INTRODUCTION

Term of gossypiboma (textiloma, cottonoid, gauzoma, and muslinoma) is used to describe a retained surgical pad or gauze in the body after an operation. Retained postoperative foreign bodies, of which sponges are the most common, is a preventable condition and almost always iatrogenic.\(^1,2\) Gossypiboma may present acutely or subacutely and some times it may be symptom free.\(^{1,3}\) Laparoscopic removal of retained surgical pad, gauze, and instruments has already been reported.\(^{3-7}\) Herein, we present a case of abdominal gossypiboma 4 years after hysterectomy. We used laparoscopy as the therapeutic tool.

CASE REPORT

A 53-year-old woman presented with acute right renal colic. After medication and pain relief, she was sent for radiologic examination. A 10-mm stone in the right distal ureter and a forgotten surgical gauze in the left side of the pelvis were seen on kidneys, ureters, bladder x-ray (Figure 1). The ureteral stone was confirmed by intravenous pyelography. She had undergone abdominal hysterectomy 4 years earlier and had vague abdominal discomfort and anorexia after the operation.

On abdominal examination, there was a hypogastetric vague tenderness and firmness. Laboratory findings were within normal limits. Computed tomography scan revealed a foreign body measured 5 × 3.5 cm with heterogeneous internal structure in the left iliac fossa that had been surrounded by the small intestine and the colon (Figure 2). Transurethral

Figure 1. Kidneys, ureters, bladder x-ray shows right distal ureteral stone and retained gauze in the left side of the pelvis.

Figure 2. Computed tomography scan reveals a mass measuring 5 × 3.5 cm.
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They found surgical sponge in 69% of subjects and instruments such as clamp, retractor, and electrode in 31%. Gossypiboma is most frequently diagnosed in the intra-abdominal cavity; however, it can also be seen in the vagina, the spinal canal, the face, the brain, the paraspinal muscles, the thorax, the legs, and the shoulders. Rodrigues and associates reported a case with a 33 cm × 5 cm ribbon malleable retractor retained intra-abdominally for 14 years. We had also a case of retained malleable retractor inside the abdomen for 45 days (unpublished personal experience).

Gawande and associates reported that the incidence of gossypiboma and retained instruments varied from 1/8801 to 1/18 760 of inpatient operations at general hospitals. It has been estimated that more than 1500 cases of retained foreign bodies occur annually in the USA. Several risk factors have been reported for leaving sponge and instruments, including an emergency operation, an unexpected change in procedure, long duration operations, hurried sponge counts, inexperienced staff, inadequate number of staff, change in operating room staff, patients’ unstable condition, and obesity of patients.

Clinical symptoms of gossypiboma may vary from mild discomfort, pain, and malabsorption syndrome to severe pain, fever, and bowel obstruction and can present years after the initial surgery. About one third of patients with gossypiboma remain asymptomatic and are either detected by radiologic investigations such as computed tomography scan or intraoperatively after the initial operations are long forgotten. If the patient is asymptomatic and retained surgical sponge is diagnosed accidentally, it is recommended to be removed surgically or endoscopically.

Laparoscopy was found to provide a quicker diagnosis. The added advantage of providing a simultaneous therapeutic benefit further supports laparoscopic intervention. There have been many reports on laparoscopic removal of foreign or migrated bodies. Rodrigues and colleagues reported laparoscopic removal of a retained large malleable retractor 14 years after initial procedure. Sharifiaghdas and coworkers studied 61 patients with retained foreign bodies.

Figure 3. Radiologic green marker is seen through peritoneal layer.
reported a case of migrated intrauterine device into the peritoneal cavity that was removed laparoscopically. Singh and colleagues reported a case of laparoscopic diagnosis and removal of sponge 14 days after the surgery, while Olivier and Devriendt reported laparoscopic removal of a gauze pad left in the abdomen for 22 years.

Our case presented with renal colic and her retained gauze was detected accidentally; however, she had mild abdominal discomfort and malabsorption. After radiologic investigation, we decided to remove the ureteral stone and forgotten gauze in a same session anesthesia. We did both surgeries endoscopically. Every effort should be made to prevent this medical misadventure. If we keep vigilance and good operating room staff, gossypiboma occurrence can be prevented. Recently, all operating rooms have been equipped with laparoscopic set and laparoscopic surgeries are done routinely. Therefore, laparoscopic surgery is an excellent method for rapid diagnosis and easily removal of the forgotten pads or instruments, and can be used in early or delayed diagnosed cases.

CONFLICT OF INTEREST
None declared.

REFERENCES