

CLINICAL IMAGE

Gossypiboma

Utpal De¹, Manas Dutta² & Prasenjit Chattopadhyay²

¹Department of Surgery, B S Medical College Hospital, Bankura, West Bengal, India

²Department of Surgery, Medical College Hospital, Kolkata, West Bengal, India

Correspondence

Utpal De, L-4/9, PH-3, Dankuni Housing Complex, Hooghly, West Bengal 712311, India. Tel: 091-9434156664; Fax: 033-26592094; E-mail: utpalde@vsnl.net

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Surgical Quiz

Identify the postoperative specimen of the mass removed from distal ileum?

- (A) Bezoar
- (B) Conglomerated roundworm
- (C) Gossypiboma
- (D) Inspissated ileal contents



Figure 1. Computerized tomography of abdomen showing the typical spongiform and whorled appearance of gossypiboma.

Key Clinical Message

Gossypiboma is a dreadful complication and nightmare for a surgeon. It might cost the patient his life and the surgeon his reputation. It is a preventable condition and additional safeguard measures should be sought and implemented to prevent against human error.

Keywords

Foreign body, gossypiboma.

Ans:

(A) Gossypiboma

A 28-year-old female patient presented with abdominal lump, intermittent severe cramping abdominal pain since 6 months. She had undergone cesarean section 2 years ago. On abdominal examination three discrete, non-tender, intra-abdominal lumps situated around the umbilicus were noted. Computerized tomography of



Figure 2. Removed gossypiboma along with resected part of ileum.



Figure 3. Gossypiboma unfolded.

abdomen revealed a spongiform mass with hyperdense capsule in concentric layers (Fig. 1). At laparotomy, a full-length abdominal mop (Fig. 2) was delivered, located in a blind loop of terminal ileum (Fig. 3) & (Fig 4). Post-operative recovery was uneventful.

Gossypiboma is left over intra-abdominal mops [1, 2]. Risk factors for development include emergency operation, unexpected change in operation, more than one surgical team involved, change in nursing staff during procedure, body mass index, volume of blood loss, female sex, and surgical counts [2]. Prevention is the best approach. Use of WHO surgical checklist during operations can lower the incidence of such unprecedented complications.

Conflict of Interest

None declared.



Figure 4. Intraoperative photograph.

References

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