



A heterogeneous liver lesion in a 48-year-old woman

Mahmut Küsbeci¹, Serhat Buldur², Eren Mutlu¹, Alper Uğuz², Serkan Güneyl³, Halil Bozkaya¹, Celal Çınar¹, Ömer Vedat Ünalp², Murat Sözbilen²

¹Department of Radiology, Ege University School of Medicine, İzmir, Turkey

²Department of General Surgery, Ege University School of Medicine, İzmir, Turkey

³Department of Radiology, Bülent Ecevit University School of Medicine, Zonguldak, Turkey

Question:

A 48-year-old woman was admitted to our institution with right upper quadrant abdominal pain. The patient also had mild dyspnea. An examination revealed no significant findings except for a right subcostal surgical incision due to cholecystectomy performed 10 years ago.

On performing chest radiography, rise of the right diaphragm to the superior was detected (Figure 1). A hepatobiliary ultrasound examination revealed a mostly cystic lesion with some hyperechoic structures

in the liver. On performing contrast-enhanced abdominal computed tomography, a mostly cystic lesion, approximately 15.2x14.2x12.8 cm in diameter, having an appearance similar to the detached membranes of a hydatid cyst and indicating a typical type II hydatid cyst was detected in the liver (Figure 2a). Mediastinal shift and atelectasis of the lower lobe of the right lung were also present (Figure 2b).

With a preliminary diagnosis of a type II hydatid cyst, percutaneous treatment was planned to be performed in the interventional radiology department.

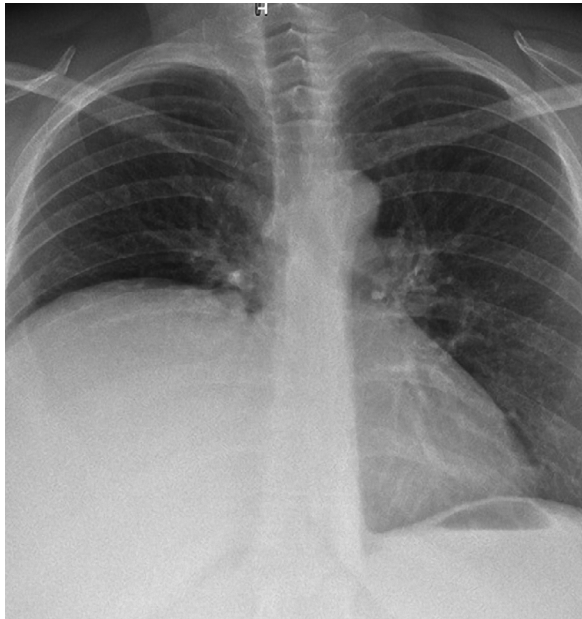


Figure 1. A chest radiograph showing the rise of the right diaphragm to the superior

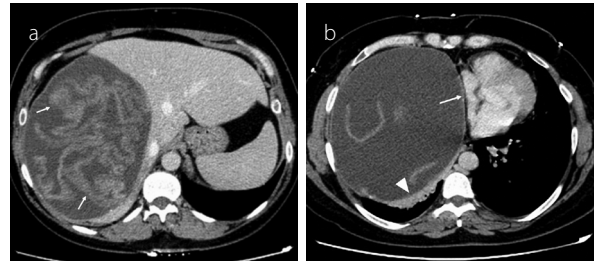


Figure 2. a, b. An axial contrast-enhanced abdominal computed tomography image showing a large, mostly cystic lesion having an appearance similar to the detached membranes of a hydatid cyst (arrows) located in the liver (a). Another axial contrast-enhanced abdominal computed tomography image revealing mediastinal shift (arrow) and atelectasis of the lower lobe of the right lung (arrowhead) (b)

Address for Correspondence: Serkan Güneyl E-mail: drserkanguneyli@gmail.com

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Answer: Gossypiboma

After percutaneous aspiration and drainage, the patient was discharged with a drainage catheter. A few days later, the drainage catheter was spontaneously displaced, and the patient was readmitted to our institution with severe abdominal pain. An infected hydatid cyst was considered due to the presenting symptoms of the patient. On performing contrast-enhanced abdominal computed tomography, a huge liver abscess complicated with peritonitis was detected, and the patient was hospitalized for undergoing elective surgery. During the operation, the abscess was penetrated. After draining the abscess cavity, a retained surgical sponge was present, resulting in a final diagnosis of a gossypiboma being made (Figure 3).

Gossypiboma is the term used to describe a surgical sponge retained in a body cavity of a patient after surgery (1). A gossypiboma, which is a rare surgical complication, can cause significant morbidity and mortality rates. It can be seen as an

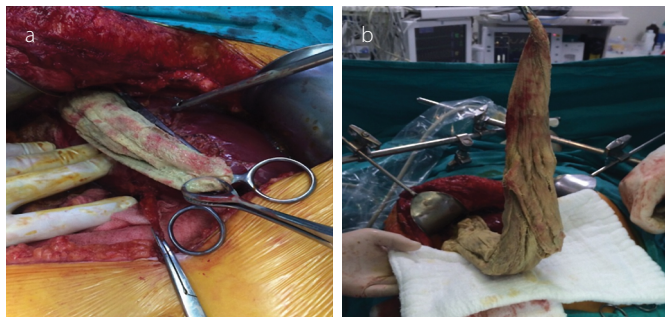


Figure 3. a, b. During the operation, a retained surgical sponge was removed from the abscess cavity

intra-abdominal abscess in the early postoperative period or can be incidentally detected (1). Diagnosing a gossypiboma may be difficult as it may have nonspecific symptoms and appear years after surgery. Additionally, it may mimic a hydatid cyst or tumor (2). Here we report the case of a patient with a gossypiboma mimicking a liver hydatid cyst.

Ethics Committee Approval: The study was approved by the ethical committee of the institution.

Informed Consent: Written informed consent was obtained from the patient.

Peer-review: Externally peer-reviewed.

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