CLINICAL CASE

INCIDENTAL FINDING OF A TEXTILOMA MIMICKING A RETROPERITONEAL TUMOR – A CASE REPORT

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Abstract

Textilomas represent pieces of foreign materials that can mimic tumors and evolve silently. We present the case of a 73-year-old male patient, with history of bilateral inguinal hernia repair, appendectomy, initially admitted to hospital for pain in the right flank area and bowel movement disorder represented by constipation, who was diagnosed by colonoscopy and biopsy with adenocarcinoma of the ascendant colon. The tomographic investigation revealed also another tumor with uncertain characters in the left iliac fossa retroperitoneal and partly behind the bladder. He underwent right hemicolectomy and left iliac fossa tumorectomy, with histopathological examination of the specimens. The results were adenocarcinoma of the right colon and a granulomatous reaction around a foreign body (surgical gauze). The textiloma was an incidental finding and the foreign material migrated intraabdominal after inguinal hernia repair.

Keywords*: textiloma, retroperitoneal tumor*

Introduction

Textilomas or gossypibomas represent pieces of foreign materials such as cotton or gauze pads, which can be mistakenly left inside the patient during operations. This type of foreign materials can mimic tumors. Some of them may cause infections or abscesses; others can include nonspecific general and digestive symptoms or may remain clinically silent [1,2].

Case presentation

We present a case of a 73-year-old male patient, diagnosed with adenocarcinoma of the ascendant colon, who was admitted to the General Surgery Department of the Clinical Hospital "Saint Mary", on January, 9th, 2017, for the surgical treatment.

The present complaints are represented by pain in the right flank area, transit disorders (constipation), nausea, vomiting and pollakiuria. The patient's medical history is relevant for hepatitis B, repaired bilateral inguinal hernia, appendectomy, dermatitis and depression. The family history includes the mother with neoplasm of the colon and a brother with liver cancer. The medication before admission is represented by: Metoclopramide, Dehydrocholic acid, Metamizole sodium, Mefenamic acid and Valeriana officinalis extract.

The physical examination noted, pain in the right flank, where a consistent mass could be palpated.

Standard blood tests were performed and the results were in the normal parameters.

Chest X – ray was normal.

CT scans of the abdomen and pelvis (Figures 1 and 2) guided us to the complete diagnostic: proliferative process of the ascending colon beginning from the ileocecal valve, 7 cm in length, with regional adenopathy, and a partial cystic tumor with uncertain characters located in the left iliac fossa, retroperitoneal and partly behind the bladder, without secondary determinations in parenchymal organs of the upper abdominal.

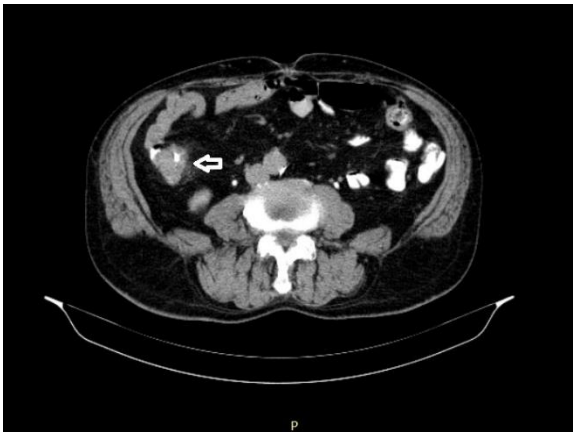

Figure 1 – Right colon tumor

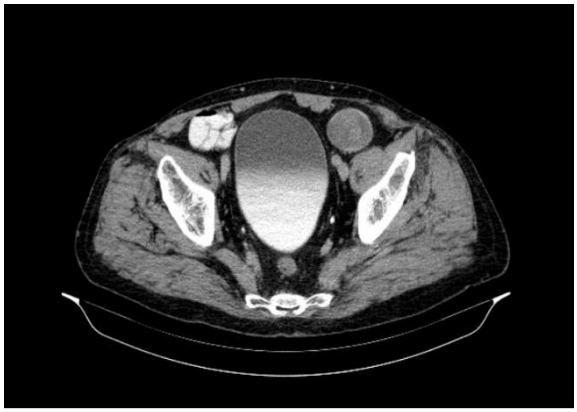

Figure 2 – Left iliac fossa tumor

The surgical intervention was performed under general anesthesia with orotracheal intubation, through a midline incision. In the left iliac fossa, retroperitoneal and partly behind the bladder we found a tumor (Figure 3).

After peritoneal incision and left ureter identification, the tumor was dissected from the bladder, the external iliac vessels and spermatic vessels and the entire piece was sent to the histopathological examination. Afterwards, a right hemicolectomy, with end-to-side ileo-colic anastomosis was performed. The resection piece was sent for histopathological examination. The result was colonic adenocarcinoma with vascular and perineural invasion and metastatic invasion of 4 out of 30 pericolic lymph nodes resulting in a histopathological staging of pT3N2aG2. The postoperative evolution was favorable for our patient.

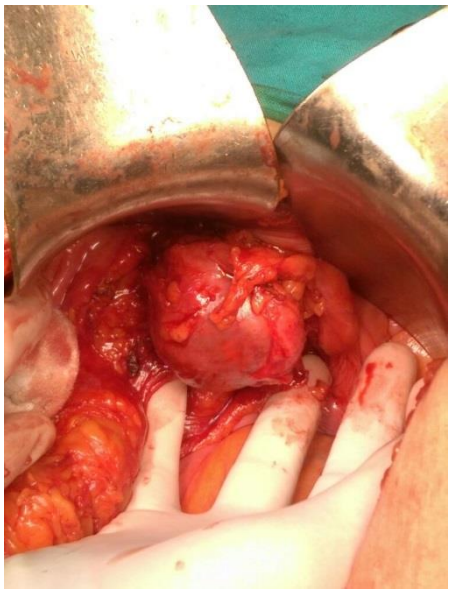

Figure 3 – Left iliac fossa tumor

Surprisingly the histopathological result of the retroperitoneal tumor was not a sarcoma as we expected. Macroscopic it was a tissue fragment with nodular cystic appearance and a size of 5 cm, which revealed on the section a piece of gauze. Microscopic examination revealed foreign body granulomatous inflammation with surgical material composition.

Discussions

In general, textilomas are considered foreign materials mistakenly left in a patient, after surgery and represent a dangerous error, even if in time may remain asymptomatic [3]. But the chance to forget a foreign material inside a patient is higher when the operation involves an open cavity [4].

In our case, interestingly the textiloma was formed because of a gauze migration, originated from the repaired left inguinal hernia.

Conclusions

We presented a case which describes an incidental finding of a textiloma, during a surgical procedure.

About the adenocarcinoma that was removed, we can conclude that the patient may have a good prognostic after the surgery.

References

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