

Soft-tissue case 51. Diagnosis

Gossypiboma

Ultrasonography (Fig. 3) showed a well-defined curvilinear area (arrow) measuring approximately 3 cm, with shadowing from the anterior abdominal wall. On computed tomography (Fig. 4) the same lesion appeared well defined and hyperdense in the deeper aspect of the anterior abdominal wall, projecting into the peritoneal cavity (arrow). An incisional hernia was also noted in

the midline, with bowel loops and fat. At laparotomy a retained surgical swab was found encased in a fibrous “capsule” and adherent to the anterior abdominal wall. The swab was dissected free and removed. The incisional hernia was repaired at the same time. The patient made a smooth recovery.

The phenomenon of gossypiboma has been discussed in terms of a diagnostic dilemma with associated medicolegal implications.¹ Patients

usually present with an abdominal mass, subacute intestinal obstruction, fistulas, free perforation or even extrusion.²

References

1. Zbar AP, Agrawal A, Saeed IT, Utidjian MR. Gossypiboma revisited; a case report and review of the literature [review]. *J R Coll Surg Edinb* 1998;43:417-8.
2. Moyle H, Hines OJ, McFadden DW. Gossypiboma of the abdomen. *Arch Surg* 1996;131:566-8.

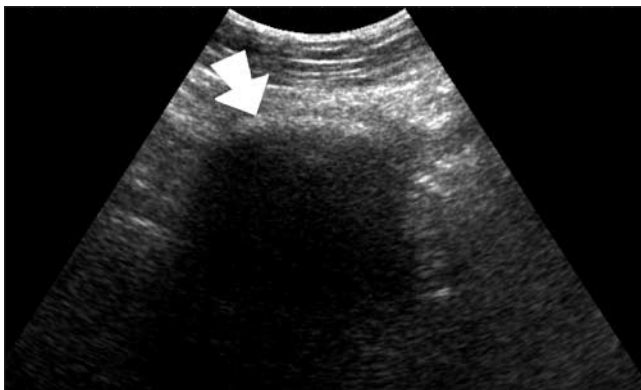


FIG. 3.

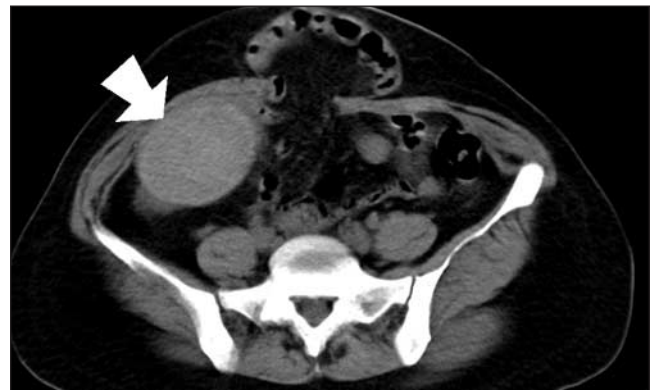


FIG. 4.