

**TEXTILOMA IN ABDOMINAL CAVITY: 35 YEARS LATER***Textiloma na cavidade abdominal: 35 anos depois*Francisco Venditto **SOARES**, Luciano **VICENTINI**, Alfredo Rafael **DELL'ARINGA**, Luís Carlos de Paula e **SILVA**

From Hospital das Clínicas, Medical Faculty of Marília, Marília, SP, Brazil.

**Correspondence:**Francisco Venditto Soares,  
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Accepted for publication: 10/09/2012**CASE REPORT**

Man 68 years sought assistance with abdominal discomfort that began 12 hours with localized abdominal pain in the epigastric region after food intake. Subsequently, the pain progressed to the whole abdomen accompanied by bloating, postprandial weight, nausea and lack of bowel movements. Said that underwent Billroth I gastrectomy at age 35 in a public hospital due to duodenal peptic ulcer bleeding.

On physical examination, he was dehydrated, abdomen distended and painful on palpation, decreased bowel sounds. Laboratory examinations that had relevance only to amylase with 760; ultrasonography showed distension of the small bowel loop, and computed tomography revealed dilated loop in paraduodenal region with wall suffering signs and air in the portal system.

Laparotomy with supraumbilical incision was done. Showed adherence to the wall, distention of the jejunal loop about one meter from the duodenojejunal angle with intraluminal content of spongy consistency completely occluding the lumen. Opening was held and a foreign body (surgical gauze) was seen inside that grouped and encapsulated. They were removed.

**INTRODUCTION**

The description of foreign body in patients who have undergone surgical procedures is increasing. This fact has contributed to the development of strategies to promote tools to prevent these events, professional qualification and early detection.

The first report of a case with the presence of a foreign body in the abdominal cavity was described in 1884. Since then several others are being described and indicate a higher frequency of textile products such as tampons and surgical gauze<sup>1,2</sup>.

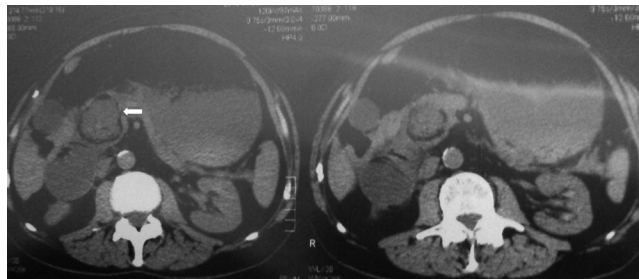
Recent studies have shown that the incidence of foreign body in the postoperative period is one in a thousand cases, predominantly after gynecological and obstetric operations. Prevails those performed in emergency conditions. Mortality can reach 35%<sup>3,4,5</sup>.

The presence of foreign material in the body can lead to septic fibrosis, adhesions, encapsulation becoming granuloma and abscess with bacterial colonization or not.

These manifestations can appear in different periods after surgery. From the first 24 hours to 8th to 13th days granulomatous inflammation emerge that aim to destroy the foreign body. After five years can be absorbed, or even be calcified<sup>6</sup>.

The surgical gauze are made from cotton material that rarely produces reactions in contact with the body. However, after a period of exposure can trigger reactions that lead to formation of granulomas<sup>4</sup>.

This study reports a case of intestinal blockage by gauze after surgical procedure held 35 years before.



**FIGURE 1** – Computed tomography of the abdomen showing the loop obstruction caused by gauze

The intestinal wall was preserved without blockages at the site of obstruction. The incision was sutured and the abdomen closed in layers. The patient was discharged on day 7 postoperatively, with amylase of 85.



FIGURE2 – Gauze removed during surgery

## DISCUSSION

It is imperative that some considerations should be made in relationship the possibilities to prevent this situation. It is fundamental to routinely use detailed revision of the cavity in order to minimize risks.

There are several procedures that should be considered intraoperatively, and the literature is wide

in the issue. Reports of foreign body accidentally left in the abdominal cavity are increasing. This fact has contributed to more reflective analysis, seeking professional better qualification and implementation of measures to promote prevention to become less frequent these serious complications.

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