CASE REPORT

Asymptomatic Chronically Retained Gauze in the Pelvic Cavity

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Summary

Cases of retained surgical gauze are rarely reported because of medico-legal and professional implications. Retained gauze for a period of more than 10 years is even rarer. A case of retained surgical gauze for 11 years, an accidental finding from a plain radiograph of a patient who had sustained proximal femoral fracture, is reported. A review of other reported cases is presented.

Key Words: Chronically, Retained surgical gauze

Case report

A 72 year old patient was involved in a motor vehicle accident and sustained a fracture of the base of the neck of femur. He was admitted to our hospital and was planned for operative fixation of the fracture.

Preoperatively, a foreign body was noted in the pelvic cavity but it was ignored as it was initially thought to be an external artifact.

The patient underwent internal fixation of the fracture uneventfully. Post-operative radiograph showed similar radiographic changes in the pelvic cavity as previously.

Retrospectively, his past surgical history revealed that he had undergone two abdominal surgeries 11 years ago in another hospital. The first surgery was for the removal of bladder calculi and the second was for a right inguinal hernia. Both were uneventful. There was no history of unexplained fever, abdominal pains, bowel or bladder complaints from the time the surgeries were performed till the present condition. Hospital records for the previous surgeries could not be traced.

We decided not to subject the patient for surgical removal of the retained gauze as it was asymptomatic. However he was informed and counselled regarding possible problems which may be associated with a retained foreign body.

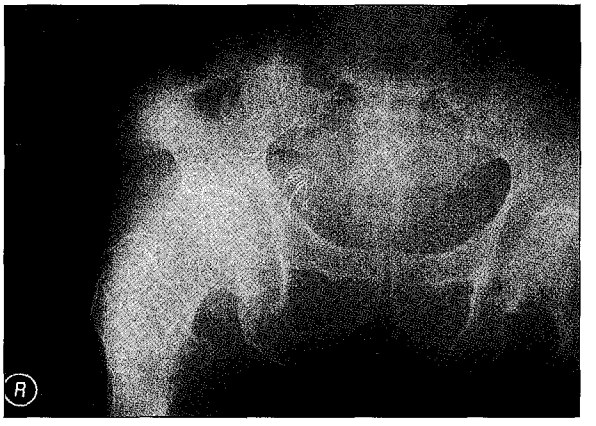

Fig. 1: Pre-operative radiograph of the pelvis shows a radiolucent material in the pelvic cavity

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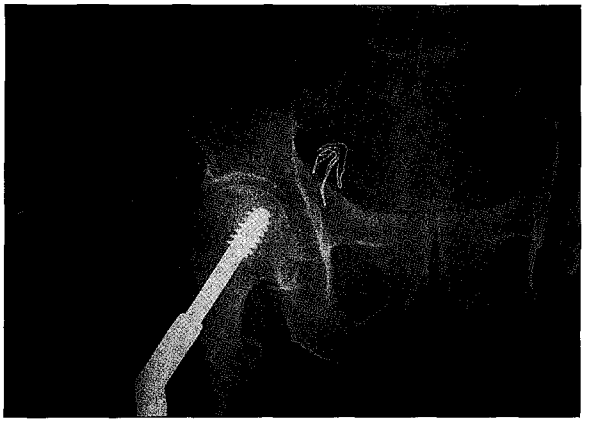

Fig. 2: Post-operative radiograph of the pelvis shows similar radiolucent material in the pelvic cavity

Discussion

The incidence of iatrogenically retained foreign bodies is not known. A medico-legal implication is the most feared consequence as its occurrence is generally considered medical negligence. The incidence of such events has been reported in both developing and developed countries[1,2]. Although the incident can be prevented by careful adherence to procedures and guidelines but such cases still occur periodically.

Hemostatic gauzes are among the common accidentally retained foreign bodies [1,2]. Retained surgical gauze is also reported as gossypiboma, gauzoma and gauze pseudotumor[1,2].

The pelvic cavity, retroperitoneal cavity, abdominal cavity, thoracic cavity and the maxillary sinus.[1,2,3] are the common sites involved. The incidence may follow laparotomy, open heart surgery, laryngectomy, gynaecological and orthopaedic procedures [1,2,3].

Detection of the foreign body is mostly radiological. Often patients are investigated when they present with specific symptoms. In our case, it was accidentally found in a routine plain radiographic assessment of a fracture and the findings were very characteristic.

The complication of retaining the foreign body inside the body is not clear. It may be associated with local pain and discomfort, dyspnea or intestinal obstruction[1] depending on its location. It can be misdiagnosed as a tumor necessitating surgical removal[1]. Different methods of removal of the foreign body have been described, either by open surgery or laparascopic techniques, both of which have been successful[1,2]. Malignant transformation of the nearby tissue is not known but needs to be ruled out.

The longest reported case of retained gauze is 28 years[1]. The largest series reported involved 10 patients and the period till diagnosis ranged from 11 days to several years[1]. Removal of the retained gauze can be difficult as it might be already decomposed into semi-liquid material consisting of hundreds of small particles. Removal of the retained gauze can be performed later if it becomes symptomatic. The patient in our case should be followed-up regularly as complications may occur later. Most of the reported cases requiring removal of the retained gauze were symptomatic [1].

As medico-legal implications are increasing in today's medical practice, the problem should not occur with good surgical practice with careful adherence to procedures and standard guidelines.

References

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