



Case Report

Rare case of gossypiboma as antiboma [Sterile chronic abscess] after twelve year of vaginal hysterectomy and laparoscopy approach

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ABSTRACT

Gossypiboma is used to describe a retained cotton matrix surgical material in the body after an operation. Retained intra-abdominal surgical sponge is an uncommon surgical error. Among retained foreign bodies a surgical or sponge constitutes the most frequently encountered object because of its common usage, small size and amorphous structure. We 1st time report a case of 46 yrs old female patient of Gossypiboma with chronic abscess [Antiboma] 12 yrs after vaginal hysterectomy best managed by laparoscopy approach.

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1. Introduction

Glossipiboma an iatrogenic but avoidable complication of surgery Gossypiboma is an uncommon condition^{1, 2}. This rarity may be actual, and may also reflect under-reporting due to fear of legal action^{3, 4}. IT lead to considerable morbidity and at times even mortality GOSSYPBOMA is a term used as mass of cotton material usually, gauze, sponges, towel in body cavity at end of surgical operation.^{1,2} The word gossypiboma word derived from 2 word gossy “meaning textile or cotton” and word boma means “place of concealment” The manifestation of gossypiboma may be non-specific and may take weeks, months or even years from the time of provoking surgery. Therefore, diagnosis may be delayed and may be attended by serious morbidity or even mortality.

2. Case Report

A 46 yrs old woman come with complain of, abdomen pain & distension, heaviness lower abdomen More on left side, indigestion, constipation. She underwent to vaginal

hysterectomy 12 year back [No record of previous surgery]. Abdomen soft, bowel sound, no tenderness present. On per vaginal examination boggy feeling at LT side of vault, vault healthy, no discharge.^{3,4}

2.1. Sonography finding

A 40.2X 50.7 MM SIZE cystic lesion with internal echoes and Echogenic focus acoustic shadowing seen in cul-de-sac [dermoid cyst]; The lesion likely arising from LT adenexa. Another 44.0x 38.0mm size ovary With large follicle likely RT ovary.

2.2. MRI Abdomen

LT ADNEXAL T1 hyper intense cystic lesion with some shedding on T2 W images with Thin peripheral hypo intense lining — likely to represent endometriotic cyst. No obvious solid component is seen.

2.3. Operative finding

ON laparoscopy finding were Sigmoid adherent to LT pelvic wall and vault which causing kinking. Rectum adherent to post wall of vagina. RT side tube and ovary adherent.

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Fig. 1:

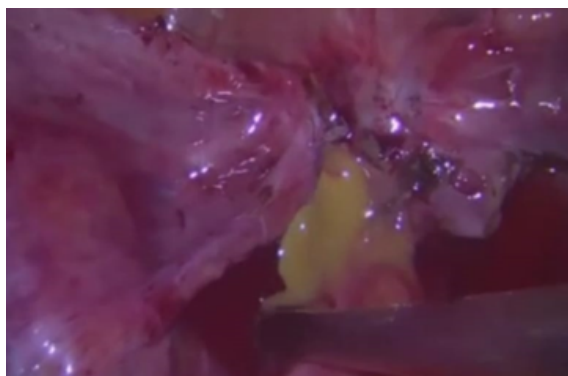


Fig. 2: Pus poring vault abscess



Fig. 3: Gauze from abscess cavity

Adhesion removed sigmoid and rectum was made free. LT ovary not found Traced by locating blood supply On dissection at LT vault region about 50 cc Pus drained and from pus cavity 3 gauze piece are removed. Pus send for culture. RT side saphingo ophrectomy. Guaze and rt side tube and ovary send for HPE. On Histological section show well-formed granuloma surrounded by rim of Lymphocytes; eosinophilic material and numerous foreign body gaint cell in keeping With foreign body associated chronic granulomatous inflammatory reaction Patient responde well to post-operative treatment.

3. Discussion

A surgical sponge is the most common type of retained foreign body because of its Common usage, small size and amorphous structure. It derived its name gossy pibom Latin GOSSYPIUM [COTTON] AND SWAHILI BOMA [PLACE OF CONCEALMENT]. The most common operation that lead to gossy piboma are Intra abdominal but also occur After cardiovascular, intra thoracic, neurological operation, vaginal, breast surgery.

Many condition favour the occurrence of glossypiboma are Technical competence, skills awareness of surgeon and the theater nursing staff are important. Emergency surgery Particularly lends itself to gossypiboma. When there is profuse hemorrhage during Emergency surgery, there is a tendency to use many sponges and pads. This increases the like hood of some being forgotten if surgeon and scrub nurse not vigilant. The following risk factor that have brecored as most significant favoring the occurrence of gossypiboma emergency operation, team fatigue, unplanned change in the operation and patient with high body mass.

A retained piece of cotton material evokes two different types of reaction 1. There is an exudative reaction Which lead to the formation of abscesses. 2 There is also fibroitic reaction which lead to adhesion and mass lesion' Fistulisation may occur between the mass and bowel lumen or other organ. Gossipiboma can be prevented surley by keeping these 11 points in mind -1. Preoperative proper assessment of case & mental preparation 2. Use of predictive anatomy knowledge 3. Habbit of keeping operative field clean 4. Keeping calm in Emergency situation like bleeding 5. Using long roller packing instead of small gauze 6. Use of gauze or sponge with radio opaque marker 7. If any doubt in the counting of mops C-arm or x-ray can be used 8. No hurry to close abdomen without confirmation 9. Never bother of operative time in such situation 10. Don't hesitate to call fellow doctor for help if needed 11. Surgical team specially nursing staff must be knowing the importance of Correct sponge count at the beginning and before closer of abdomen closed. Diagnosis can be done by; history of previous surgery; Xray [guaze has radio opaque strip]; Ct scan; Mri.

The best treatment for gossypiboma is surgical exploration. However surgical intervention may not always required. Spontaneous migration can occur; leading to expulsion of the foreign material through the anus during defecation; through cervix vagina. We conclude that Laparoscopy is best method for exploration with minimum morbidity.

4. Conclusions

GOSSYPBOMA is a preventable and occur most commonly after intra- abdominal surgery but can occur after many other types of surgery. Though both sexes are affected, women are at increased risk especially during obstetric and gynecological operation. It is with high morbidity and mortality as well as provide a good ground for medico- legal litigation.

5. Source of Funding

None.

6. Conflict of Interest

None.

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