



# Textiloma: 28 years of foreign body mimicking pancreatic mass

## Case Report

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### Textiloma: 28 years of foreign body mimicking pancreatic mass. Case Report

*Problem of retained foreign bodies is still actual challenge at surgical practice at the present time. Retained surgical sponges (cotton or gauze pads), which can be mistakenly left behind during different surgical operations, represent a difficult diagnostic problem despite of using modern technologic procedures, such as US, CT, MRI and etc. These foreign materials may cause serious complications and may lead even to mortality. Here, we describe a case of textiloma in which the patient presented with abdominal discomfort, pain and fever after 28 years of partial gastrectomy operation. Imaging revealed an abscess-like a big size pancreatic mass in upper part of abdominal cavity. The differential diagnoses of this pathology and treatment options are discussed.*

KEY WORDS: Foreign body, Textiloma, Retained surgical swab

### Introduction

Textiloma, Gossypiboma or Cottonoid are non-medical terms, which are used to describe a retained surgical swabs left behind mistakenly in patient's body after an operations. According to statistical data among retained foreign bodies after intraabdominal surgery there are cotton swabs in 52% and different surgical instruments in 43% of all cases with mortality up to 40%<sup>4,6,11,14</sup>. In this report, we present a 67 - year-old male with retained surgical swab, who underwent laparotomy and partial gastrectomy 28 years previously for peptic ulcer disease.

### Case Report

A 67 year-old- male presented abdominal pain, discomfort, anorexia, weight loss and fever for the last 1 year

period. The pain was constant and localized at upper part of abdomen and the hectic fever was added also at last week. The patient had undergone partial gastrectomy 28 years prior to presentation. CT examination showed large heterogeneous mass with air components and fluid collection, which was associated with pancreas and adjacent to the transverse colon, spleen, stomach remnant and left diaphragm. Suppurated pancreatic pseudocyst (abscess formation) was diagnosed and percutaneous catheter drainage was performed at outpatient clinic (Fig. 1). One month later, patient was admitted to general surgery with almost the same symptoms and the control CT revealed mild regression, but solid appearance of the lesion. Explorative laparotomy was planned as radical method of treatment. At surgery, a solid mass lesion beyond GI tract organs with the diameter as measured by the CT was identified, which was in very thick and heavy adhesions with surrounding tissues and organs. The mass was resected completely "en bloc" and a foreign body composed of cotton surgical swab was found (Fig. 2, 3). The postoperative course was uneventful and patient was discharged from a hospital on fifth postoperative day.

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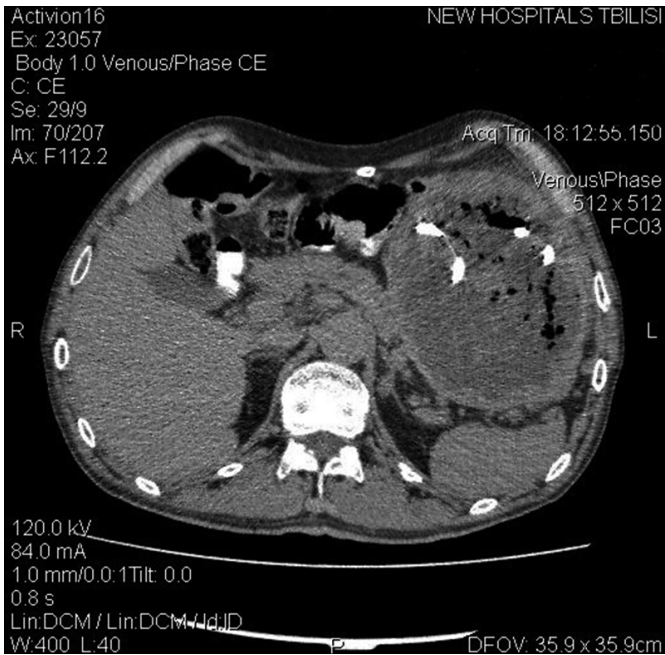


Fig. 1: CT image shows large mass lesion with fluid collection and air components with mimicks an abscess after the drainage procedure.

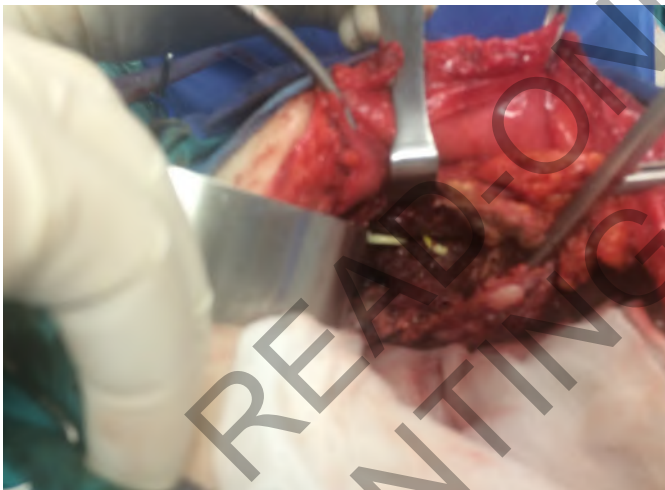


Fig. 2: Tumor mass with drainage catheters, preparing for excision.

## Discussion

Intraabdominal textilomas are rare, but they may cause serious complications and diagnostic problems after different surgical operations<sup>1-3,5,8-10,12,18</sup>. Despite of all considerations and precautions during the operations retained foreign materials are still one of the major problems of surgical treatment<sup>10,12,16,18</sup>. The real statistics and frequency of retained foreign bodies is hard to establish because of medicolegal problems and also contradictory reports of literature source data. Thus, the frequency of textilomas can vary from 1:100 to 1:3000 of all surgical



Fig. 3: Surgical specimen after the “en bloc” resection.

investigations and from 1:1,000 to 1:15,000 of all intraabdominal operations<sup>2,4,6</sup>. There is clear consensus in surgical community that the risk factors related with retained foreign materials are as follows: emergency surgical circumstances, unplanned procedural changes, frequent change of operating team members, miscounting surgical equipment and sponges, diversion of attention on pointless conversation, high body mass index and etc.,<sup>2,4,7</sup>. Such foreign bodies may be symptomatic in early postoperative period with cause of infection and abscess formation, or remain asymptomatic for many years and delayed presentation may be seen after a long period of time after initial surgery. Taylor et al., reported the longest period of time from initial surgery to presentation of symptoms of retained foreign body, which was 43 years after thoracotomy<sup>15</sup>. Our 28 year case is also a good illustration of the chronic form of the abdominal textiloma with acute phase of necrotic inflammation, thick adhesions and firm encapsulation of foreign body with the mimicking of pancreatic solid mass lesion.

## Conclusion

Retained surgical swabs are rare, asymptomatic for many years and difficult to diagnose. A presumptive diagnosis of intraabdominal textilomas should be investigated with accurate correlation of clinical presentation and US, CT and MRI findings. These foreign materials must be removed as soon as diagnosed and the surgery is the treatment of choice especially in cases with their deep localization. As prevention is the best treatment, all risk factors must be excluded and the operative field should be carefully examined by all members of surgical team. Textiloma should be always included in the list of differential diagnosis, especially in resistant intraabdominal abscess cases and in patients with a history of a previous operations.

## Riassunto

Il problema dei corpi estranei ritenuti è tutt'ora una vera sfida nella pratica chirurgica. Pezze laparotomiche di cotone o tamponi di garza possono essere erroneamente lasciati al termine di diverse procedure operatorie rappresentano un problema diagnostico difficile nonostante l'uso di moderne procedure tecnologiche, come US, TC, RM e così via. La ritenzione di questi materiali estranei può causare serie complicazioni e può portare anche il paziente ad decesso.

Qui, descriviamo un caso di textiloma che determinava disagio addominale nel paziente, dolore e febbre dopo 28 anni da un intervento cui era stato sottoposto per una resezione gastrica. L'indagine per imaging ha rivelato una massa pancreatica simile ad un ascesso nella parte superiore della cavità addominale. Vengono discusse le diagnosi differenziali di questa patologia e le opzioni di trattamento.

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