



Thoracic textiloma with atypical localization

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A 68-year-old man was admitted to the emergency ward presenting with cough and chest pain that had started 3 days earlier. The patient denied fever or other symptoms and had a history of cardiac surgery with myocardial revascularization 1 month before. Physical examination and laboratory findings were unremarkable. Chest computed tomography (CT) showed an elongated heterogeneous mass containing gas bubbles and metallic densities in the anterior, paramediastinal region of the left hemithorax (Figure 1), suggestive of a retained surgical sponge. Surgical exploration revealed a well-encapsulated surgical gauze sponge in the left hemithorax. The patient's

postoperative recovery was uneventful. After 2 years, he remains asymptomatic.

Textiloma (also known as gossypiboma) is the term used to describe a mass in the body composed of a sponge or other retained surgical material surrounded by foreign-body reaction. It is a rare complication following thoracic surgery. CT is the most effective imaging method for the detection of a retained intrathoracic textiloma. Although some cases are clinically silent and discovered only upon routine radiological examination, textilomas can have severe medical consequences, including infection and abscess formation. Surgical treatment is indicated in almost all cases.^(1,2)

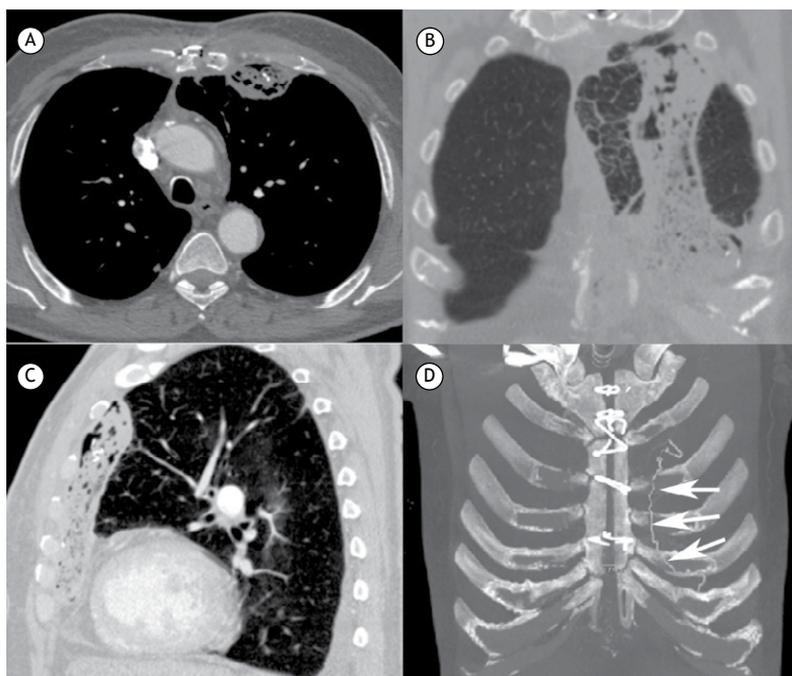


Figure 1. Axial (A) contrast-enhanced chest computed tomography image showing a heterogeneous oval mass containing gas bubbles and metallic densities in the anterior region of the left hemithorax, suggesting extrapulmonary origin. Coronal (B) and sagittal (C) reformatted images demonstrating that the mass was elongated, projecting into the anterior portion of the left hemithorax, in the paramediastinal topography, and in close contact with the pleural surface. Note the interlobular septal thickening in the pulmonary parenchyma between the mass and the mediastinum. Coronal reformatted image with maximum intensity projection (D) showing a dense and irregular linear object in the left hemithorax, compatible with radiopaque filaments (arrows). Note also the signs of sternotomy.

REFERENCES

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