

A proven case of Gossypiboma

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Abstract – This Clinical Presentation

Patient data: D.S female, 40 years old, 11 months after C-section, presents with a palpable mass in the right hypochondrium, with no specific symptoms.

Imagines Finding

On ultrasound examination, is found a round lesion, with heterogenous (hyperechoic and anechoic) content, thick walled, with marked posterior shadowing.

The patient underwent contrast enhanced MRI; in the right mesogastric region is noted a thick-walled cystic formation with numerous linear structures within, measured up to 122x110x80 mm.

Discussion

The diagnosis of gossypiboma is a challeng because it can resemble a benign or malignant tumour. The imaging features of Gossypibomas are also not very specific. The correct diagnosis may require multi-modality approach and correlation with history.

Conclusion

Retained foreign body (RFB) should always be considered in the differential diagnosis of any postoperative patient who presents with pain, infection, or palpable mass or with unusual symptoms.

Keywords – Gossypiboma, Tumor, Diagnosis, Ultrasouns, Ect

I. INTRODUCTION

The term gossypiboma derives from the Latin word gossypium (cotton) and the suffix – oma, meaning tumor or growth. The term retained foreign body is more general. The reported incidence of retained foreign bodies like sponge, needle or part of instrument following surgery is of 0.01% to 0.001%, of which gossypibomas composes up to 80% of cases.

II. MATERIALS AND METHOD

Clinical Presentation

Patient data: D.S female, 40 years old, 11 months after C-section, presents with a palpable mass in the right hypochondrium, with no specific symptoms.

Imagines Finding

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A. Figures and Tables

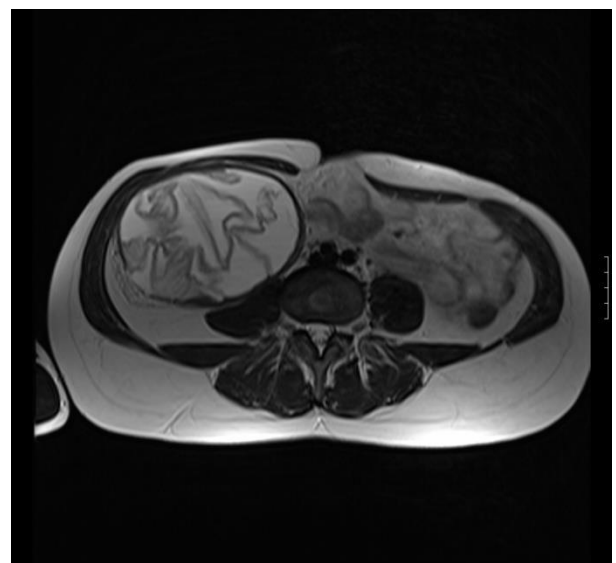
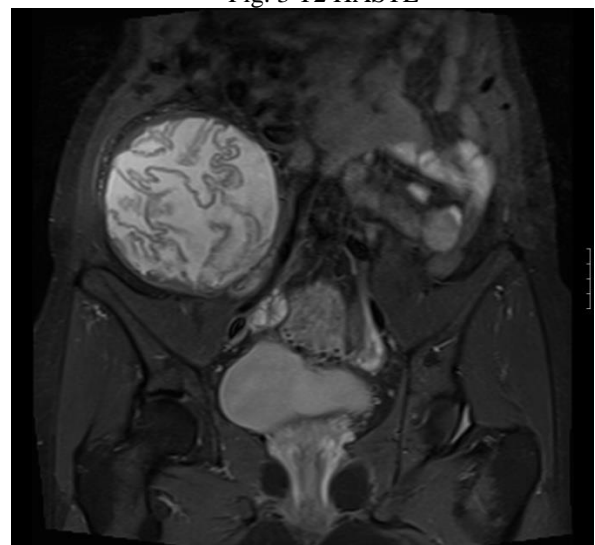
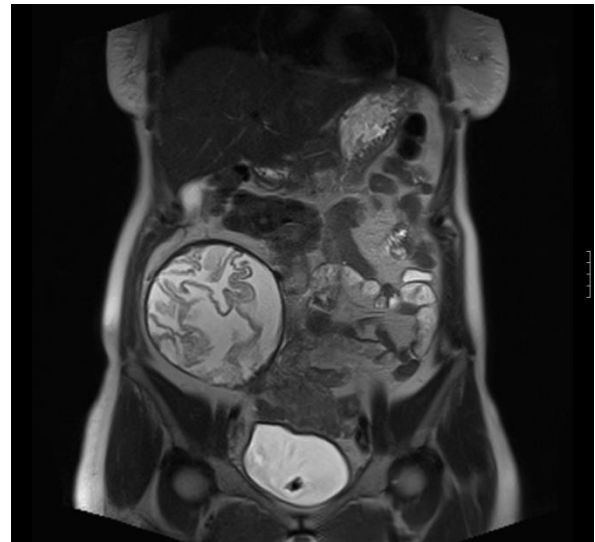
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Fig. 1 US Finding



Fig. 2 US Finding



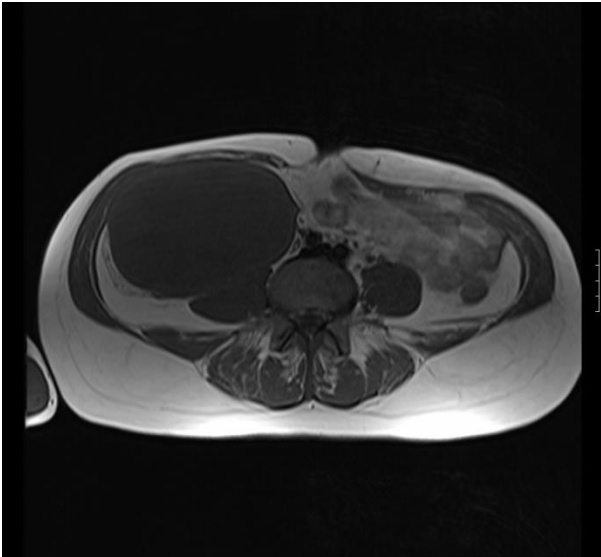


Fig. 5 T1 TSE

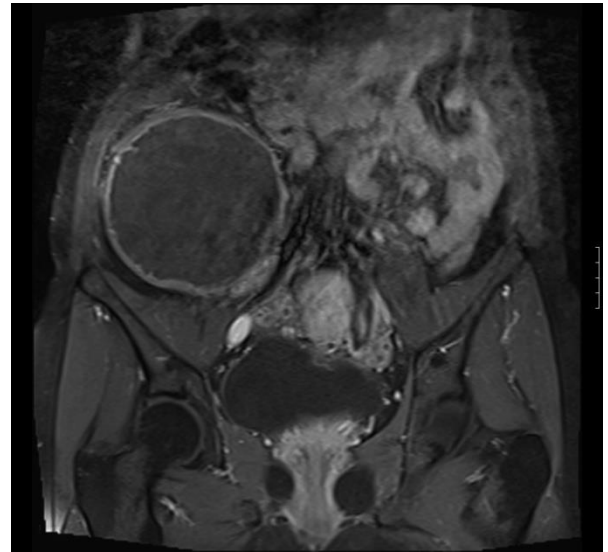


Fig. 8 T1 TSE FS CONTRAST

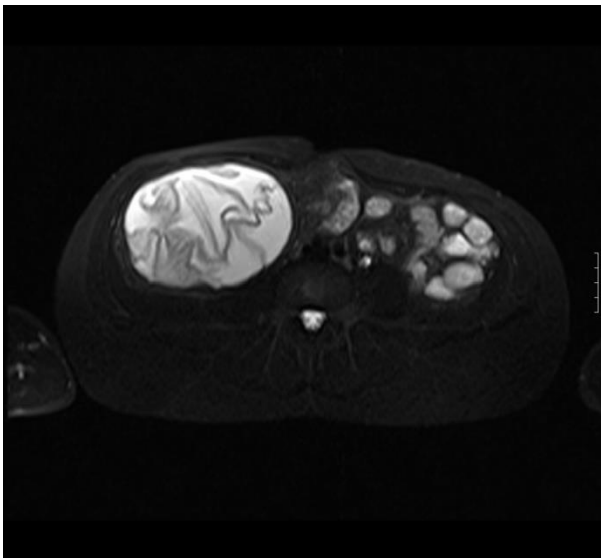


Fig.7 T2 HASTE TIRM

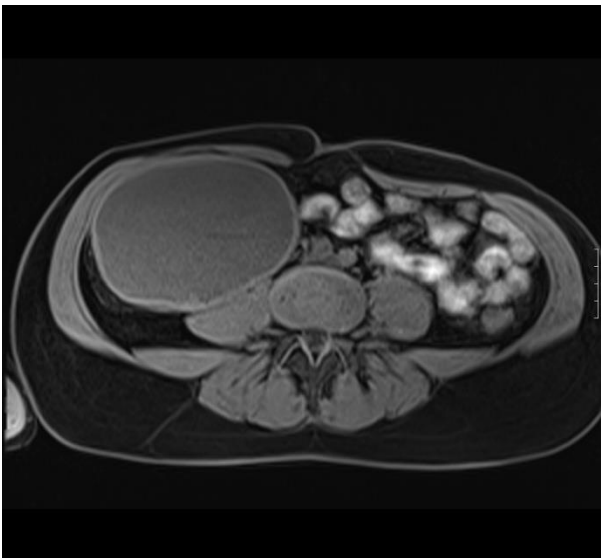


Fig. 6 T1 VIBE FS

III . RESULTS

Gossypiboma is suspected and the patient underwent surgical excision and surgical gauzes were found inside the cyst.

Intra-abdominal gossypiboma secondary to retained gauze piece

IV. DISCUSSION

The diagnosis of gossypiboma is a challenge because it can resemble a benign or malignant tumour. The imaging features of Gossypibomas are also not very specific. The correct diagnosis may require multi-modality approach and correlation with history. Gossypibomas appear as soft tissue mass on plain X-rays (not specific). In the Ultrasound exam, it appears as a complex hypoechoic or cystic mass with wavy internal hyperechoic material, with major posterior shadowing. On CT it appears as a well-defined mass of heterogeneous attenuation with or without foci of air, wall enhancement after iodine injection, calcification and metallic density object within it. There may be adjacent perilesional inflammatory changes and abscess formation. MRI does not give additional information but can be performed when other modalities have failed. On MRI it appears as complex cystic area with low signal capsule and containing serpiginous linear areas of intermediate signal intensity.

V. CONCLUSION

Retained foreign body (RFB) should always be considered in the differential diagnosis of any postoperative patient who presents with pain, infection, or palpable mass or with unusual symptoms.

Due to the legal implications, the cases of gossypiboma are under reported, therefore the actual incidence of gossypiboma is difficult to establish.

However, the reported incidence in literature is one in every 3000 to 5000 abdominal operations and the most common site is the abdomen. Other sites of gossypiboma formations include thoracic cavity, pelvic cavity.

References

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