

Retroperitoneal Textiloma: Report of a case

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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.

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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 (Fig1) and high signal intensity on T2-weighted images (Fig2), with well defined contours surrounded by a well delimited capsule.

On exploration there was a large encapsulated, firm mass occupying the right half of the abdominal cavity which was adherent the psoas major muscle. Mass was separated from the muscle after adhenolysis. Debulking of the mass was done and the resected specimen measured about 14 × 12 cm in size (Figs 3-4).

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.

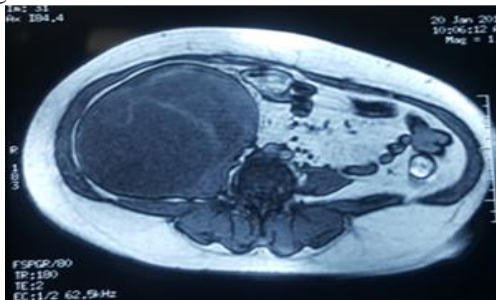


Figure 1. The axial spin echo T1-weighted MR image demonstrates low-signal-inten.

Comment

The textilome, also called gossypipoma, is a very rare but well known postoperative complication. Gossypipoma is a

term derived from gossypium meaning cotton in Latin *anboma* meaning hiding place in Swahili.

It is used to describe a foreign body composed of compresses or surgical field (s) left at the level of an operative focus

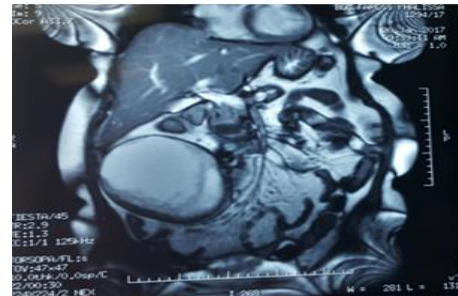


Figure 2. Coronal MRI T2 weighted demonstrating the presence of retroperitoneal, well delimited, expansile cystic lesion, with low signal capsule, containing serpiginous linear images with high signal inside.



Figure 3. Macroscopic view of the lesion, external face covered with false membranes .

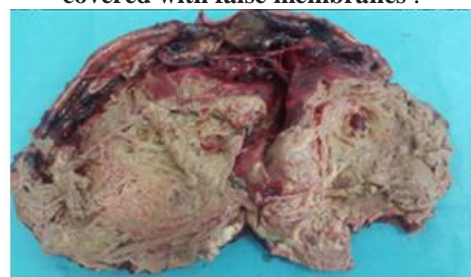


Figure 4. Internal aspect of specimen.

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.