Passage of Retained Surgical Sponge per Rectum after Seven Years in the Peritoneal Cavity

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Abstract

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Abstract:

We present an unusual case of a patient in whom surgical sponge which was accidentally left in the peritoneal cavity seven years before, was finally passed with stools.

Case Presentation:

A 45 year old male patient presented to the internal medicine outpatients clinic with a complaint of recurrent abdominal pain and constipation over a period of six months.

He gave history of an abdominal operation, a laparotomy performed seven years before in a local hospital to remove metal shrapnel that was accidentally driven into his abdomen during his work as a smith.

The operation was not immediately followed by any notable adverse events or complications and the metallic object was successfully removed.

The patient consulted the surgeon six years later with recurrent abdominal pain, constipation and abdominal distension. After clinical evaluation and plain abdominal X-rays on two occasions he was informed that the symptoms were due to subacute intestinal obstruction probably related to constipation.

The symptoms continued to recur over the next year and abdominal pain became more severe.

On presentation to our hospital clinical examination revealed a mass palpable in the right lumbar region which measured about 8 cm in diameter, was firm and mildly tender and was not associated with abdominal distension or guarding. Bowel sounds were normally audible.

Abdominal ultrasound was ordered as outpatient and the patient was requested to report to the clinic after one week. He did report one week later exhibiting a mass of surgical gauze which was discolored with gut content (figure1 photographed after washing) which he had passed with stools. His symptoms were completely relieved so he did not proceed with the ultrasound study.

Repeated clinical examination still revealed a mass in the area described above which was smaller and non-tender.

Barium enema was performed (figure2) and showed a cavity communicating with the ascending colon. The mass was also seen on CT scanning. (Figure3)

The mass faded away gradually over the next few months of follow up and the patient remained symptom-free.
**Conclusion:** The foreign material was contained by omentum to form a mass which eventually opened by a fistula into the bowel lumen. We think that the symptoms of abdominal pain and distension were probably caused by intermittent incomplete bowel obstruction by the foreign object in the gut although the length of time the object remained in the gut lumen cannot be ascertained.

**Discussion:**

Migration of a retained surgical sponge into the bowel is rare but has been reported in the literature. A similar case was reported by Choi et al (1) in which retained material was expelled from the peritoneal cavity after being retained for a period of 3 months.

Abscess formation is a more common consequence of retained surgical sponge.

Retained surgical sponge was reported to penetrate the intestine and bladder, and may result in malabsorption, intestinal obstruction, gastrointestinal hemorrhage, and transurethral protrusion (2,3,4). Penetration into the intestines is more frequent than into the ileum or the colon. Migration into the intestinal tract most likely occurs as a result of the inflammation in the intestinal wall that results in necrosis (3).

Plain Xrays usually show the retained sponge but exact localization may be difficult even after laparoscopy (1).

**References:**


Figures:

FIG 1
FIG2
FIG3