Invitamos a los lectores de Acta a que envíen casos con interés clínico o diagnóstico para su publicación en esta sección. Editor Dr R. Mazure.

Submucosal tumor of the stomach

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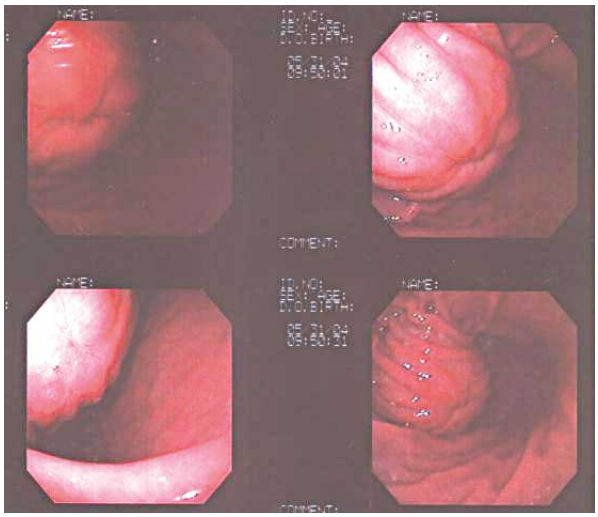

Figure 1. *Endoscopic image of a round elevation in the anterior gastric wall*

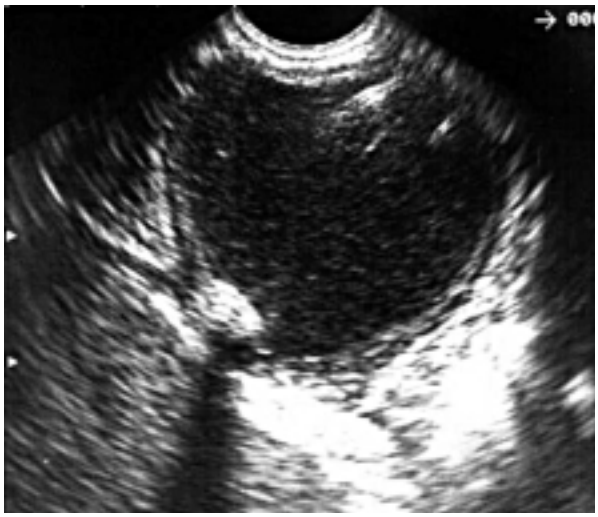

Figure 2. *EUS image of an extrinsic gastric wall compressive with ahyperechoic bowl structure and a strong acoustic shadow during the EUS.*

A 75-year-old diabetic woman was referred to our Endoscopy Unit with a 2 months history of recurrent stomatitis and gastric fullness sensation. She had undergone laparoscopic fundoplication 4 years earlier with no recorded adverse events. Her physical examination was unrevealing. Endoscopy revealed a round elevation (5 centimeters in diameter) at the anterior gastric wall, with 2 small ulcerations with fibrin on its top (figure 1).

EUS was performed to define the extension of the lesion, revealing an extrinsic gastric wall compressive with a hyperechoic bowl structure and a strong acoustic shadow (figure 2).

¿What is the diagnosis?

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Resolución del caso en la página 271

◆ IMAGEN DEL NÚMERO

Solución del caso: Submucosal tumor of the stomach

Viene de la página 204

DIAGNOSIS: considering that there was no gastric invasion and no Doppler signal, an EUS guided fine-needle punction was performed. About 60 cc of a purulent secretion were aspirated and the gastric extrinsic compression disappeared (figures 3a e 3b). EUS final diagnosis was abdominal abscess with a retained foreign body. Later she underwent a laparoscopic abdominal exploration which revealed an abscess cavity at the anterior gastric wall. A foreign body (surgical gauze) was found (figure 4). She was discharged in good conditions after antibiotic therapy and remained asymptomatic.

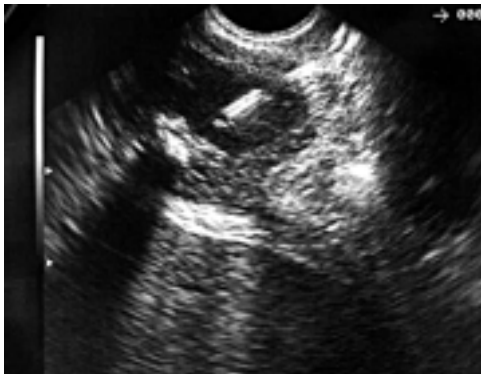

Figure 3a. *EUS image after aspiration of 60 cc of a purulent secretion*

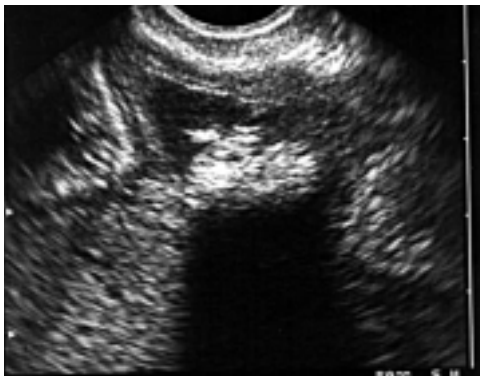

Figure 3b. *Image of a surgical gauze after EUS aspiration.*

DISCUSSION: retention of surgical sponges (also known as gossypibomas) or gauzes are a rare complication of laparotomy or laparoscopy but might have serious medicolegal implications.[1,2] They can cause aseptic reaction without significant symptoms, being undiagnosed for several decades.[3] In other cases they can create adhesions, encapsulate or provoke an exudative response, with or without accompanying bacterial infection.[2,3] In these circumstances, presentation might be as a pseudotumoral occlusive, or septic syndrome. Often a process of self-extrusion is initiated. The radiologist plays an important role in suggesting the diagnosis of a retained foreign body as abdominal US and CT scan are highly sensitive and specific. In US, a hyperreflective mass with hypoechoic rim and a strong posterior shadow is seen; CT usually shows a well defined mass with internal heterogeneous densities.[1,3] Magnetic resonance is still a less used technique.[3] EUS with EUS-guided fine-needle aspiration (EUS-FNA) enables one to visualize the upper gastrointestinal tract and surrounding structures and can provide access for FNA of those structures that appear suspicious, specially for tumors. It is reported to be the single best modality for visualizing small pancreatic carcinomas.[5] Its role in diagnosing foreign bodies of the digestive tract is less clear. In 2003, Jung et al.[6] used a catheter probe US to diagnose a barium granuloma of the rectum. To our knowledge, this is the first report of a retained surgical gauze diagnosed by EUS.

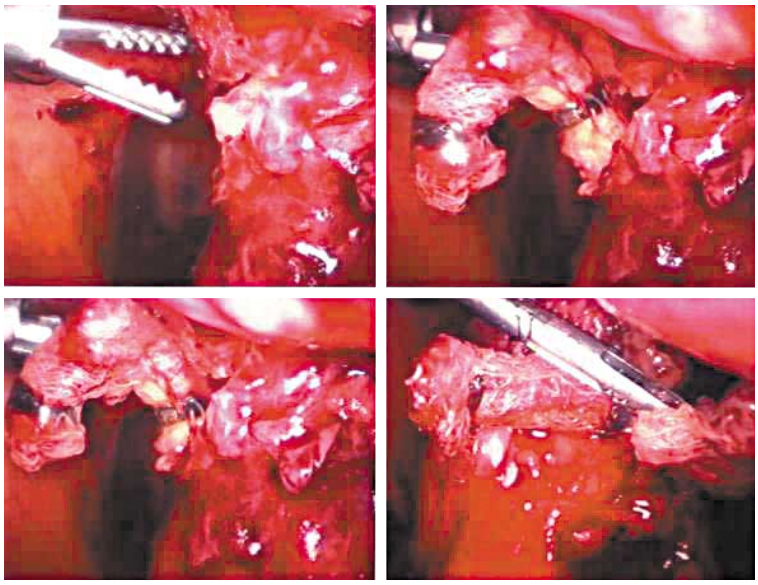

Figure 4. *Laparoscopic image of the retained surgical gauze.*

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