CASE REPORT

Spontaneous Intraluminal Migration of Gossypiboma

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ABSTRACT

Retained surgical mops following surgery is an avoidable but serious complication. They are seldom reported because of medicolegal implications but clinicians need to be aware about varied presentations of this entity to avoid unnecessary morbidity. We report a case of a 28-year-old woman who presented with chronic diarrhea and lower abdominal pain due to intraluminal migration of the surgical mop into the sigmoid colon 6 months after myomectomy of the uterus. The possibility of gossypiboma was suggested by the contrast-enhanced CT scan of the abdomen. Flexible sigmoidoscopy showed the remnants of the mop inside the lumen of the sigmoid colon. She underwent laparotomy and removal of the surgical mop and became completely asymptomatic. Though gossypiboma is rare clinicians should keep it in mind in patients who had undergone laparotomy previously. (J Dig Endosc 2011;2(1):22-24)

Key Words: Gossypiboma – Surgical mop – Sigmoidoscopy – Abdominal mass – Chronic diarrhea

Introduction

The term “gossypiboma” denotes a mass of cotton that is retained inside the body following surgery. It is a serious but avoidable complication of surgery.[1] Its real incidence remains unknown because reporting of this entity is often suppressed due to fear of coverage by print as well as electronic media, medicolegal implications and adversely affecting the reputation of the surgeon. It has varied clinical presentations and often causes confusion in the diagnosis. We report a 28-year-old woman who presented with chronic diarrhea and the mop was seen extruding into the lumen of the sigmoid colon. Intraluminal migration of the surgical mop is a very unusual sequelae.[2]

Case report

A 28-year-old lady presented with history of low back ache and loose stools of 4 months duration. Low back ache progressively increased. Stools were loose, of small volume with a frequency of 5–6 motions per day and was associated with blood and mucus. Diarrhea occurred during night as well. She also had low grade fever. No history of tenesmus, urinary symptoms or discharge per vaginum. Six months prior to the onset of symptoms she had undergone myomectomy of the uterus for menorrhagia. General examination showed mild pallor. Vitals were stable.

Abdomen showed fullness in the lower abdomen and a transverse scar in the hypogastrium. A mass was palpable in the hypogastrium extending to lower umbilical area and right iliac fossa measuring 10 X 8cm, globular in shape, with smooth surface and rounded edges, firm in consistency with restricted mobility, and mildly tender. Flanks were resonant and per rectal examination was normal. The tentative diagnoses included Crohn’s disease with intra abdominal abscess, cancer of the rectosigmoid region, tuberculosis with cocoon formation/cold abscess, retroperitoneal tumour and tubo ovarian mass.

Blood investigations showed a haemoglobin of 9.9g/dl, total leucocyte count of 13800/mm³ and an ESR of 98mm/hour. Stool routine showed pus cells and red blood cells. Renal and liver function tests were normal.

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Ultrasonography (Figure 1) of the abdomen revealed a complex mass with hyper and hypo echoic areas in the lower abdomen. Adnexa was normal. There were small fibroids in the uterus. Initial sigmoidoscopy showed a bulge in the wall of sigmoid colon with inflammatory changes (Figure 2). Contrast enhanced CT scan of the abdomen showed a complex mass with air pockets within it (Figure 3). Later when the sigmoidoscopy was repeated after the CT scan, the portion of the mop in the form of threads of the cotton was seen protruding into the lumen of the sigmoid colon. (Figure 4). Patient underwent laparotomy which revealed an inflammatory mass with a pack in situ which has eroding into the sigmoid colon. The surgical mop was removed and a segmental sigmoid resection and end to end anastomosis was done. Post procedure period was uneventful and patient remained asymptomatic.

**Discussion**

The word “Gossypiboma” is derived from the Latin words “gossypium” (cotton) and the “boma” (place of...
Intraluminal Migration of Gossypiboma

... suspected with the help of contrast enhanced CT scan of the abdomen and was confirmed preoperatively by sigmoidoscopy. Prevention is the best form of treatment for this entity in order to avoid unnecessary morbidity.

References


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