

Gossypibioma: An unusual complication of an endoscopic dacryocystorhinostomy

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“Gossypibioma” is a Latin word, “gossypium” meaning cotton and “boma” meaning place of concealment and is used to describe a retained surgical sponge or surgical gauze.^[1] It is also referred to as “Textiloma” or “retained foreign object” (RFO). A retained surgical sponge in the nasal cavity is rare, as the nasal cavity is visible to the naked eye. A 67-year-old man presented with a foul-smelling discharge and bleeding from left nostril


since 3 months. Past history revealed that a left-sided endoscopic dacryocystorhinostomy (DCR) was performed elsewhere, 3 months ago. On endoscopic evaluation, retained gauze with discharge [Fig. 1a] and diffuse granulation tissue in and around it was noted [Fig. 1b]. The granulation tissue along with the retained gauze [Fig. 1b inset] was removed under endoscopic guidance followed by triamcinolone acetate injection into the base of the residual granuloma [Fig. 1c]. Postoperatively, nasal steroids and decongestants along with oral antibiotics and anti-inflammatory agents were used. After 1 month, repeat endoscopic evaluation revealed a total cicatricial closure of the ostium and synechiae between the septum and the lateral nasal wall along the expected lines in such clinical scenarios [Fig. 1d].

Discussion

In an endoscopic DCR, a temporary nasal pack helps in immediate postoperative hemostasis and if used is routinely removed on the first postoperative day.^[2] A retained surgical nasal pack is an uncommon complication in endoscopic DCR surgery, which can adversely affect the surgical outcomes as in this case.^[3]

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients

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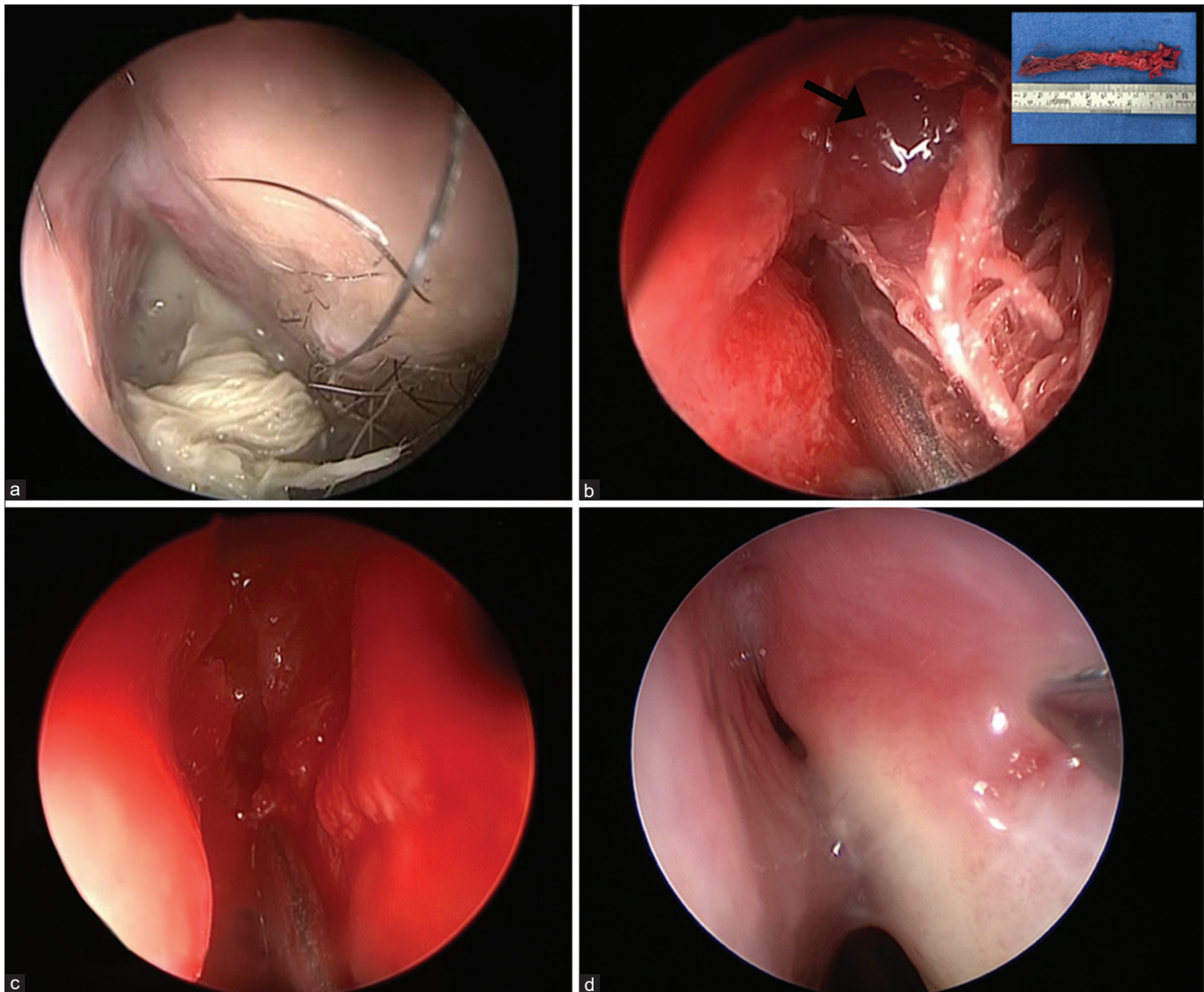


Figure 1: Endoscopic view of the left nasal cavity showing mucopurulent discharge and the prolonged retained gauze (a). Photograph showing the retained gauze intertwined with the granulation tissue (black arrow) (b). Photograph showing the 11 cm gauze recovered from the left nostril (b, inset). Endoscopic view of the left nasal cavity with residual diffuse granulation tissue after removal of the retained gauze (c). Endoscopic view of the left nasal cavity showing the formation of synechiae between the septum and the lateral nasal wall in the area of ostium (d)

understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

References

1. Krishna V, Bharathkumar D. Intraluminal migration of gossypibioma. *Int J Surg Case Rep* 2018;47:61-3.
2. Ali MJ, NaikMN, Honavar SG. External dacryocystorhinostomy: Tips and tricks. *Oman J Ophthalmol* 2012;5:191-5.
3. Dalgıç A, Kandoğan T, Erkan N. Retained gauze material in the nasal cavity after functional endoscopic sinus surgery for ten years: A case report. *Hong Kong J Emerg Med* 2010;17:502-5.