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Case Report

Abdominal Textiloma: Intraluminal Migration of Missed Gauze Post Cesarean Section

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Abstract

Textiloma is postsurgical complication that may lead to different type of medical challenges in the surgical operation field. It may happened with surgeon, gynecologist or obstetrician due to emergency situation and lack of professional preventive measurement protocols with medico-legal implications as a result of it.

We present a case of 41-year-old woman with history of abdominal discomfort and nausea due to intraluminal migration of abdominal textiloma 5 months post cesarean delivery without interference of the bowel function and feeding process.

Keywords: Textiloma; Abdomen; Cesarean Section

Introduction

Textiloma is a medical term used to describe a mass formed inside the body by missed material left unintentionally during surgical procedure [1]. The most common location to be left inside is the abdominal cavity. Furthermore, abdominal operation and emergency especially obstetric is the most common cause for this complication. A different type of missed objects has been documented left inside the abdomen with incidence rate about 0.08-0.18:1000 [2,3]. The time and type of presentation varies between cases from mild abdominal pain to more serious complication of peritonitis and acute abdomen according to the patho-physiological responses of the body [4]. Consequently, the differential diagnosis and the management will increase challenge between cases. However, late presentation has been associated with increased morbidity and mortality [4].

In this case report we present a rare clinical picture of surgical complication that occurs 5 months post cesarean delivery.

Case Report

A 41-year-old female was previously healthy admitted to the hospital complaining of abdominal discomfort for further evaluation. Her pain was dull and change with position shifting mainly in the center of the abdomen with history of nausea, bad taste and foul smell in mouth. This lady had a past history of cesarean Birth 5 months ago, otherwise her systemic review was unremarkable. on examination, the abdomen was soft with mild tenderness.

Her laboratory investigation was all with normal levels; hemoglobin level was 12 g/dl, white blood cell count was 8,000/mm^3, liver enzymes (AST and ALT) were 21, 19 U/L with serum electrolytes sodium was about 142 mmol/L and potassium was 4.16 mmol/L. Erect abdominal x - ray was done and showed a radiological markers in the center of the abdomen (Figure 1). Abdominal Ultrasound was done and showed mass with favoring a missed towel. Further evaluation images with computed tomography was not available in our hospital at that time, due to technical problems.

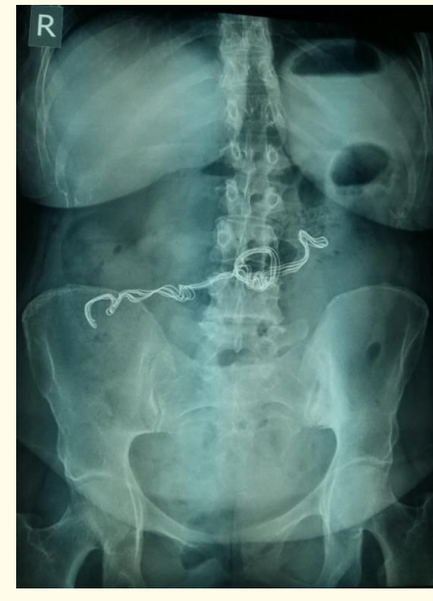
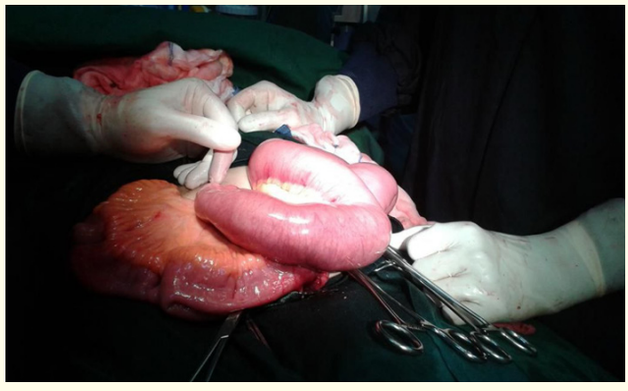
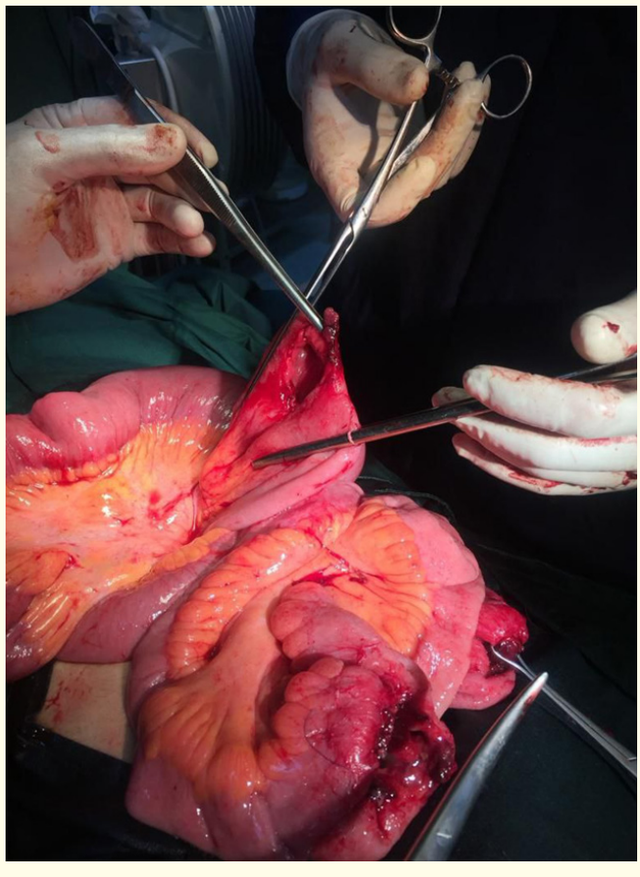


Figure 1: A Plain X-ray showing radiological marking of the missed gauze.

We decided to operate her and remove the missed gauze. Laparotomy was performed. It is supervising that the missed gauze was intraluminal with healthy intact bowel loops and only dilated jejunum and making enteric-enteric fistula between jejunum and ileum with multiple adhesions with sigmoid which had been removed with bowel repairing after releasing all the adhesions around and extraction of the missed gauze (Figure 2). One week later, she discharged well after received good resuscitation and nutritional support after her prolonged hidden clinical picture.





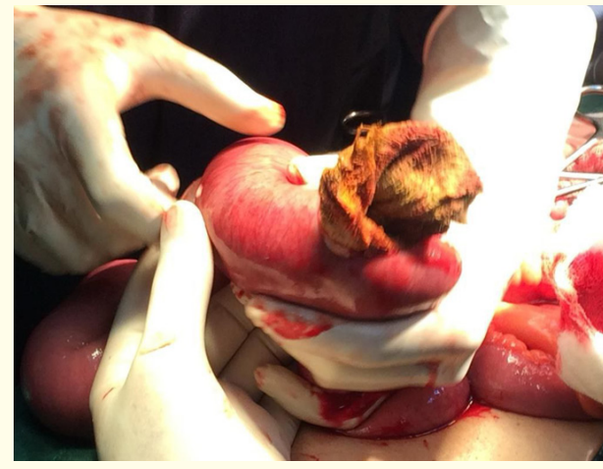


Figure 2: Intraoperatively, small bowel showing intraluminal textiloma, enterotomy performing and the missed gauze extracting with bowel repairing.

Discussion

A missed foreign body inside the intra-peritoneal cavity has been reported in 1/5500 cases [5]. About 30-26% of cases was after emergency operation which was the main risk factor, especially obstetric operations [6,7]. Textiloma can be presented early with acutely inflammatory process resulting in pus formation, abscess and peritonitis or late by chronic non-specific inflammatory reaction, fibrosis and fistula formation [8]. The clinical presentation varies between cases, it can be asymptomatic for many years without detecting or may present with complications like fistula and perforation of the bowel [8]. Textiloma occurs commonly in emergency operations which are considered as a high risk especially in obstetric field [9]. Computed tomography, ultrasound and erect abdominal X-ray are a reliable modality which can detect most of the cases [10]. Textiloma can be complicated by adhesions, abscess and fistula [10]. The patho-physiology by which retained foreign bodies can migrate and reach the bowel lumen due to inflammation and necrosis surrounding bowel wall associated with peristalsis movement [11,12]. Missed gauze can be retained many years inside the body without showing any symptoms [13]. In our case, the diagnosis was established by radiological suspicions (erect abdominal X _ray) which was the only available investigation and it was confirmed during the operation. In addition, the radiological markers were a helpful way in the diagnosis consequence with high clinical suspicious.

Conclusion

Textiloma is a rare iatrogenic postoperative complication, however it should be kept in mind in the differential diagnosis of ab-

dominal pain in patients who had operated before early or after many years. Textiloma has medico-legal implications which can be prevented by following protective measurements and surgical protocols such as gauze counting during surgery, radiological markers and professional training of surgical scrubs.

Consent

Written informed consent for the case to be published (including images, case history and data) was obtained from the patient for publication of this case report.

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