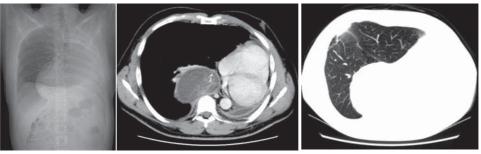
Radiological Diagnosis

Diagnosis of the case presented in the previous edition

J Bras Pneumol 2006;32(4):379

FOREIGN BODY (SURGICAL SPONGE) IN THE PLEURAL SPACE AFTER LEFT PNEUMONECTOMY



A 41-year-old male patient, with a history of a left pneumonectomy for the removal of a cystadenocarcinoma 3 years prior and surgery to remove metastases in the right lung 6 months prior. The patient reported back pain in the right dorsal region, with no other symptoms.

COMMENTS

A diagnosis of a foreign body found in the postoperative evaluation is always extremely complicated from an ethical, as well as medico-legal, point of view. In most cases, this is an accidental finding, since the postoperative evolution is normal, and the patient is asymptomatic. Therefore, the diagnostic suspicion must be raised by the radiologist.

When the foreign body is metallic, such as a surgical instrument, the radiological confirmation is unequivocable. In the case of surgical sponges (which are the most common), the imaging aspect can vary widely, especially when the sponges have no internal metallic markers. The image often mimics that of a tumor, and is therefore referred to as a gossypiboma or textiloma. In this scenario, the radiological suspicion should be clearly communicated to the physician in charge of the

case so that it can be further investigated and appropriate measures can be taken.

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