

Gossypiboma: An unusual cause of Infected Wound after Inguinal Herniotomy

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Submitted: 29-06-2017 Accepted: 11-08-2017

Conflict of Interest: None Source of Support: Nil

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Gossypiboma is the term used for inadvertently retained cotton gauze piece into the surgical wound. The most frequent site for gossypiboma is the peritoneal cavity; however, rare locations including neck following thyroid surgery, cranial cavity, scrotum, and urinary bladder have been reported [1-3]. We hereby report a case of gossypiboma following inguinal herniotomy in a child.

A 2-year-old boy presented with inguinal swelling following right sided inguinal herniotomy done 3 months ago in a periphery hospital. The swelling developed just after the surgery and after 2 weeks of surgery, pus started oozing out of the wound. Patient had been taking antibiotics since then but the swelling didn't resolve. On examination, it was slightly tender, tense and non-cystic swelling with oozing of pus when compressed (Fig.1). His x-ray of pelvis showed haziness at right pubic region and differential included osteomyelitis. Ultrasound of the swelling showed it as a mixed echogenicity area, limited to subcutaneous plane and not extending to bone. Per-operatively, pus was present inside the wound and a (10 x 10 cm) retained gauze piece was retrieved (Fig.1). Wound was washed with saline and left for secondary healing. Patient was followed up till 3rd week of surgery. His wound healed completely.

Gossypiboma most commonly occurs following laparotomy or thoracic surgical procedures with an incidence of

1 in 3000-5000 intra-abdominal surgeries. But its exact prevalence cannot be determined as it is an under-reported entity [3,4]. Females are more prone for gossypiboma in gynecological procedures [5]. Risk factors may include emergency surgeries, switch over of surgical team or scrub nurse and greater blood loss during surgery [6].



Figure 1: Inguinal swelling with non-healing wound. Inset shows retrieved gauze piece.

Clinical features of retained gauze pieces include wound infection, pus collection in the cavity, intestinal obstruction and peritonitis etc. In our case it was a non-healing infected wound for three months. A case is reported

where the gauze was retrieved from scrotum after 2 years of surgery [2].

Treatment is surgical exploration and retrieval. Regarding prevention, most important is accurate sponge count and documentation before and at completion of surgery. Also use of radio-opaque gauze pieces, electronic tagging of gauzes, use of Barcodes and use of radiofrequency identification system may be considered [4]. In conclusion, gossypiboma is a completely preventable condition and can be thwarted if operating surgeon is vigilant and principles of safe surgical practice are employed in operation theatre.

Consent: Authors have submitted signed consent form from legal guardians of the patient for use of clinical material in this manuscript. The Consent form is available with Editorial office.

Authors' Contribution: All authors contributed equally in concept, literature review, and drafting of the manuscript and approved the final version of this manuscript.

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