



Clinical Image

DOI: 10.36959/582/436

Paracardiac Gossypiboma after Coronary Artery Bypass Grafting Surgery

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A 54-year-old male patient underwent coronary artery bypass graft surgery. No complications occurred after the surgery. Control posteroanterior thorax X-ray showed a mass lesion with radiopaque linear densities superposed with the left ventricle. A mass lesion containing linear metallic densities was seen adjacent to the left ventricular free wall in the thorax computed tomography images (Figure 1). The appearance was consistent with a retained surgical sponge.

Intrathoracic gossypiboma is a rare entity. Only a few cases have been reported in the literature. Radiological findings vary according to location, chronicity, foreign body reaction, and presence of the radiopaque marker [1]. In the present case, the presence of radiopaque marker and history of surgery were the findings leading to the diagnosis.

Conflict of Interest Statement

None.

Financial Disclosure

The authors have no relevant financial interest in this article.

References

1. Bakan S, Kandemirli SG, Kuyumcu G, et al. (2015) Intrathoracic gossypiboma after spinal operation. *Ann Thorac Surg* 99: e37-e39.

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Accepted: October 29, 2021

Published online: October 31, 2021

Citation: Özgür C, Ustabaşoğlu FE (2021) Paracardiac Gossypiboma after Coronary Artery Bypass Grafting Surgery. *J Cardiothorac Surg Ther* 5(1):103-104

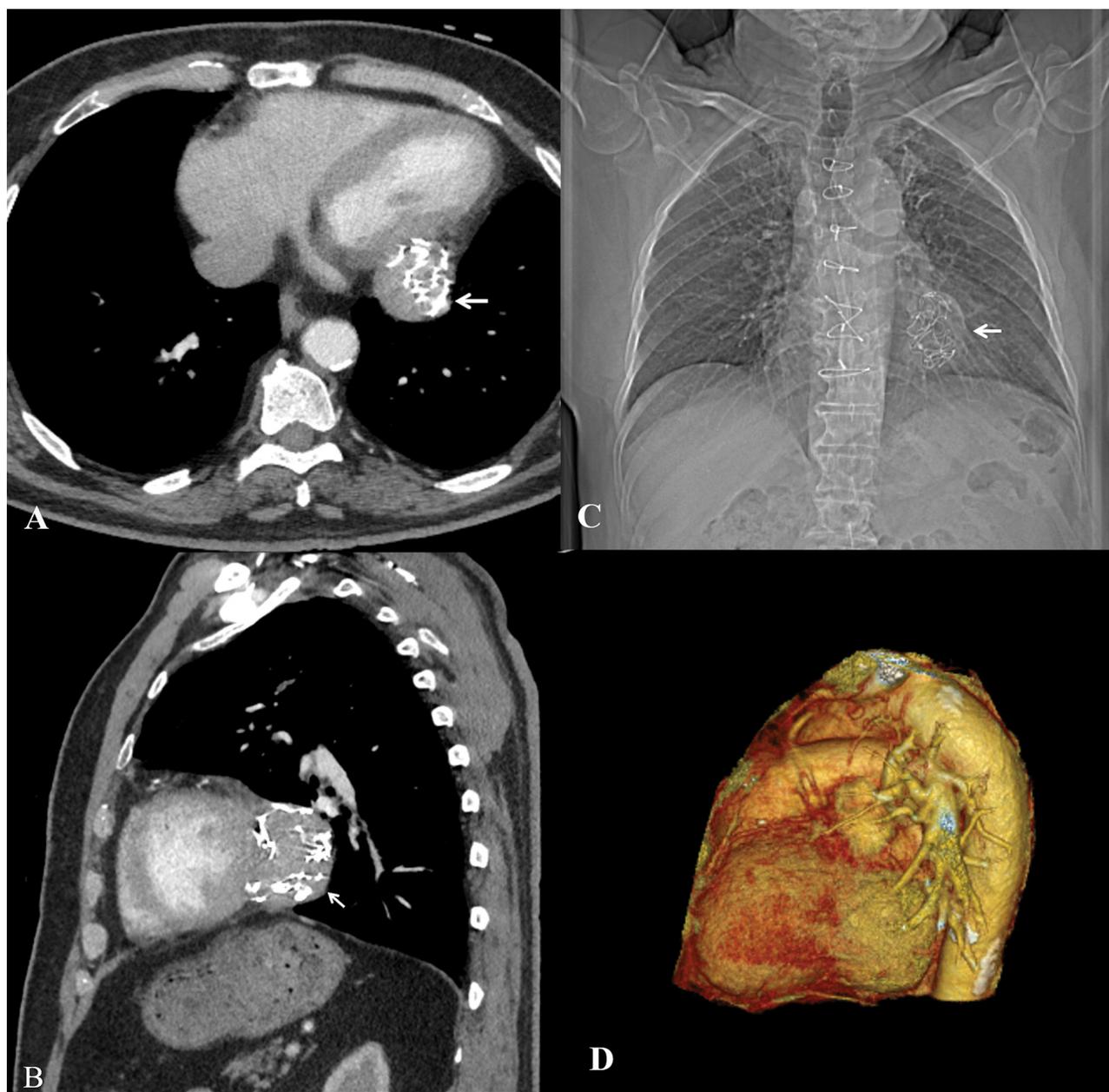


Figure 1: Axial (A) and sagittal (B) Plan contrast enhanced computed tomography images, scout image (C), and three-dimensional reformatted image (D) show a mass with high density linear areas adjacent to the left ventricular free wall, consistent with gossypiboma. The radiopaque marker is seen as high-density lines (arrows).

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