Gossypiboma: a hidden passenger

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DESCRIPTION

We present a case of an 85-year-old man admitted with an ischaemic stroke with an incidental finding of an abdominal mass on clinical examination. CT of the abdomen revealed asymptomatic carriage of a retained surgical swab in his left lower abdomen, most likely due to an open surgical abdominal aortic aneurysm repair 8 years previously.

The barium marker embedded in cloth gives a hyperdense (metallic) coiled appearance, seen here with CT imaging (figures 1 and 2). This forms the core of a heterogeneous mass surrounded by a capsule, generating a radiological diagnosis of gossypiboma. The etymological basis for gossypiboma is debateable, but is likely the conjunction of 'gossypium' (Latin for 'cotton') and either the suffix 'oma' (Latin meaning 'mass') with a 'b' to separate the vowels, or 'boma' (in Swahili, 'place of concealment').

While this patient was asymptomatic, retention of such concealed foreign bodies involves potential risks to the patient in the long term. Complications include infection and abscess formation, in some cases even presenting decades after surgery.² Other risks include adhesion formation with consequent obstruction, as well as fistula formation and migration. Furthermore, the diagnostic uncertainty posed by fragmented or degenerated materials that produce less characteristic imaging can also encourage diagnostic delay and misdiagnosis as abscesses,3 or neoplastic lesions. Given the potential for such complications, surgical removal of such materials should be strongly considered; however, in this case, this was not appropriate, given the poor physical condition of the patient at the time of writing.

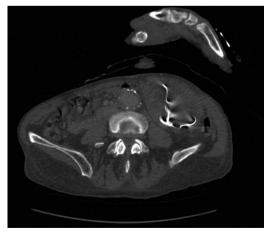


Figure 1 Left abdominal para-aortic heterogeneous mass with hyperdense core (barium impregnated threads) in axial bone and soft tissue windows.



Figure 2 Left abdominal para-aortic heterogeneous mass with hyperdense core (barium impregnated threads) in axial bone and soft tissue windows.

Learning points

- Surgical material counts are an essential error minimisation technique, but are not infallible.
- Retention of surgical materials may not manifest symptoms initially, and complications may present after a great delay.
- ➤ Suspicion of retention of surgical materials warrants the use of plain radiographs to detect intact radio-opaque materials in the first instance.

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Competing interests None declared.

Patient consent Obtained.

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