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Gossypiboma: An Unrecognized and Under-Reported Problem in Pakistan

Sir,

Gossypiboma is a term derived from the Latin *gossipium* (meaning "cotton") and Kiswahili *boma* (meaning "concealed place").¹ In medical literature, gossypiboma refers to a lesion resulting from a retained surgical sponge. This devastating medical error has serious consequences for both patients and surgeons alike. Due to its medicolegal implications, this entity often remains under-reported, even in the developed world.² However, estimates based on results from retrospective and prospective studies suggest that such mistakes occur once in every 1000 abdominal surgeries.³

In Pakistan, gossypiboma remains an unrecognized and under-reported problem. To put things in perspective, we performed a literature search of international peer-reviewed journals indexed on PubMed database using the keywords "gossypiboma" and "retained surgical sponges." This retrieved more than 250 publications in the past few decades. In stark contrast, we could only come across 9 publications after thoroughly searching all medical journals published in Pakistan (Table I). It is true that many surgeons are reluctant to discuss this issue with trainees and some do not even recognize it as an important cause of morbidity or mortality.⁴

The low literacy rate in our country has an important implication with regard to gossypiboma. Medical errors here, only remain under-reported, they are often not even disclosed to patients.⁵ Due to a dearth of knowledge among patients, they never realize that such an incident has even taken place. It is imperative for all doctors to be aware of the fundamental rights of all patients and to provide patients with accurate and complete information regarding their disease in a sensitive and socially appropriate manner. At the same

time, there is a need to raise awareness among patients regarding their own rights and autonomy.

At the other end of the spectrum, gossypiboma remains an obscure entity among physicians themselves. Due to its vague clinical features and varied clinical presentations, there is often a delay of several years between the surgical procedure and subsequent diagnosis of gossypiboma. Mostly, the diagnosis is unexpected and comes as a surprise to the treating physician. In some extreme cases, gossypiboma have been misdiagnosed as recurrent tumours resulting in unnecessary work-up and distress for the patients. All physicians, surgeons, radiologists and even nurses and paramedical staff must be aware of this important clinical entity to vouchsafe patient safety and prevent iatrogenic morbidity.

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Table I: Nine publications of medical journals in Pakistan.

Title	Author(s)	Year	Journal	Reference
Vesical gossypiboma	Rafiq M	2003	JCPSP	13(5):293-5
Gossypiboma - a case report	Murad M, Bari V	2003	PJMS	19(2):138-40
Gossypiboma - the forgotten swab	Jawaid M	2003	PJMS	19(2):141-3
Gossypiboma in the early postoperative period Computed Tomography appearance	Salman M, Ahmed N, Mansoor MA	2005	JCPSP	15(7):435-6
Urinary bladder gossypiboma	Ijaz M, Kibria R, Rehman B	2005	Rawal Med J	30(2):96-7
Gossypiboma of nose and nasopharynx: a report of two cases	Nawaz G, Din S, Rehman A	2006	J Postgrad Med Inst	20(2):207-8
Retained surgical sponge following abdominal surgery	Ali SA, Asim SA, Anwar S, Shamim S	2010	J Liaquat Uni Med Health Sci	9(2):58-63
Textiloma: an unusual pelvic cyst	Hussain Z	2011	Pak Armed Forces Med J	61(3):486-8
Assigning responsibility for gossypiboma (abdominal retained surgical sponges) in operating room	Memon AS, Khan NA, Samo KA, Bhatti A, Kumar RJ, Nouman M	2012	J Dow Uni Health Sci	6(3):106-9

JCPSP = Journal of the College of Physicians and Surgeons Pakistan; PJMS = Pakistan Journal of Medical Sciences.

