

INTRA-ABDOMINAL GOSSYPIBOMA RETAINED FOR 30 YEARS, MIMICKING RETROPERITONEAL TUMOR: CASE REPORT

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ABSTRACT

The word gossypiboma derives from the Latin gossypium, meaning cotton, and the Swahili Boma, hiding place. The term refers to surgical items of textile matrix inadvertently left inside cavities after closure of the surgical wound. In the literature, its incidence is around 1% of abdominal surgeries, but it is believed that there is underreporting. It can cause nonspecific symptoms such as abdominal pain and abscess at the beginning of the condition, or progress to intestinal obstruction, fistulas and rectal extrusion if retained for a prolonged time. The present study aims to report the case of a patient with a history of total hysterectomy for 30 years, admitted with obstruction to the emergency room of a tertiary hospital, where exploratory laparotomy was indicated and hypothesized retroperitoneal

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tumor during the procedure was raised. After discussing the case in a clinical meeting, the hypothesis of gossypiboma was raised and a reapproach was chosen, which confirmed the finding of a foreign body in the abdominal cavity.

Keywords: Gossypiboma. Intestinal obstruction. Retroperitoneal tumor. Exploratory laparotomy.



INTRODUCTION

Gossypiboma corresponds to an inabsorbable material left inside the patient's body during the surgical procedure². The incidence is between 1/1,000 and 1/10,000 surgeries⁴ and 0.3 to 1% in abdominal surgeries¹, although studies point to underreporting. They are most commonly found in: abdomen (56%), pelvis (18%) and thorax (11%)³.

Although the symptoms are nonspecific, they may present abscess, abdominal pain, bleeding, and septic complications. If identified late, they may present: intestinal obstruction, fistulization, and extrusion through the rectum. Risk factors include emergency procedures, prolonged operative time, and incomplete surgical pad counts.³

OBJECTIVE

To report the rare case of a patient who remained asymptomatic for three decades with a gossypiboma in the abdominal cavity after total hysterectomy (HTN).

METHODOLOGY

The information contained in this study was obtained through a review of the medical records, interviews with the patient, registration of the reports of the diagnostic methods to which the patient was submitted, and a review of the literature.

RESULTS

A.C.S., female, 65 years old, with a report of weight loss, post-feeding vomiting and cessation of feces two weeks after admission. She was referred from an external service after a computed tomography of the abdomen, with an image suggestive of bezoar and distension of intestinal loops upstream.

In view of the case, exploratory laparotomy with loop ileostomy and mesenteric lymph node biopsy was chosen due to the suspicion of retroperitoneal tumor, which was suggested intraoperatively.

In the postoperative period, contrast-enhanced abdominal CT was performed for staging, which showed a heterogeneous lesion measuring approximately 10.6 x 8.4 cm, suggestive of gossypiboma. The case of the patient was discussed in a clinical meeting and surgical treatment was indicated for the removal of a foreign body, corroborated by the history of hypertension 30 years ago and lymph node biopsy with absence of epithelium in the sample. Therefore, enterectomy and removal of a foreign body were performed.

After 28 days, the patient underwent early intestinal transit reconstruction, without intercurrents.

Figure 1: Abdominal gossypiboma



Source: authorship

CONCLUSION

It is still difficult to diagnose gossypibomas accurately, a fact that implies a considerable increase in morbidity and costs. A surgical safety protocol, such as the WHO checklist,¹ adequate staff training, and institutional continuing education measures should be established in order to reduce gossypiboma occurrence rates. These strategies promote greater surgical safety, better patient care, and decreased morbidity and mortality.



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