

Case	(165) Forgotten surgical material: gossypiboma
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CASE PRESENTATION

A 71-year-old woman with a history of colon neoplasia with peritoneal carcinomatosis and splenic and hepatic metastases was operated a month ago due to an intestinal perforation, and who currently presents with abdominal pain, fever and elevation of acute phase reactants.

CT of the abdomen is performed with intravenous contrast, where several intraabdominal collections of irregular morphology are observed, with internal air bubbles of infectious appearance.

It featured a round, well-defined, thick-walled collection in the left hypochondrium (site of the perforation), about 8 cm in diameter, which contained multiple gas foci (spongiform appearance) and curvilinear metallic structures in its interior.

DISCUSSION

The image of the scout showed a characteristic appearance of gossypiboma with typical metallic linear structure that is intentionally placed in gauze and surgical packages.

Gossypiboma means a foreign body reaction to a surgical sponge retained after the operation within a body cavity. It usually has a radiopaque marker that identifies it easily on the x-ray.

CT is the modality of choice to evaluate the extent and relationships of the associated inflammatory reaction.

It should be differentiated from the surgical haemostatic material used to control intraoperative bleeding, that is frequently left voluntarily in the operative bed. A gossypiboma is caused by a foreign material that is left behind by mistake.

The most important factor to differentiate both materials is the precise clinical information on the use of surgical haemostatic material. In case of doubt, talk to the operating surgeon, who should be able to report if surgical hemostatic material was used. It is usually reabsorbed in 7-14 days.

CONCLUSION

In a case of a patient with recent abdominal surgery and a heterogeneous intraabdominal lesion with a spongiform appearance, think of a retained surgical sponge, that is, a probable a gossypiboma.



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