*ejpmr, 2022, 9(8), 635-636*

**SJIF Impact Factor 6.222**

**EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH**

www.ejpmr.com

Case Study

ISSN 2394-3211

EJPMR

# INTERESTING CASE OF GOSSYPIBOMA

**Dr. Saroj Thakur* and Dr. Malvika Shitak**

Department of Radiodiagnosis IGMC, Shimla.

***Corresponding Author: Dr. Saroj Thakur**

Department of Radiodiagnosis IGMC, Shimla.

**Article Received on 21/06/2022** **Article Revised on 11/07/2022** **Article Accepted on 01/08/2022**

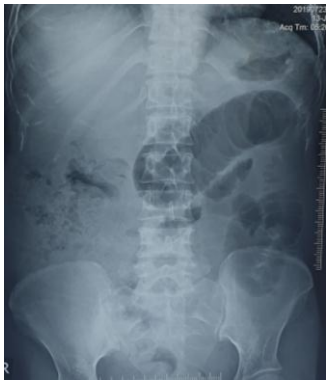
**KEYWORDS:** Retained foreign body (RFB); Gossypiboma; Intestinal obstruction.

## INTRODUCTION

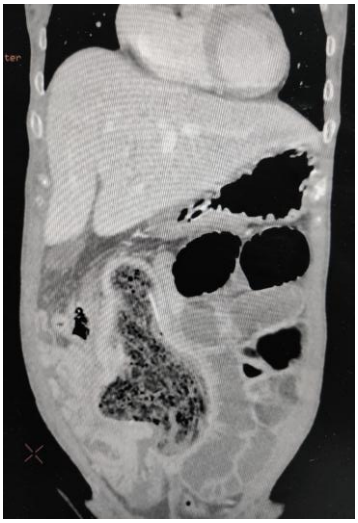
Gossypiboma is mass lesion due to retained surgical sponge surrounded by foreign body reaction. The term "gossypiboma" is derived from the Latin word gossypium, meaning cotton. It is an infrequent surgical complication and diagnosis is often delayed due to protean appearance. Retained foreign body should be suspected in any post-operative patient presenting with pain, infection or palpable abdominal mass. Initial response of body is an exudative inflammatory response with formation of abscess and later aseptic fibrotic reaction is seen surrounding the foreign body. Surgical sponge can be seen in omentum or intestine leading to obstruction or fistula formation.

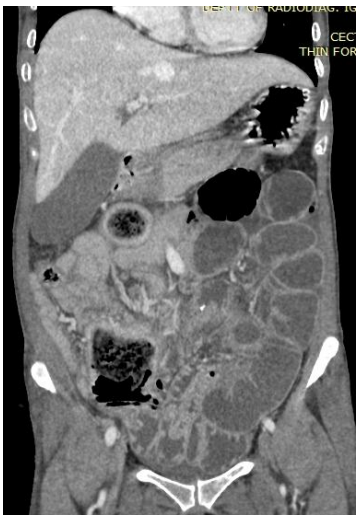
## CASE REPORT

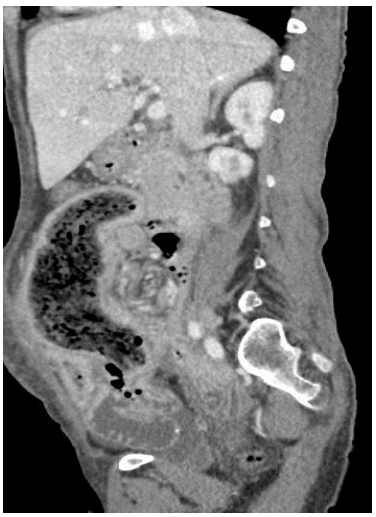
We report case of a 35 year old female patient with history of abdominal pain and vomiting. Patient had undergone hysterectomy 5 months back. On clinical examination, there was abdominal distension with reduced bowel sounds suggestive of intestinal obstruction.



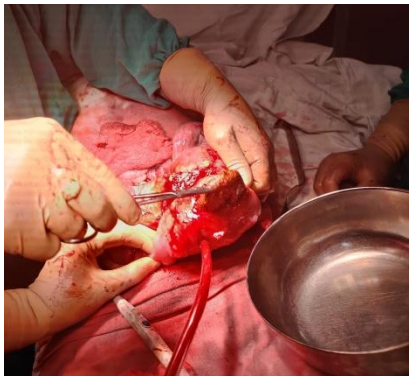
Xray abdomen showed distended bowel loops with mottled opacity in right lumbar region.

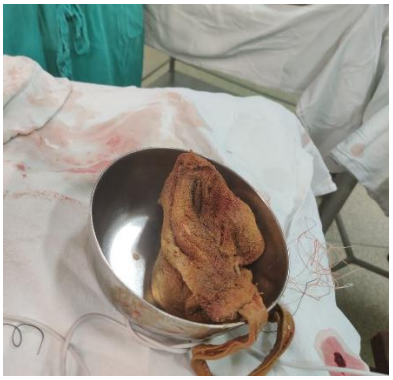






On contrast enhanced computed tomography (CECT) abdomen, dilated small gut loops with focal thickening of bowel wall were seen. Distal small bowel showed presence of an irregular intraluminal high density content giving mottled appearance suggestive of Gossypiboma. Patient was taken for exploratory laparotomy and non-absorbable cotton mix surgical material was retrieved.





## DISCUSSION

Postoperative intraperitoneal foreign body is an infrequent artificial complication of surgery. Pteint usually presents with abdominal pain and a palpable mass or less commonly with intestinal obstruction. The preferred diagnostic modality for retained foreign body is computed tomography (CT). The CT appearance RFB varies with time. In early post-operative period there is more inflammatory response with signs and symptoms of acute abdomen. Imaging shows gas entrapped by cotton fiber of surgical sponge giving mottled appearance. In late post-operative period, most of the gas is absorbed and may be accompanied by calcification.

In this case CT showed a heterogenous intraluminal high density mass with apparent air bubbles suggesting gossypiboma. It was retained in distal ileum with focal thickening of bowel wall and there was proximal dilatation of gut loops. Other features of RFB include whorl like appearance with cystic areas and infolded densities. Sometimes radio-opaque markers are tagged to surgical sponges and can be seen as high density material on CT.

A possible late complication of RFB is perforation of bowel wall with formation of fistula and adherence of bowel loops.

The usual treatment of RFB is surgical removal which can be done with endoscopic or laparoscopic approach.

## REFERENCE

1. Yoshida R, Yoshizako T, Sonoyama H, Ryoji H, Iwahashi T, Ishikawa N, Tajima Y, Kitagaki H. Gossypiboma penetrating into the small intestine similar to Meckel's diverticulum: a report and literature review. Radiology Case Reports, 2020 Jun 1; 15(6): 655-9.
2. Pole G, Thomas B. A pictorial review of the many faces of gossypiboma–observations in 6 cases. Polish Journal of Radiology, 2017 Aug 1; 82: 418-21.