

Case	(674) Small bowel gossypiboma: ct findings
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CASE PRESENTATION

A 46yo man with intellectual disability was brought to the ER with acute vomiting, leukocytosis and suspected bowel obstruction. The patient had been previously admitted due to adhesion-related intestinal obstruction and the caregiver commented on a possible intake of foreign bodies.

DISCUSSION

A non-enhanced MDCT without contrast medium was performed. Dilation of the gastric chamber, duodenum and proximal jejunum was found, with a subtle change of caliber in a loop of jejunum in the left hypochondrium. Underlying small bowel feces sign was observed. Inside the feculent material there was a radiodense serpiginous line. It had an approximate size of 7.3 cm in length and occupied the lumen of the loop.

The pattern was reminiscent of a gauze/gossypiboma/textiloma. Inflammatory changes (adjacent fat stranding, mild ascites and mesenteric subcentimetric adenopathies) were found without evidence of pneumoperitoneum suggestive of bowel perforation.

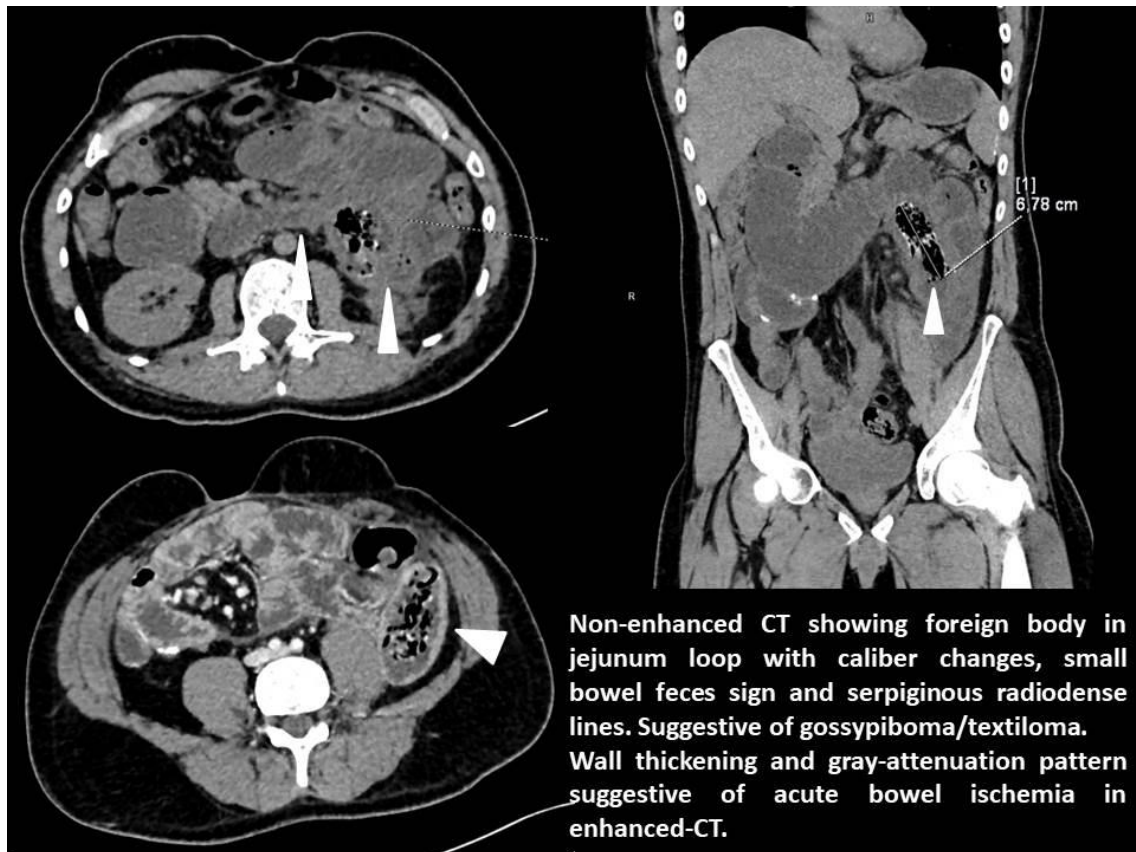
After no improvement a couple of hours later, informed consent was obtained and an enhanced MDCT was carried out. The suspected textiloma had moved forward due to peristalsis. Imaging features were now consistent with prominent concentric wall thickening with gray-attenuation pattern of the proximal jejunum suggestive of acute intestinal ischemia of the affected loops. Given these findings the patient underwent abdominal surgery to remove the obstruction.

Foreign bodies in CT pose a diagnostic challenge because of its varied appearances. For the most part, foreign bodies pass through the GI tract without complications but may lead to bowel obstruction, perforation, ischemic damage or abscess formation. The radiologist must be able to recognize the object, determine its composition and location and assess its clinical significance. Some of them may go undetected if not suspected.

Textilomas are unfrequent but can be ruled out with a proper anamnesis and imaging technique, CT being the most useful. The radiopaque serpiginous lines within feculent material (small bowel feces sign) is the most typical finding.

CONCLUSION

Foreign objects can present unespecifically and may require specific medical attention if undiagnosed. It is useful to hold some knowledge of possible image findings when facing a possible intake of an object. The imaging spectrum of bowel damage (perforation, ischemia, ascites, gray attenuation pattern...) has to be ruled out when assessing if an emergent surgical procedure is necessary.



BIBLIOGRAPHY

- Hunter T, Taljanovic M. Foreign Bodies. RadioGraphics [Internet]. 2003 [cited 2 April 2019];23(3):731-757. Available from: <https://pubs.rsna.org/doi/pdf/10.1148/rg.233025137>
- Gayer G, Petrovitch I, Jeffrey R. Foreign Objects Encountered in the Abdominal Cavity at CT. RadioGraphics [Internet]. 2011 [cited 2 April 2019];31(2):409-428. Available from: <https://pubs.rsna.org/doi/pdf/10.1148/rg.312105123>