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Case Report

An unusual presentation of Gossypiboma associated with secondary infertility: a case report

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ABSTRACT

Gossypibomas are a rare cause of surgical morbidity and mortality. When unrecognized in the perioperative period, they can present later with a myriad of abdominal complications. We present an unusual case of gossypiboma that was discovered as a cause of secondary infertility, misdiagnosed as a complex adnexal mass. After a definitive diagnosis was made, the removal of gossypiboma restored fertility in the patient successfully.

Keywords: Gossypiboma, Infertility Puerperal sepsis

INTRODUCTION

Gossypibomas are a surgeon's nightmare, and its discovery is often a source of medicolegal implications to the surgical team, because of which these cases are grossly under reported in literature.^{1,2} Although they present with pain, fever, palpable mass, almost 6% cases can go unrecognized.³ The detailed retrospective evaluation of these undiagnosed cases usually reveals presence of vague abdominal symptoms. The overall incidence of gossypibomas is decreasing with the surge in minimally invasive cases, still the obstetrical surgeries contribute a significant proportion of these cases.⁴ These cases are frequently diagnosed as abdominal neoplasms on sonology, or even diagnosed accidentally during another surgery.⁵⁻⁷

CASE REPORT

A 28 years old G2P1 patient presented to gynaecology OPD as a case of secondary infertility. Her first conception was spontaneous and the baby was delivered through emergency caesarean section for fetal distress five years ago. Her history was significant for puerperal sepsis and

surgical site infection, which was successfully managed conservatively with antibiotics. Her complaints at the time of presentation included persistent vaginal discharge and chronic pelvic pain, not relieved with oral antibiotics.



Figure 1: Incision given on the calcified mass to reveal gossypiboma appearance.

Previous sonology examinations had diagnosed a complex left adnexal mass. On evaluation at our centre, USG was

suggestive of 56×31 mm complex left adnexal mass, with dense posterior acoustic shadowing. On MRI, a well-defined heterogenous intensity lesion separate from the left ovary abutting the anterior wall, uterus and urinary bladder was seen, and based on these typical findings, a pre-operative diagnosis of Gossypiboma was made.⁸



Figure 2: Gross appearance gossypiboma.



Figure 3: Appearance of calcified cavity after removal of gossypiboma.

On laparotomy, a localised intraabdominal mass of 6 ×4 cms was seen with sigmoid colon and left adnexa densely adherent to it. The left ovary could be visualised separately, but the left fallopian tube was completely distorted and adherent to the mass. Right adnexa was normal in appearance. A sharp incision was given on the anterior wall to drain the contents (Figure 1). Gossypiboma, engulfed in copious purulent material was removed (Figure 2). The cavity was thoroughly irrigated with saline and redundant tissue excised (Figure 3). Abdomen was closed after ruling out any bowel injury and placing an abdominal drain.

The post op period was uneventful and the patient was discharged on 4th postop day.

On follow up, the patient conceived spontaneously within six months and had an uneventful course of pregnancy with successful outcome.

DISCUSSION

Even though a Hysterosalpingogram done in the past revealed a patent right fallopian tube, the patient was unable to conceive. Gossypiboma, although primarily involved the left adnexa and walled off as process of self-extrusion could be a source of chronic inflammation in the pelvis, thereby preventing the successful ovum pickup by fallopian tubes, and thus contributing to infertility.⁹ The removal of the foreign body thus rapidly restoring fertility in the patient.

CONCLUSION

Gossypibomas although rare, should always be considered a possibility in evaluation of Chronic PID with or without abdominal mass especially when there is antecedent history of postoperative complications. A high index of suspicion is rewarding in managing such cases.¹⁰ Ultrasonographic evaluation in the immediate postoperative period can decrease the long term morbidity associated with prolonged retention of foreign body in the body cavity.

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