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IMAGE

Misdiagnosis of gossypiboma as hydatid cyst

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A 51-year-old woman was admitted for diabetes control. She was found to have a firm, mobile, large epigastric mass during physical examination. Laboratory findings were within normal range. She had undergone cholecystectomy at another hospital 8 years ago.

On computerized tomography (CT) of abdomen showed a large intra-abdominal cystic mass measuring 102 cm× 106 cm×181 cm, originating from duodenopyloric junction, which compressed duodenum and pylorus. The appearance of the mass was consistent with type II hydatid cyst (Fig. 1). The patient was advised albendazole therapy; 2 months later, the cyst was treated by puncture, aspiration, injection of a helminthicide, and reaspiration (PAIR) technique. Analysis of cystic fluid was not consistent with hydatid cyst.

A post-treatment CT scan showed a reduced size of the cyst; however it returned to its original size within 3 months after treatment. The patient underwent a diagnostic laparotomy which detected four sponges within the cyst (Fig. 2).

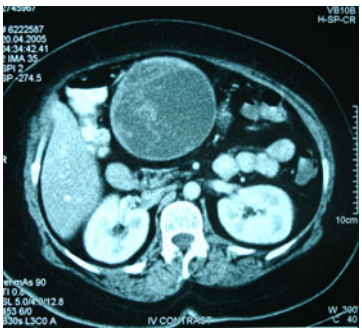

Fig. 1 Computerized tomography of abdomen showing a large intra-abdominal cystic mass

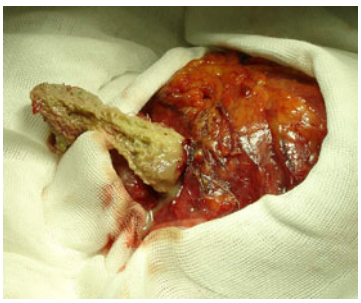

Fig. 2 Appearance of sponges during laparotomy

Sponges used during surgical operations are occasionally left in abdominal cavity accidentally. The amount of actual occurrences is possibly more than what are reported [1]. Retained intra-abdominal sponges have been misdiagnosed preoperatively as lymphosarcoma, bowel tumor, tuberculosis, and ovarian tumor [2]. There has not been a misdiagnosis of a gossypiboma as hydatid cyst earlier.

References

1. Kaiser CW, Friedman S, Spurling KP, et al. The retained surgical sponge. Ann Surg. 1996;224:79–84.
2. Rajagopal A, Martin J. Gossypiboma—"a surgeon's legacy": report of a case and review of the literature. Dis Colon Rectum. 2002;45:119–20.

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