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Gossypiboma - retained textile foreign body

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Abstract
Introduction, history: Increasing complexity of modern surgery is accompanied by the emergence of very different possibility of errors; one of the oldest and most obvious errors is the foreign body forgotten inside the patient. Surgeons worldwide have reported this incident since the first record by Wilson in 1884.
Definitions: Over time, different terms have been used for retained textile foreign body (RTFB), with various etymologies, sometimes controversial: gossypiboma is the latest in this line.
Epidemiology: Various studies indicate the incidence of RTFB in range of 1:833 - 1:32.672; this expresses the difficulty to determine precisely due to complex causes. In our unit the incidence is 1:15.047. RTFB occur after operations on any cavity or organ (operations on the abdomen 56%, pelvis 18%, thorax 11%, orthopedic, neurosurgical, cardiovascular, etc.), at all ages and both sexes.
Diagnosis is variable: from a loud postoperative evolution, with fever, suppuration of the wound, fistula tracks, spontaneous erosion into various hollow organs to a long asymptomatic period. Imaging diagnosis is difficult and requires RTFB inclusion in the differential diagnosis of patients with a history of surgery. Treatment involves a patient's informed consent and an adjustment to a case: removal of RTFB and individualized treatment of any associated injuries (abscess, fistulas, adhesions, remaining cavity, foci of bone lysis) or just monitoring.
Prevention: From the theory of "bad apple" (mistake of an incompetent doctor) we moved forward to address systems that often contain latent errors whose summation results in the unfortunate incident. Various national authorities have issued regulations to prevent RTFB, based on counting compresses, intra-/postoperative radiography, marking compresses with two-dimensional matrix label or radio frequency identification.
Conclusions: RTFB, no matter how exotic we name it, remains an unfortunate incident with serious consequences for patient and surgeon alike. The introduction of new technologies can help create a safer environment in the operating room, but beyond that the human factor implies the presence of variables difficult or impossible to control.
Key words: retained foreign body, gossypiboma

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