



CASE REPORT ON GOSSYPBOMA

Radiology

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KEYWORDS

INTRODUCTION

We reported a case of Gossypiboma in a post cesarean section woman. Gossypiboma is used to describe mass of cotton matrix which is left behind in peritoneal cavity during abdominal surgeries. It is an uncommon surgical complication. Such foreign bodies can mimic tumors or abscess clinically or radiologically.

DISCUSSION

Gossypiboma is a term used to denote a mass of cotton material, usually, gauze, sponges and towels, inadvertently left in the body cavity at the end of a surgical operation. Presenting here, the case of a 27 year old female who was operated for cesarean section before 2 months and presented with a small sinus at the lateral end of her scar. Retained foreign body was detected radiologically and confirmed after laparotomy. Such retained foreign body should be considered as a differential diagnosis in any patient presenting with pain in abdomen, infection over suture line or palpable mass.

Pathology

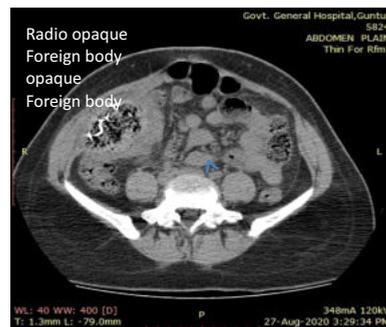
A retained object elicits a foreign body reaction. The pattern of response of every individual biological system to the retained foreign body is variable. [4] Two pathological patterns have been described. An acute septic form wherein a localized abscess is formed around the retained foreign body giving rise to clinical features of septicemia. Patient with this type of pathology presents early during the course of natural history of disease. The second pathological pattern is that of aseptic fibrous tissue reaction totally engulfing the foreign body giving rise to pseudo tumor. Patient with the second type of pathological form usually present with obstructive symptoms resembling a tumorous condition. This type of presentation may take a long time to manifest clinically. Irrespective of the pattern of the pathological process a multitude of sequel usually follow which include sepsis, intestinal obstruction, intra luminal transmigration, fistulization, perforation, and in a few cases even death. [4, 5] The mortality in such cases may range from 15-20%. [4] Obscure presentation of transmigration in to the lumen of gut followed by per rectal passage of foreign body has also been described. [6] Clinical features: The patient may present in two forms. [1] An acute form during which patient may present during first few days to weeks after surgery. Persistent pain, fever, tachycardia, wound complications and ileus may be the presenting features in such cases. In a chronic presentation patient will present with abdominal pain, lump and in advanced cases features of acute intestinal obstruction. This may take a variable period to manifest ranging from months to years.

Imaging findings



ULTRASOUND DEMONSTRATING ECHOGENIC MASS

WITH POSTERIOR ACOUSTIC SHADOWING IN RIGHT ILIAC FOSSA REGION



PLAIN CT AXIAL SECTIONS SHOWING COLLECTION IN THE RIF REGION WITH AIR FOCI AND A CURVILENIAR METALLIC DENSITY STRUCTURE



SCOUT IMAGE SHOWING FOREIGN BODY IN RIF REGION



VR IMAGE SHOWING FOREIGN BODY IN RIF REGION



PACK EXTRACTED DURING LAPAROTOMY

REFERENCES

1. Kaisar CW, Friedman S, Spurling KP, Slowick T, Kaiser HA. The Retained surgical sponge. *Ann Surg* 1996; 224(1):79-84. |
2. Irabor DO. Under-reporting of Gossypiboma in a third world country. A sociocultural view. *Niger J Med* 2013 Oct-Dec; 22(4):365-7. |
3. Gawande AA, Studdert DM, Orav EJ, Brennan TA, Zinner MJ. Risk factors for retained instruments and sponges after surgery. *N Engl J Med* 2003 Jan; 348(3):229-35. |
4. Hyslop J, Manll K. Natural history of retained sponges. *South Med J* 1982 Jun; 75(6):657-60. |
5. Vagholkar KR. Small intestinal Fistula. *Bombay Hospital J* 2001; 43(4):590-94.