Gossypiboma

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A 50 year-old man presented to the emergency department due to abdominal pain. The patient had gastric cancer with regional lymph node involvement. He had had a gastrectomy eight months prior, with several courses of chemotherapy. His history was also significant for his mother’s gastric cancer. The patients complained of dull pain mainly in the left upper quadrant without radiation and no aggravating or relieving factors. The pain had been present since the surgery, with no significant increase or decrease. On the radiography, there was a radiopaque shadow of a probable foreign body under the left hemidiaphragm, mostly consistent with a surgical sponge (Figure 1). The patient underwent another operation for surgical sponge removal. He had no complication during follow-up, and later resumed chemotherapy.

Gossypiboma derives from the Latin word gossypium, meaning cotton, and the Swahili word boma, meaning place of concealment¹. It is also named textiloma, gauzoma, or muslinoma. Although the real incidence is not clear, the bare minimum is reported to be one in 5,500 operations². This condition is diagnosed from few weeks after surgery to several years later, mostly by labeling as a new onset tumor, or a recurrent tumor¹. It is discovered mainly by computed tomography (61%), followed by radiography (35%), and ultrasound (34%)³. There are several risk factors for gossypiboma, such as emergency operation, unexpected changes in surgical procedure, and patients with high body mass index (BMI)¹. While any physician must bear this diagnosis in mind, all efforts must be taken in order to decrease this misadventure.

REFERENCES


Figure 1 – Radiography showing radiopaque shadow of a probable foreign body under the left hemidiaphragm.