LETTER

Gossypiboma

We thank you very much for allowing us to respond to the letter by Marchiori *et al*[1] submitted in response to our recently published paper titled 'Parasitic infections of the lung: a guide for the respiratory physician'.[2]

We agree with the authors that the condition may be a difficult diagnostic challenge, but in textilomas (gossypibomas) there is nearly always a history of previous surgery. In a fairly large series of CT scans performed on textilomas, Kopka *et al*[3] observed that in seven patients gas bubbles were found inside the textiloma with a typical pattern. These patients did not have any abscess formation; however, it is interesting to note that the radio-opaque marker inside a textiloma was seen in nine patients but did not lead to a diagnosis in all of them. The authors also found that, from in vitro studies, gas bubbles were demonstrated in all surgical sponges scanned 1 hour afterwards. It is interesting that the number of gas bubbles were not significantly reduced after 6 months. CT signs of thoracic textilomas include well-defined mediastinal or pleural-based masses with hyperdense rims, central air bubbles, with curvilinear high-density stripes occasionally seen in the early postoperative period.[4] We agree that the appearance of retained surgical sponges (textilomas/gossypibomas) can lead to misdiagnosis with lesions mimicking malignancy and hydatid disease. Textilomas have been reported in a variety of places including the maxillary sinuses, the brain and the abdomen as well as the chest, and radiologists need to be aware and vigilant of this particular clinical problem.

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