

# Case Report of Gossypiboma

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**Abstract:** *Gossypiboma is an uncommon surgical complication, is a mass lesion due to a retained surgical sponge surrounded by foreign-body reaction. Gossypibomas are most frequently discovered in the abdomen. Such foreign bodies can often mimic tumors or abscesses clinically or radiologically; however, they are rarely reported because of the medicolegal implications. A 37-year-old lady presented with pain abdomen and vomiting five months after caesarean section. Retained foreign body was diagnosed radiologically and confirmed with operation. Retained foreign body should be in the differential diagnosis of any postoperative patient who presents with pain, infection, or palpable mass.*

**Keywords:** Gossypiboma, caesarean section

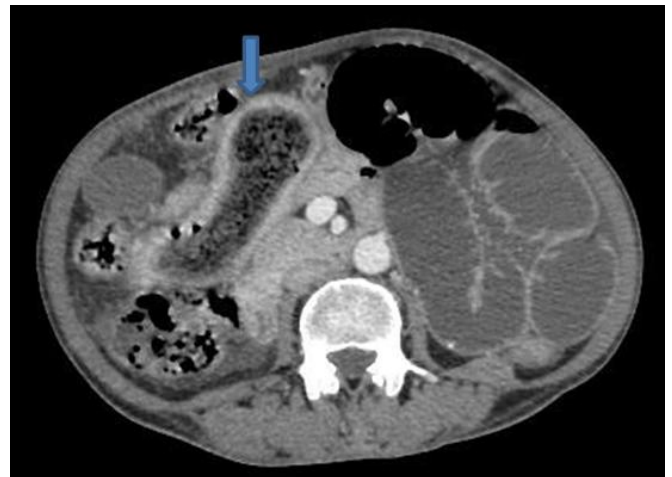
## 1.Introduction

Textiloma and gossypiboma are terms used to describe a mass of cotton matrix that is left behind in a body cavity during an operation. This is an uncommon surgical complication. Gossypibomas are most frequently discovered in the abdomen. Such foreign bodies can often mimic tumors or abscesses clinically or radiologically; however, they are rarely reported because of the medicolegal implications. The manifestations and complications of gossypibomas are so variable that diagnosis is difficult and patient morbidity is significant.<sup>2</sup>

## 2.Case Report

A 37-year-old lady presented with pain abdomen and vomiting five months after caesarean section. Retained foreign body was diagnosed radiologically and confirmed with operation. Retained foreign body should be in the differential diagnosis of any postoperative patient who presents with pain, infection, or palpable mass.

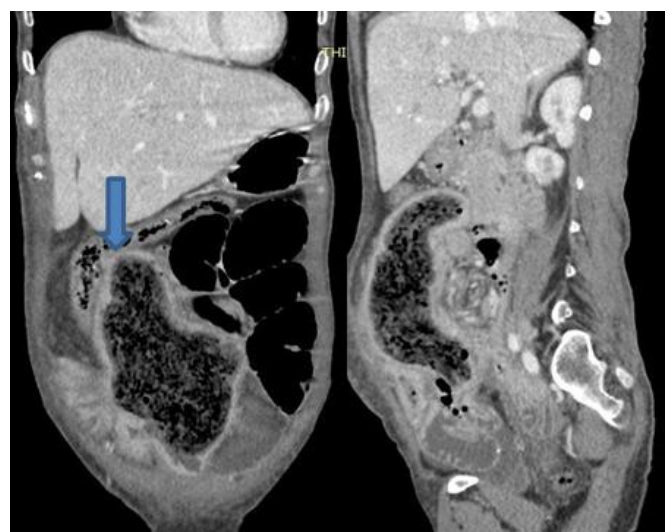
lucencies in right side of abdomen with prominent bowel loops.



**Figure 2:** CECT Abdomen axial image show thick walled peripherally enhancing mottled lesion in right side of abdomen



**Figure 1:** X ray Abdominal AP view show mottled



**Figure 3:** CECT Abdominal coronal and sagittal image show thick walled peripherally enhancing mottled lesion.

### 3. Discussion

Foreign Items such as cotton or gauze pads, when mistakenly left behind during surgery, can cause foreign body reactions. Some gossypibomas cause infection or abscess formation in the early stage, whereas others remain clinically silent for many years.<sup>3, 4, 5</sup> Surgical sponges are made of cotton that does not stimulate any specific biochemical reaction except adhesion and granuloma formation. When retained, they may cause an asymptomatic condition for a long time.<sup>3, 6</sup> Gossypibomas cause two types of responses in the body: exudative and aseptic fibrous. The latter can have adhesions, encapsulation, and eventually, granuloma formation. However, the former usually occurs early in the postoperative period and may involve secondary bacterial contamination, which results in various fistulas.<sup>7, 8</sup> The longer the retention time, the higher the risk of fistulization.<sup>9</sup> Foreign bodies may completely migrate into the ileum without any apparent opening in the intestinal wall. They usually cannot pass the ileocecal valve and cause complete intestinal obstruction at this level. However, if they can pass through this valve, they are easily discharged through the anus.<sup>10</sup>

### 4. Conclusion

Gossypiboma diagnosis is not often easy, and delayed diagnosis can be problematic. Awareness of the radiologic appearances is critical to the diagnosis of retained surgical sponges or swabs. Retained sponges are often clinically unsuspected and may be first recognized on imaging.

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