

**A FORGOTTEN SPONGE WITH UNFORGETTABLE CONSEQUENCES: A CASE OF GOSSYPIBOMA WITH ENTEROUTERINE FISTULA**

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(ABSTRACT) Gossypiboma refers to a retained surgical sponge left inadvertently within the body after a surgical procedure. Although rare, it is associated with significant morbidity and medicolegal implications. The abdomen is the most common site, followed by the thoracic cavity. Clinical presentation may be delayed and nonspecific, often mimicking abscesses or neoplasms. We present a rare case of intra-abdominal gossypiboma with enterouterine fistula formation in a young female following lower segment cesarean section, emphasizing the role of imaging in diagnosis.

KEYWORDS : Gossypiboma, Retained surgical sponge, Enterouterine fistula, CT imaging, Case report

INTRODUCTION

Gossypiboma, also known as textiloma, is a preventable postoperative complication resulting from retention of surgical materials. The incidence is underreported due to medicolegal concerns. Imaging plays a crucial role in diagnosis, particularly when the clinical presentation is delayed or atypical. Complications include abscess formation, fistulae, bowel obstruction, and sepsis.

CASE PRESENTATION

A 25-year-old female presented to our tertiary care center with complaints of fecal discharge per vaginum for 15 days. She had a history of lower segment cesarean section performed 16 months prior. There was no history of recent surgery or trauma.

Imaging Findings

Ultrasonography: A well-defined lesion with posterior acoustic shadowing was noted in the right iliac fossa, in close relation to the terminal ileum, ileocecal junction, and anterior wall of the lower uterine segment. Surrounding inflammatory changes were present. Fluid collection with internal echogenic foci suggestive of air was seen in the endometrial cavity, raising suspicion of a uteroenteric fistula.

Plain CT Abdomen: A thick-walled peritoneal collection with internal gas foci and linear hyperdense material was noted in the right iliac fossa.

CT with Oral Contrast: Oral contrast was seen entering the collection through adjacent small bowel loops, with extension into the endometrial and endocervical canal via the anterior uterine wall, confirming the presence of an enterouterine fistula.

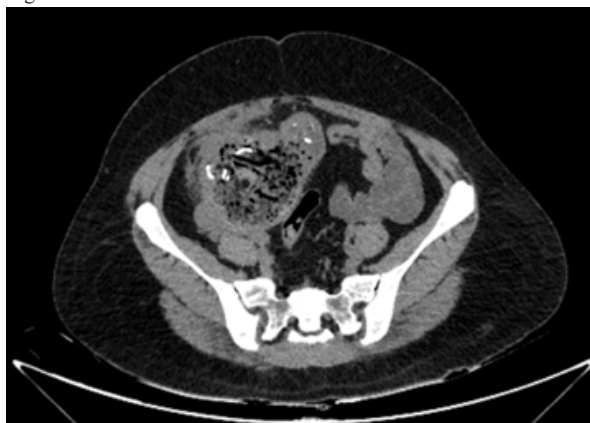
Figures

Figure 1. Plain CT abdomen: Thick-walled collection with internal gas foci and hyperdense linear structures suggestive of retained surgical sponge.

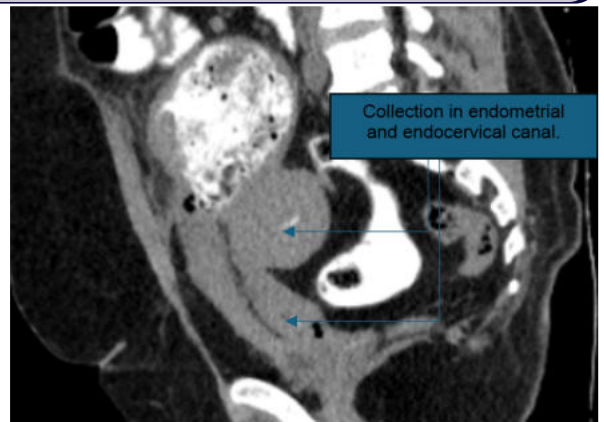


Figure 2. CT with oral contrast: Contrast opacification of the collection with extension into the uterine cavity confirming enterouterine fistula.

DISCUSSION

Retained surgical sponges can elicit either an exudative inflammatory reaction leading to abscess formation or a fibrotic reaction resulting in mass formation. Migration into adjacent viscera may occur over time, leading to fistula formation. Imaging features on CT include a well-defined mass with spongiform appearance, gas bubbles, and hyperdense stripes corresponding to gauze fibers. Early recognition is essential to reduce morbidity and prevent medicolegal consequences.

CONCLUSION

Gossypiboma should be considered in the differential diagnosis of postoperative abdominal masses, particularly in patients with a prior surgical history. CT imaging plays a pivotal role in accurate diagnosis and identification of complications such as fistula formation.

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