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Case report

Abdominal Textiloma: An Unusual Postoperative Complication in Post Traumatic Patient

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Textiloma, Abdomen, Surgical Complications, Trauma.

ABSTRACT

Textiloma is a mass that can be formed inside the body after surgical procedure. It is unusual and preventable surgical complication. A 60-year-old man presented to the emergency department as a case of acute abdomen. He had a previous history of surgery after RTA before 48 months in may (2018). His radiological investigations showed a radiological marker of a missed gauze between diaphragm and liver. A laparotomy was done. The missed gauze had been removed from liver which was most likely used as packing over liver surfaces during his previous operation. Textiloma was the diagnosis. The aim of our case report is to emphasize the importance of this condition and the challenges of the diagnosis as well as, how it can be prevented by counting of swab or radiological markers. Textiloma can be presented late after many years, so it should be kept in mind as a differential diagnosis of acute abdomen and peritonitis with previous history of surgery.

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INTRODUCTION

Textiloma or Gossypiboma is a textile foreign body that can be left post operatively [1]. It can increase the risk of morbidity and mortality after surgical procedures [2]. A different type of missed objects that has been left inside the abdomen have been documented [3].

Case report

A 60-year-old male was referred to our center as a case of acute abdomen for further evaluation. The patient had a past surgical history of urgent laparotomy in which splenectomy was done after a road traffic accident forty-eight months ago from his admission. Computed tomography (CT) abdomen revealed opacity evocating a cyst and the center of the lesion had heterogeneous densities created by a whirl like hypo- and hyperdense structure with radiological markers (Fig. 1). A laparotomy was done. A release of adhesion was performed in the right hypochondrial region. The gauze was identified and removed as well. A pocket of pus about two liters in amount which was formed a wall (6*7 cm) with gauze was found as well as diaphragmatic erosions with adhesions surrounded it (Fig. 2).

DISCUSSION

A missed foreign body inside the abdominal cavity reported in 1/5500 cases [4]. About 30 % of cases was after emergency operation [5].

Textiloma can be presented with two types of inflammation: acute inflammatory process resulting in pus formation and abscess or by chronic non-specific inflammatory reaction [6]. Textiloma can be asymptomatic for many years without detecting or may discovered accidently [6].

Textiloma are common in Trauma patients who are considered as a high risk and can occurs in 0.12% of them [7]. CT is a reliable modality which can detect about 61% [8]. Textiloma can be complicated by adhesions, abscess and fistula [8]. There are three different routes have been documented by which retained hepatic foreign body can reach the liver: penetrating, blood stream, ingested [9]. Perihepatic packing is useful way to control hemorrhage in RTA cases with blunt trauma [10]. Missed packing can be retained many years inside the body without showing any symptoms [10].

In our case, the diagnosis was established by radiological suspicions (X _ray, CT) and by intraoperative findings. The radiological markers were a helpful way in the diagnosis of it as well as the previous history of trauma and his previous surgical management.

CONCLUSION

Although a Textiloma is unusual iatrogenic complication postoperative, it should be kept in mind in all cases of acute abdomen especially in patients who had a history of emergency surgery and trauma even with long period

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of presentation. Preventive measures should be taken during the surgery. Textiloma can be prevented by gauze counting during surgery and by radiological markers.

Consent

Written informed consent for the case to be published (including images, case history and data) was obtained from the patient for publication of this case report.

Conflict of interests

There are no conflicts of interest regarding the publication of this paper

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REFERENCES

1. PatilK.K,Patil S.K ,Gorad K.P ,Panchal A.H , Arora S.S, Gautam R.P. Intraluminal migration of surgical sponge: Gossypiboma Saudi J Gastroenterol., 16 (2010), pp. 221-222.
2. BiswasR.S, GangulyS ,Saha M.L ,Saha S ,Mukherjee S , Ayaz A. Gossypiboma and surgeon current medicolegal aspect—a review .Indian J. Surg., 74 (2012), pp. 318-322.
3. Sonarkar R, Wilkinson R, Nazar Z, Gajendra G, Sonawane S. Textiloma presenting as a lump in abdomen; A case report. Int J Surg Case Rep. 2020 (Oct); 77: 206-209. PMCID: PMC 76531981.
4. Cima R.R., Kollengode A., Garnatz J., Storsveen A., Weisbrod C., Deschamps C. Incidence and characteristics of potential and actual retained foreign object events in surgical patients. J. Am. Coll. Surg. 2008;207(1):80–87.
5. Yagmur Y, Akbulut S, Gumus S. Post cholecystectomy gossypiboma mimicking a liver hydatid cyst: comprehensive literature review. Iran Red Crescent Med J. 2015 Apr 25;17(4):e22001. doi: 10.5812/ircmj.17(4)2015.22001.
6. Szymocha M, Pacan M, Anufrowicz M, Jurek T, Rorat M. Leaving a foreign object in the body of a patient during abdominal surgery: still a current problem. Pol PrzeglChir. 2019 May 15;91(6):35-40. doi: 10.5604/01.3001.0013.2024.
7. Teixeira P.G., Inaba K., Salim A., Brown C., Rhee P., Browder T. Retained foreign bodies after emergent trauma surgery: incidence after 2526 cavitary explorations. Am.Surg. 2007;73(10):1031–1034.
8. Wan W., Le T., Riskin L., Macario A. Improving safety in the operating room: a systematic literature review of retained surgical sponges. Curr. Opin. Anaesthesiol. 2009;22(2):207–214.
9. Gigola F, Grimaldi C, Bici K, Ghionzoli M, Spinelli C, Muiesan P, Morabito A. Epidemiology and Surgical Management of Foreign Bodies in the Liver in the
10. Xu J, Wang H, Song ZW, Shen MD, Shi SH, Zhang W, Zhang M, Zheng SS. Foreign body retained in liver long after gauze packing. World J Gastroenterol. 2013 Jun 7;19(21):3364-8. doi: 10.3748/wjg.v19.i21.3364.