

Textiloma (Gossypiboma) in the Gastric Lumen

Alegre-Salles VJ, Saba E, Dias-Soares P.

Unidad de Cirugía General, Hospital Regional Vale del Paraíba, Taubaté, Brazil.

Correspondence author: Dr. Valdemir José Alegre Salles. Rua José Bonani, 199. Taubaté, San Pablo, Brazil. CEP: 12031-260. Telephone: 55(12)3681 3888. Fax: 55(12)3631 6061. E mail: vjasia@gmail.com

A 48-year-old woman who had undergone cholecystectomy two years earlier, was referred to our service for intestinal obstruction. She complained of upper colic abdominal pain in the form of colic, vomiting and palpable epigastric mass. She also reported hyporexia and a 20-kg body weight loss associated with dyspepsia and episodes of hiccuping. Upper endoscopy showed surgical textiloma in the stomach (**Figure 1**). The textiloma in gastric lumen was pulled out through a gastrostomy (**Figure 2**). Textiloma (gossypiboma) is a rare tumor caused by gauze fibers retained in the body after a surgery. Retained surgical gauze fibers can cause visceral perforation, fistula formation, and it can migrate into the ileum, stomach or colon without any apparent opening in the wall of these luminal organs, causing complete or incomplete intestinal obstruction. Frequent signs of gossypiboma are abdominal distension, ileus, pain, palpable mass, weight loss and vomiting. Risk factors for sponge retention are emergency surgery, long operations, inexperienced staff, disorganization, hurried sponge counts and obesity. Surgical intervention is indicated, but therapeutic endoscopy has been described.

Figure 1.
Endoscopic image of gossypiboma in the stomach lumen.

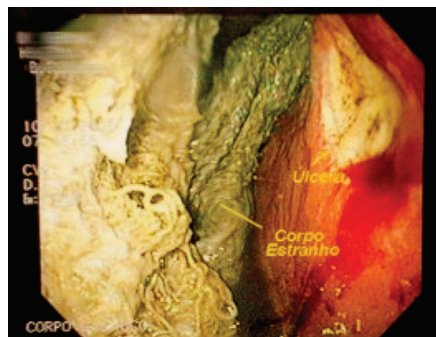


Figure 2.
Gastrostomy surgery.

