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Case report-Olgu sunumu

Atypical abdominal pain and gossypiboma

Atipik karın ağrısı ve gossipiboma

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Abstract

The diagnosis of gossypiboma is difficult because of that its radiological finding are not spesific, be seen as rarely and do not come to mind although detailed anamnesis. With this case, we aimed to emhasize the importance of show regard to gossypiboma. In cases of atypical abdominal pain particularly in those with history of undergone operation, even after a long time from operation.

Keywords: Emergency, gossypiboma, abdominal pain, radiology, foreign body

Özet

Semptomların ve radyolojik bulguların spesifik olmaması, nadir gözlenmesi ve detaylı anamneze rağmen akla gelmemesi nedeniyle Gossipiboma'nın tanısı zordur. Biz bu vaka ile atipik karın ağrılarında özellikle geçirilmiş operasyon öyküsü olanlarda ameliyattan uzun süre geçse bile gossipibomanın akılda tutulmasını vurgulamak istedik.

Anahtar sözcükler: Acil, gossipiboma, karın ağrısı, radyoloji, yabancı cisim

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Introduction

The word meaning of gossypiboma is forgotten rope or cotton in recesses, and is used for foreign bodies which stay in operation area after surgical approaches. While gossypiboma occurs at the rate of 1/1500 after surgical processes, its diagnosis is difficult but highly important for complications [1]. Although radio-opaque metallic pointers are used, these foreign bodies are difficult distinguished. In this article, we represented a case with gossypiboma, which was developed after open prostatectomy, left inguinal hernia repair and right orchiectomy, and its radiological findings.

Case report

A 71 years old male patient, who had undergone appendectomy 15 years ago and open prostatectomy (BPH), left inguinal hernia repair and right orchiectomy in 2006, was referred to our emergency department with complaints of pain on crotch and nausea two week ago approximately. On the physical examination, while abdominal convexity is normal, there is susceptibility to palpation on bilateral lower quadrant and suprapubic area. There was leucocytosis (15.900) on the laboratory investigation. On the abdominal radiography, linear opacity (metallic foreign body), superpose with vesica, was observed. On the patient's abdominal ultrasonography, it was observed that internal echoes with diameter of 7cm, and fluid loculation (abscess and foreign body) which contain ringed

linear echogenic material, giving acoustic shadow in area of 5cm. On the contrast abdominal tomography, a heterogeneous smooth limited lesion with dens content, shows an increase of density in its centrum (foreign body) and a peripheral contrast involvement, was observed suggesting might be consonant with abscess. The patient refused surgical treatment. After 2 months he re-admitted because of fever and was hospitalized due to sepsis and died after two days.

Discussion

The gossypiboma cases exhibit different manifestations depending on location and lately give symptom, and sometimes it may be keep silent for years. Gossypiboma is usually diagnosed due to investigation of nonspecific symptoms occurring on the early postoperative period. Diagnosis of gossypiboma is difficult because of its symptoms are not specific, be seen as rarely and complaints are arises at late term of surgical approach. The most common complications are intestinal obstruction, perforation, pseudotumour and granulomatous peritonitis [1, 2].

Two pathological responses are developed versus remainder foreign body in surgical area. They are exudative response leading to abscess formation and aseptic fibrinous response leading to foreign body granuloma. Diagnosis can be confirmed by radiography which shows heterogeneous intra or extra luminous well-circumscribed cystic mass often containing air or calcification. In presented case, surrounded by foreign body reaction, well-circumscribed cystic mass was detected as radiographic image.

Radiopaque pointer in sponge may help but is not to reliable. If foreign body is containing radio-opaque pointer, a helix- image may be seen on direct radiographies, but not likely to be seen if not containing**.** The ultrasonographic images of foreign bodies are identified that unechoic cystic images which frequently hiperechoic, containing internal echoes and at the their back, making dens acoustic shadows (Figure 1) [2-5].

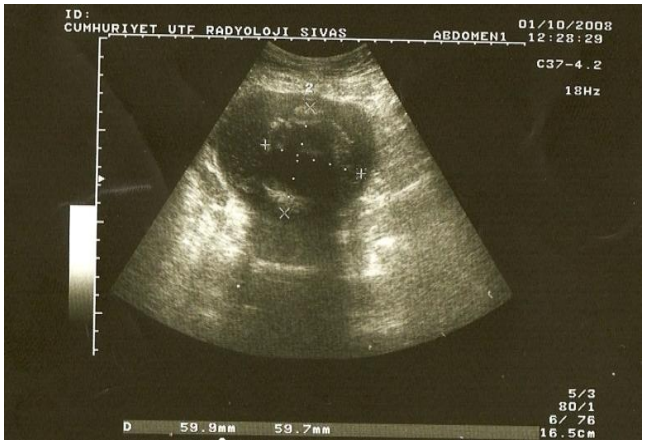

Figure 1. The ultrasonographic images of foreign bodies are identified that anechoic cystic images which frequently hiperechoic, containing internal echoes and at the their back, making dens acoustic shadows.

Presentation of gossypiboma on computed tomography, are seen as helical internal structure and well-circumscribed soft tissue density, encapsulated masses. Calcification is a rare finding and that may be in the center of the lesion or on the capsule (Figure 2a, 2b).

In conclusion, The recognition of the forgotten sponge in surgical patients reduces the risk of morbidity and mortality. Therefore emergency physicians should keep in mind the diagnosis of gossypiboma for each patient with history of pain and nausea in postoperative period which is unexplained or a history of previous surgery with abdominal mass in the differential diagnosis. Computed tomography and abdominal ultrasonography in the detection and differential diagnosis of gossypiboma should be

noted that a valuable imaging method.

We would like to highlight with this case diagnostic images of gossypiboma a rarely seen.

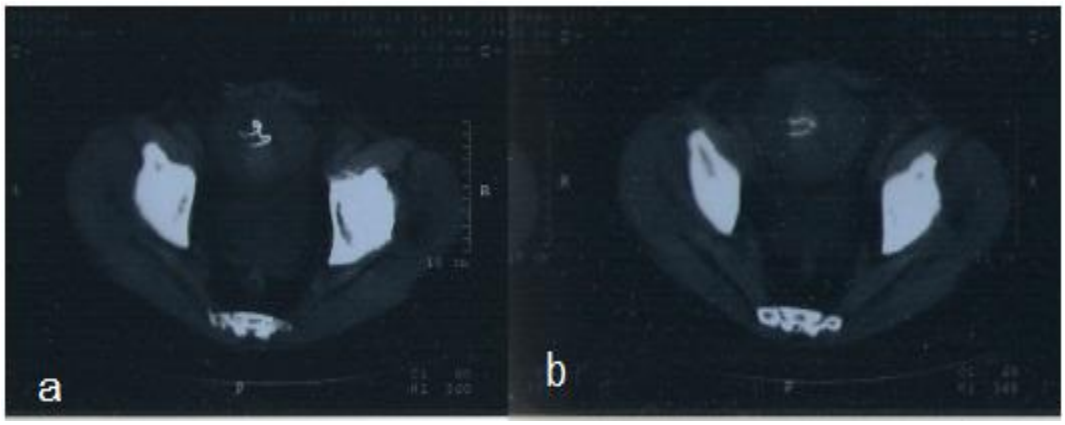

Figure 2a and b. Axial abdominal computed tomography shows gossypiboma.

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