Introduction
A 57-year-old woman was admitted to hospital with the complaint of right flank pain. She had no illness except mild hypertension with a chronic renal failure in his medical history. His surgical history was significant for right nephrolithotomy operation, which was performed 12 years ago. On physical examination, an 9-10 cm protuberant abdominal mass was visible on inspection. The mass was tender, non-pulsatile, non-movable, well circumscribed on its anterior aspect and hard consistency.

A magnetic resonance revealed a heterogeneous lesion of size 117mm × 115mm × 128mm in the retroperitoneal region, with low signal intensity on T1-weighted images and high signal intensity on T2-weighted images. The removed specimen was sent for pathology. Pathologic evaluation was consistent with a retained foreign body along with surrounding inflammation and fibrosis evoking a Textiloma.

ABSTRACT
We reported a case of a 57-year-old patient; His surgical history was significant for right nephrolithotomy operation, which was performed 12 years ago. A magnetic resonance revealed a heterogeneous lesion in the retroperitoneal region, with low signal intensity on T1-weighted images and high signal intensity on T2-weighted images. The removed specimen was sent for pathology. Pathologic evaluation was consistent with a retained foreign body along with surrounding inflammation and fibrosis evoking a Textiloma.
Conclusion

Despite current advances, caution is still needed regarding surgical compresses or surgical drapes on previously operated sites, which may be responsible for pseudo-tumor granulomas, causing significant tissue damage around the foreign body accidentally left in place. And that can sometimes pose the problem of differential diagnosis with tumor masses.