint.2010.01.013)
6. Lata I, Kapoor D, and Sahu D. Gossypiboma, a rare cause of acute abdomen: A case report and review of literature. *Int J Crit Illn Inj Sci.* 2011; 1(2): 157–160. doi: [10.4103/2229-5151.84805](https://doi.org/10.4103/2229-5151.84805)
7. Gibbs VC, Coakley FD, and Reines HD. Preventable errors in the operating room: Retained foreign bodies after surgery—part I. *Curr Probl Surg.* 2007; 44(5): 281–337. doi: [10.1067/j.cpsurg.2007.03.002](https://doi.org/10.1067/j.cpsurg.2007.03.002)
8. Macario A, Morris D, and Morris S. Initial clinical evaluation of a handheld device for detecting retained surgical gauze sponges using radiofrequency identification technology. *Arch Surg.* 2006; 141(7): 659–662. doi: [10.1001/archsurg.141.7.659](https://doi.org/10.1001/archsurg.141.7.659)