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CLINICAL CASE

Intestinal occlusion secondary to a retained surgical item☆

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KEYWORDS
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Abstract
Background: Retained surgical items after a surgical procedure is a real, existing, and preventable problem that affects the safety of the surgical patient. Its incidence is not exactly known due to under-reporting of occurrence, due to the potential risk of lawsuits.
Clinical case: A 31 year-old women that had an elective caesarean, apparently without complications. In the immediate post-operative period, clinical features appeared that were compatible with intestinal obstruction, such as inability to channel gas, bloating, abdominal pain and vigorous peristalsis. The diagnosis is made by the recent history of abdominal-pelvic surgery and the finding of a foreign body on a simple X-ray of the abdomen. The patient was operated upon, with a satisfactory outcome, and was discharged 5 days later.
Conclusion: A retained surgical instrument is an under-reported event that represents a medical-legal problem, leading to various complications, including death if it is not diagnosed and treated early. It is important to know the risk factors and adopt a culture of prevention through perioperative monitoring of equipment and instruments used during the surgical act.

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PALABRAS CLAVE
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Cuerpo extraño;
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Textiloma

Oclusión intestinal secundaria a oblito quirúrgico

Resumen
Antecedentes: El oblito o retención de cuerpo extraño después de un procedimiento quirúrgico es un problema real, vigente, prevenible, que afecta la seguridad del enfermo quirúrgico. Su incidencia se desconoce a ciencia cierta, ya que existe un subregistro de su ocurrencia debido al riesgo potencial de demandas.
Caso clínico: Mujer de 31 años a la que se le había realizado cesárea electiva, al parecer sin complicaciones. En el postoperatorio mediato presentó cuadro clínico compatible con oclusión intestinal: incapacidad para canalizar gases, distensión abdominal, dolor abdominal y peristalsis de lucha. El diagnóstico se realizó por el antecedente de cirugía abdominopélvica reciente y el hallazgo de cuerpo extraño en la radiografía simple de abdomen. La paciente fue intervenida, el postoperatorio fue satisfactorio y fue egresada por mejoría 5 días después.
Conclusión: El oblito es un evento subregistrado que representa un problema médico-legal, ya que genera complicaciones diversas. Llega a ocasionar incluso la muerte si no se detecta y atiende con oportunidad. Es importante conocer los factores de riesgo y adoptar una cultura de prevención, mediante la vigilancia perioperatoria del material e instrumentos utilizados durante el acto quirúrgico.

Background

Surgery is a multidisciplinary undertaking, a major experience for the patient and the healthcare team. If one element of surgery fails, the entire process fails, a surgical event therefore carries with it a degree of risk.[1,2] Hence medical errors are the eighth cause of death in the USA.[3] Human error is avoidable and healthcare systems and doctors, must adopt an open culture of recognition of the error and consequently preventive conduct.

Little is recorded in the medical literature about retained foreign bodies after surgical intervention, because they can result in malpractice litigation.[2,4] Yet their presence can cause diagnostic problems, and carry high morbidity and mortality rates.

In 1941, Masciotra[5] in a report to the Argentine Society of Surgeons on a foreign body in the bladder, suggested ''attaching a name, an appropriate, precise and concise designation for this particular nosological entity''. The term ''*oblito*'' (retained foreign body) was adopted as a result of this report (from the Latin *oblitum* = forgetting). In 2001, the Spanish Royal Academy[6] included the term *oblito* as ''any foreign body left inside a patient during surgical intervention'' without mentioning its origin or intent.

The real incidence of retained foreign bodies is unknown, due to the systematic lack of autopsies, evacuation through natural orifices, and the absence of reported cases.[7]

We present the clinical case of a patient who underwent an elective caesarean which was complicated by bowel occlusion in the mediate post-operative period with a final diagnosis of retained foreign body. We also present our review of the medical literature in relation to foreign bodies retained after a surgical procedure.

Clinical case

A 31-year-old female patient, admitted to the obstetrics and gynaecology emergency department, with pregnancy at 39 weeks' gestation, calculated by the date of last menstrual period, and oligohydramnios. She underwent a Kerr-type caesarean section and bilateral tubal occlusion due to satisfied parity. The surgical procedure was performed with no apparent complications and she gave birth to a male child, weighing 3250 g, APGAR 7–8, Silverman 2, Capurro test 38 weeks' gestation and full swab count.

Twenty-four hours following the surgical procedure, the patient presented diffuse abdominal pain, nausea and inability to channel gas. Physical examination found tegumentary pallor, suboptimal state of hydration, distended, tympanic abdomen, with diffuse pain on palpation, vigorous peristalsis. Her vital signs were: blood pressure 100/60 mmHg, heart rate 138/min.

The monitoring laboratory tests showed significant changes compared with those taken on admission, with evident leukocytosis with neutrophilia and grade II anaemia (Table 1).

Abdominal X-rays (Figs. 1 and 2) showed significant distension of the intestinal loops, interloop oedema, absence of gas in the rectal ampulla, fluid-air levels and the image of a foreign body in the upper left quadrant.

Given the above, a diagnosis of intestinal occlusion secondary to a foreign body was made, and therefore an exploratory laparotomy was performed. The procedure was reported complication-free, finding a piece of textile lodged in the upper left quadrant, hardened and adhering to the intestinal loops, with friable, oedematous surrounding tissue, and peritoneal reaction fluid estimated to be approximately 100 ml.