

# Images in *Thorax*

## Gossypiboma in a man with persistent cough

A 68 year old man was referred with a persistent productive cough but no haemoptysis. He did not complain of weight loss or fever and denied tobacco use or recent travel. An open lung biopsy had been performed at another hospital 8 years previously to confirm the diagnosis of tuberculosis; treatment was started but cultures remained negative.

Chest radiographs revealed a ball in a 5 cm large thin walled cavity in the right lower lobe (fig 1). When the patient was asked to bend forward the ball moved. A CT scan of the chest confirmed the radiographic findings (fig 2). Sputum examinations were negative for tuberculosis and bacteria. Precipitins against aspergillus were positive, but IgE aspergillus was negative although total IgE was slightly raised to 276 (normal range 150).

The patient was admitted for surgical removal of an aspergilloma, but surgical exploration revealed a well encapsulated surgical sponge in the right lower lobe. The postoperative course was satisfactory and the patient was discharged 2 weeks after surgery. Pathological examination showed the surgical sponge in a cavity covered with squamous cells. No granulomas or echinococcal cysts were found.

To our knowledge only a few cases of thoracotomy for aspergilloma that revealed a gossypiboma (masses of retained cotton materials) have been reported.<sup>1 2</sup> Intrathoracic gossypibomas may also produce chest masses that radiologically resemble echinococcal cyst disease, intrapulmonary abscess, or malignant disease.<sup>3 4</sup>

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### REFERENCES

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**Figure 1** Chest radiograph showing a thin walled cavity in the right lower lobe containing an oval soft tissue mass.



**Figure 2** CT scan showing a ball within a thin walled cavity.

### Learning point

A retained surgical sponge (gossypiboma) in the pleural cavity can resemble an aspergilloma.