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Gosssypiboma

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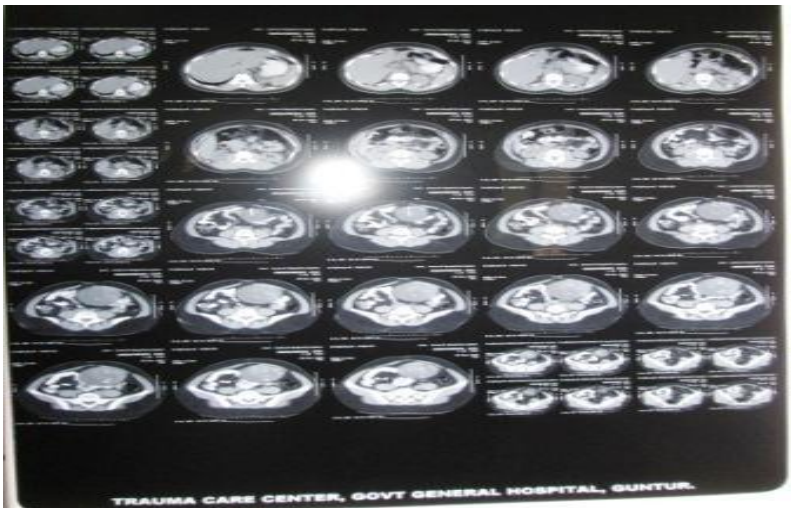
Abstract: *Gossypiboma is a term used to describe a retained surgical swab in the body after a surgical procedure.It is rare surgical complication but can cause significant morbility and mortality. It may be a diagnostic dilemma with associated medico legal implications and is usually discovered during the first few days after surgery; however it may remain undetected for many years.*
Keywords: *Gossypiboma, foreign body, retained surgical sponge, peritoneal cavity,mesenteric cyst*

I. Case Report

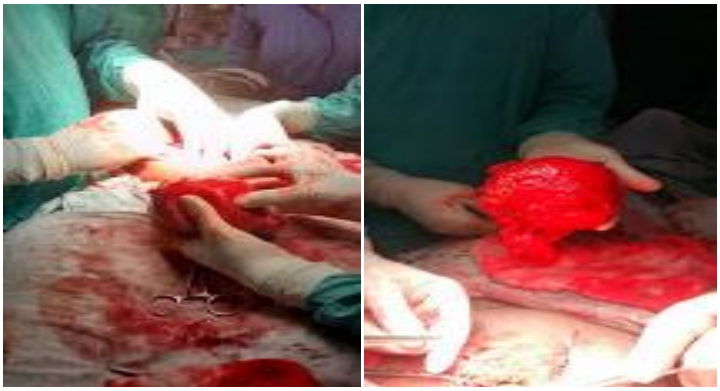
A 25years Female patient came with complaint of pain abdomen for 2 months it was learned from her past history that she underwent LSCS(cesarean section) 2years back which was uneventful her general examination laboratory parameters were within normal limits On abdominal examination, a pfannenstiel incision scar was present. A large mass was felt 10x10 cm size with restricted mobility and smooth surface, vertically extending 1cm below umbilicus up to 2cm above symphysis pubis and 4cm on either side of midline horizontally.

- Abdominal ultrasonography showed 8X10cm cystic lesion with internal echos with echogenic component intraperitoneally
- in the abdominal computerized tomography (CT)scan



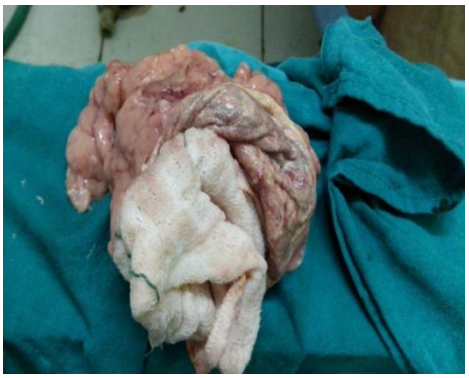
- Well defined large 11X10cm cystic lesion with enhancing wall on contrast and few internal heterogenocities noted in mesentry with in the lesion there is well defined curvilinear (Trabecular) ,metallic density measuring 10cm and is not communicating to exterior.

Impression:- likely to be infected mesenteric cyst/lymphatic cyst (infected/hemorrhagic)with tubular metallic density within it. She was planned for exploratory laparotomy under spinal anesthesia with suspected diagnosis of mesenteric cyst. Abdomen was open with mid midline incision. The mass was intraperitoneal, Cystic mass suspended from anterior abdominal wall and surrounded by mesentry is removed. Abdomen was closed with all precautions and counts of mops and instruments.



Intra operative photos

C/S: cystic mass shows 1ltr of thick yellow pus with a mop adherent anteriory to cyst wall.



Post operative period was uneventful and the patient recovered well. After 8 days patient was discharged and advised to follow-up

II. Conclusion

Form Wikipedia, the free encyclopedia:-

Incidence is one in 3000-5000 abdominal operations the incidence of retained foreign body is 0.01% to 0.001% of which gossypiboma is make upto 80% of cases.

Gossypiboma is a term used for a retained surgical sponge and derived form gossypium (latin cotton) and "boma" (Swahili place of concealment). Two unusual responses lead to the detection of a retained sponge. The first type is an exudative inflammatory reaction with the formation of an abscess and usually leads to early detection and surgical removal. The second type is aseptic with a fibrotic reaction to the cotton material and development of a mass.

A Gossypiboma may be associated with a bowel perforation which can be diagnosed preoperatively by a CT scan. an attempt to find associated complications of gossypiboma should be made to avoid missing them.

Present case is an important pearl that one must be aware of the risk factors that could lead to a gossypiboma and take measures to prevent it. Gossypibomas are uncommon, mostly asymptomatic, and hard to diagnose. Particularly, chronic cases do not show specific clinical and radiological signs for differential diagnosis. It should be included in the differential diagnosis of soft-tissue masses detected in patients with a history of a prior operation

Prevention

Guidelines have been promulgated by the American College of Surgeons (ACS), the Association of Perioperative Registered Nurses (AORN), and oversight and regulatory agencies such as The Joint Commission for the prevention of RSI. The National Center for Patient Safety and the Department of Veterans Affairs have also developed a comprehensive, multi-stakeholder policy that addresses most concerns and outlines good practices for RSI prevention. It is up to each hospital, operating room, or surgery center to develop local policies, procedures, and specific processes of care. Current practices in place in most institutions include surgical counts of sponges, instruments, and needles and variably incorporate the use of intraoperative radiologic evaluation when a discrepancy is found.[27]

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