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Abdominal Textiloma Mimicking a Tumor Discovered During Anatomopathological Examination: A Case Report

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Abstract **Case Report**

Textiloma refers to a rare postoperative complication that can occur when surgical sponges or instruments are accidentally left inside the patient's body. It is often asymptomatic and difficult to diagnose, particularly in chronic cases where there are no specific clinical or radiological signs for differential diagnosis. In such cases, diagnosis depends heavily on the patient's medical history. Abdominal X-rays are not particularly useful, but ultrasound is reliable. CT scans offer a precise topographical diagnosis but cannot always be accurate. Some teams have proposed using MRI. We report a case of intra-abdominal textiloma in a 35-year-old patient who had undergone surgery 9 years earlier for an ectopic pregnancy. A pelvic ultrasound revealed an ovarian cyst, and during the ensuing surgical exploration, a pseudo-tumoral abdominal mass adhering to the stomach was discovered. The mass was removed, and it was found to contain a small surgical sponge measuring 25x15cm. The purpose of this work is to highlight the diagnostic challenges of this pathology and the importance of exploratory laparotomy.

Keywords: Textiloma, Surgical sponge, Postoperative complication, CT scan, MRI.

INTRODUCTION

The textiloma, also called gossybipoma is a very rare but well-known postoperative complication. Gossybipoma is a term derived from gossypium, which means cotton in Latin, and boma, which means hiding place in Swahili. It is used to describe a foreign body composed of forgotten surgical sponges or towels at the surgical site [1, 2]. It is a rare complication of abdominal and pelvic surgery that is difficult to estimate [2].

PATIENT AND OBSERVATION

A 35-year-old female patient, who had previously undergone a median laparotomy for an ectopic pregnancy 9 years ago, was admitted for management of an ovarian cyst detected on pelvic ultrasound and MRI.

Surgical exploration revealed an abdominal pseudo-tumoral mass that adhered to the stomach and greater omentum. The procedure involved the extraction of the mass after a difficult adhesiolysis of the adhesions with the stomach and greater omentum.

Figure 1: Revealing the textiloma that was adherent to the transverse colon, the stomach and the great omentum.

Macroscopic examination of the mass revealed a cystic cavity of 7x6 cm containing medical compresses surrounded by a gelatinous substance. Histological sections showed a thickened fibrous pseudo-cystic wall, containing medical compress fibers and foci of calcification.

DISCUSSION

Textiloma is a rare complication occurring approximately one to three times in 10,000 surgical interventions [3]. Intra-abdominal and gynecological textilomas are the most frequently reported [3], [4]. The forgetting of surgical material remains a surgeon's nightmare during any surgery, and the evolution for the patient can be dramatic [5].

Pathophysiologically, textile fibers provoke an inflammatory reaction with exudation during the first 24 hours, followed by the formation of granulation tissue (8th day), and finally fibrosis organisation starting from the 13th day. In the absence of infection, this evolution explains the possibilities of encystment or even calcifications with sometimes long tolerance [3].

The discovery of abdominal textiloma is generally late [6]. It can be asymptomatic and discovered incidentally as in our observation. Therefore, the medical history is essential in the elaboration of the diagnosis. The clinical picture lacks specificity. It combines chronic transit disorders with repeated sub-occlusive syndromes.

Computed tomography or MRI represents the method of choice when it comes to preoperative diagnosis of textiloma. The characteristic image is a spongy aspect with the presence of small air bubbles [3, 4, 7].

In fact, abdominal textiloma can mimic a connective tissue tumor, and the small intestine is a frequent location of primary lymphoma forms. Textiloma can be mistaken for colonic adenocarcinoma [8]. The clinical context and deterioration of the general condition presented in the case of a tumor in a young patient help to correct the diagnosis, which did not exist in our case.

The introduction of checklists in operating rooms was associated with a significant and concomitant reduction in mortality rates and complications related to surgery. The surgical safety checklist as part of the "Safe Surgery Saves Lives" project is proposed by the World Health Organization [9]. These control tools must be instituted in all operating rooms to minimize the risks associated with human failure.

CONCLUSION

The textiloma is a serious iatrogenic complication due to its clinical consequences and medico-legal repercussions. Its discovery is usually late. Counting the compresses and surgical instruments by the surgeon at the beginning and end of the procedure is the only way to reduce the risk of this complication.

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