Textiloma: an unusual pelvic cyst

Article
Introduction
Textiloma and gossypiboma are non-medical terms used to describe a mass of cotton matrix that is left behind in a body cavity during an operation. Such foreign bodies can often mimic tumors or abscesses clinically or radiologically. Although these masses and their associated complications may occur, they are rarely reported due to medico-legal implications. Their incidence is not known exactly because of under reporting of cases and they go unrecognized at times.

Case report
We present a case of retained surgical sponge removed 2 years after cesarean section/hysterotomy. A 30-year-old female presented 2 years after cesarean section with menorrhagia, pain in abdomen and abdominal distention. On examination she was in pain, her abdomen was distended (more towards right) (Fig.1).

Fig 1: Gross abdominal distention on the right
and bowel sounds were few and tinkling. X-Rays of the abdomen revealed distended, gas filled small intestinal loops. Ultrasonography revealed a complex cystic pelvic mass extending up to right upper abdomen. A laparotomy was planned. At laparotomy she had a large rounded cystic mass in abdomen on the right side pushing the gut loops to the left. Omentum was found adherent on it. The mass was dissected and removed (Fig. 2).

Fig 2: The mass peroperatively.
On removal it started exuding pus and threads of cotton became visible. Cyst was opened and it was found to contain a large abdominal sponge which had become encapsulated (Fig 3).
A thorough search was made for any other swabs, none were found. Patient made an uneventful recovery and was discharged on fifth post operative day.

Discussion

The term "gossypiboma" or "taxtiloma" denotes a cotton foreign body that is retained inside the patient during surgery. Cotton pads, towels and sponges are used to achieve hemostasis during surgical procedures. Although precautions are taken to avoid leaving such materials behind, mistakes do happen and the resultant foreign bodies can cause various clinical and radiological manifestations. In the early period after surgery, these forgotten materials can lead to infections and abscess formation. However, some remain clinically asymptomatic for many years, and then cause a foreign body reaction in the surrounding tissue, with new clinical signs indicating significant mass effect. There are two types of foreign body reactions: aseptic fibrous tissue reaction, which involves adhesion formation, encapsulation and granuloma formation, or the exudative-type tissue reaction, which leads to abscess formation. Cotton is not the only material that can lead to such problems. Literature contains reports of other hemostatic materials (such as gelfoam and Surgicel) causing foreign body reactions that could not be distinguished from recurrent tumors on MRI. Once gossypiboma is diagnosed, it should be removed.

Civil lawsuits brought against surgeons for surgical complications are becoming more frequent, and this is prompting surgical teams to be even more careful. Iatrogenic foreign bodies are avoidable complications that need careful observation during surgery. Diagnosis needs high index of suspicion in patients with previous surgery.

Prevention is the best treatment. It is possible to overlook cotton and gauze pads in the surgical field. Such materials should always have a tag that allows them to be easily located and removed, and all materials that are placed in the wound temporarily, must be counted many times with meticulous care. Once hemostasis is achieved, the operative site should be flushed with saline and carefully examined for foreign materials.

Reference