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IMAGE

Transmural migration of surgical sponge into stomach with outlet obstruction: Gossypiboma

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This 30-year-old lady presented with intermittent non-bilious vomiting, epigastric pain, and fever. Physical examination revealed a palpable epigastric mass. The patient had undergone open cholecystectomy a year prior to presentation. Clinical chemistry was within normal limits. Contrast-enhanced CT of the abdomen showed a heterogeneous mass in the duodenum with multiple air pockets (Fig. 1). Upper gastrointestinal endoscopy confirmed the diagnosis of a retained sponge within the stomach entering the pyloric antrum (Fig. 2). Surgical exploration revealed a 50 cm long sponge with one end embedded in the distal anterior stomach wall and the other obstructing the pyloric antrum and duodenum. There was localized pus formation near the distal part of the stomach with dense adhesions. The entry point of sponge into the stomach wall was completely closed. The sponge was retrieved by gastrotomy and distal gastrectomy with Billroth II anastomosis was performed. Gossypibomas result from intraabdominal retained surgical material with surrounding foreign body reaction [1]. Migration into the stomach, with obstructive symptoms, is a very rare complication [2].

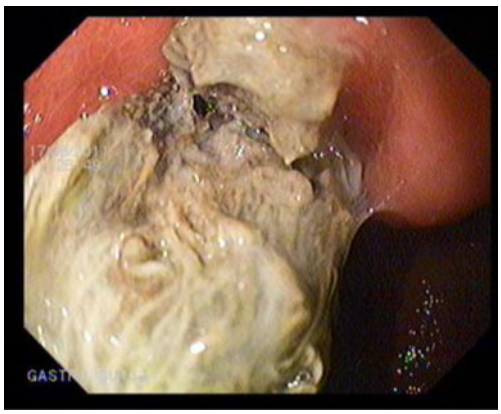

Fig. 1 Contrast-enhanced CT of the abdomen showed a heterogeneous mass in the duodenum with multiple air pockets

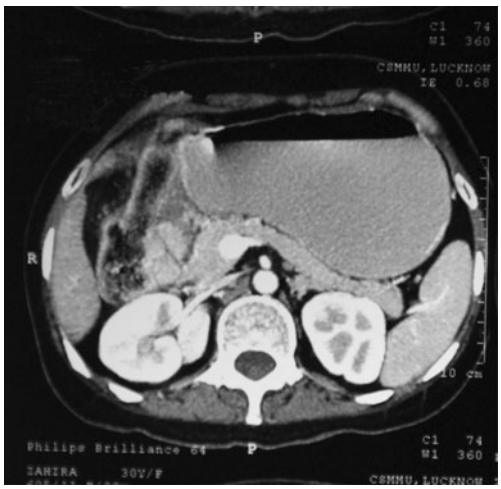

Fig. 2 Upper gastrointestinal endoscopy confirmed the diagnosis of a retained sponge within the stomach entering the pyloric antrum

References

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