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Case Report

Gossypiboma- A rare case of breast fistula

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Abstract

Breast fistula is an uncommon disease usually occurs in young women. Most of the fistula is mammary duct fistula. Foreign body causing fistula in breast is very rare. Here a 50 years old female suddenly developed pain and swelling in her right breast, initially diagnosed as breast abscess and drained in a local clinic by a qualified surgeon, then the patient was improved but after 2 months another abscess was developed in opposite side of same breast which was burst spontaneously and fistulous tract formed and persist for 2 years. Then the patient was admitted in RMCH. FNAC report reveals granulomataous inflammation cytologically tuberculosis. Tubercular Chemotherapy was given for 2 months but no improvement. Finally surgery was decided, a retained surgical gauze (Gossypiboma) was found within the fistulous tract and fistulectomy was done and the wound laid open. Foreign body usually causes chronic discharging sinus but fistulous formation is very rare.

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Introduction

Breast fistula described for the first time in 1951 by Zyska, is an uncommon low grade, chronic infection of the subareolar region. (1) The disease is also called "mammillary fistula" or "recurrent subareolar abscess". (2-3) A mammary fistula is connection between the skin and mamillary duct that usually associated with a breast abscess, duct ectasia or surgery, (4-6) and tuberculosis. Breast tuberculosis (TB) is a rare disease, with an overall incidence of less than 0.1% of all breast lesions especially in Western countries and 3% in developing countries. (7) Failure to identify the disease may lead to inadequate surgical treatment, this results in recurrence, creation of a network of fistulous tracts within the breast tissue and severe mammary deformity. The term gossipyboma denotes a mass of cotton retained in the body after any intervention. (8) Two types of reaction occur in response to retained surgical gauge. First type an abscess, chronic discharging sinus and sometimes fistula formation. Second type fibrinous response resulting tissue adhesion, encapsulation and eventually FB granuloma formation. The recommended treatment of fistula is either excision of entire fistulous tract and primary closure, or wide incision drainage and curettage leaving the affected area to heal secondarily. (9)

Case report:

Mrs. Jorina, 50 years old, had history of Pain and swelling in the right breast and she was diagnosed as a case of breast abscess, which was drained by a qualified surgeon in a local clinic. Two months following surgery another abscess was developed at the medial aspect of same breast and it was burst spontaneously and purulent discharge came out continuously from both opening and persist for

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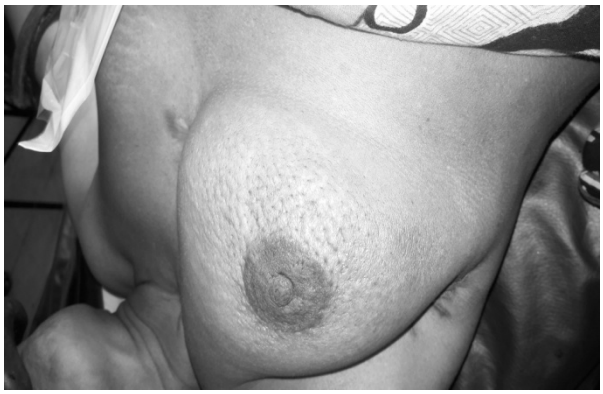
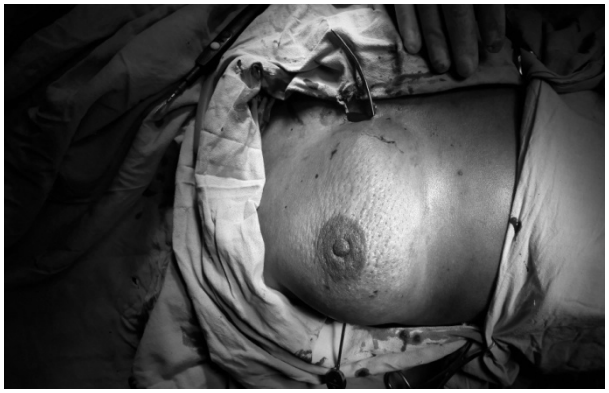
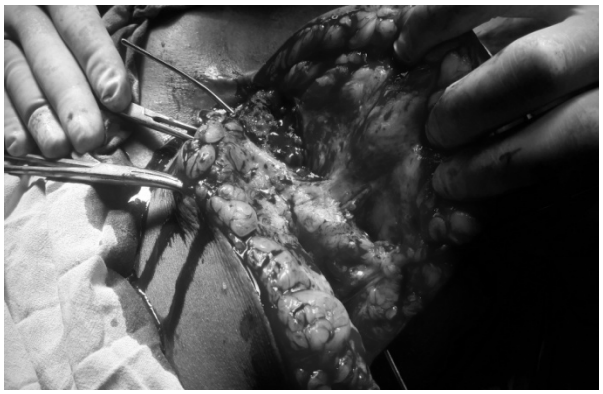
2 years. Then the patient was admitted in RMCH. She also noticed anorexia and low grade fever for 2 years. No lump was felt in the right breast. Her general and systemic examinations reveal normal, CBC= normal, ESR= 35 mm/1st hour, RBS= 6.6 mmol/l, S.creatinine= 0.8 mg/dl, urine RME= normal, CXR= normal, ECG= normal, FNAC = Granulomataous inflammation cytologically tuberculous, Fistulogram= a fistulous tract extending from medial aspect of the right breast to right axillary region.

Anti -TB drugs was given for 02 months but no improvement. Then patient was planned for surgery and a retained surgical gauze was found within the fistulous tract. Fistulectomy was done and the wound was laid open. Histopathology of the fistulous tract reveals non-specific inflammation.







Discussion:

Breast fistula presenting usually as a chronic discharge, is an uncommon disease. Breast fistula described for the first time in 1951 by Zuska.(1) The etiology is unclear and is not related to breast feeding (10) The first report in the early fifties attributed the disease to squamous metaplasia of the lactiferous duct epithelium. Others failed to find the same pathological features and attributed the disease to ductal ectasia or inversion of the nipple.(10-11) Breast tuberculosis (TB) is a rare disease, with an overall incidence of less than 0.1% of all breast lesions in Western countries and 3% of surgically treated breast lesions in developing countries. (7) In most cases retained surgical sponge or Glossypiboma have been reported in literature in connection with abdominal, thoracic or spinal surgery. Possibly it is the first case reported in connection of breast surgery and produce fistula. The actual incidence of gossypiboma is difficult to determine possibly due to reluctance to report occurrence arising from fear of legal repercussion.

Conclusion:

Gossypiboma is considered as a misadventure & associated with significant medical & legal problem between the patients & doctor. But this is an avoidable problem, (12) otherwise the surgeon will face charges of negligence. (13)

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