An unusual cause of heart failure: Cardiac textiloma

Kalp yetersizliğinin nadir bir nedeni: Kardiyak tekstiloma

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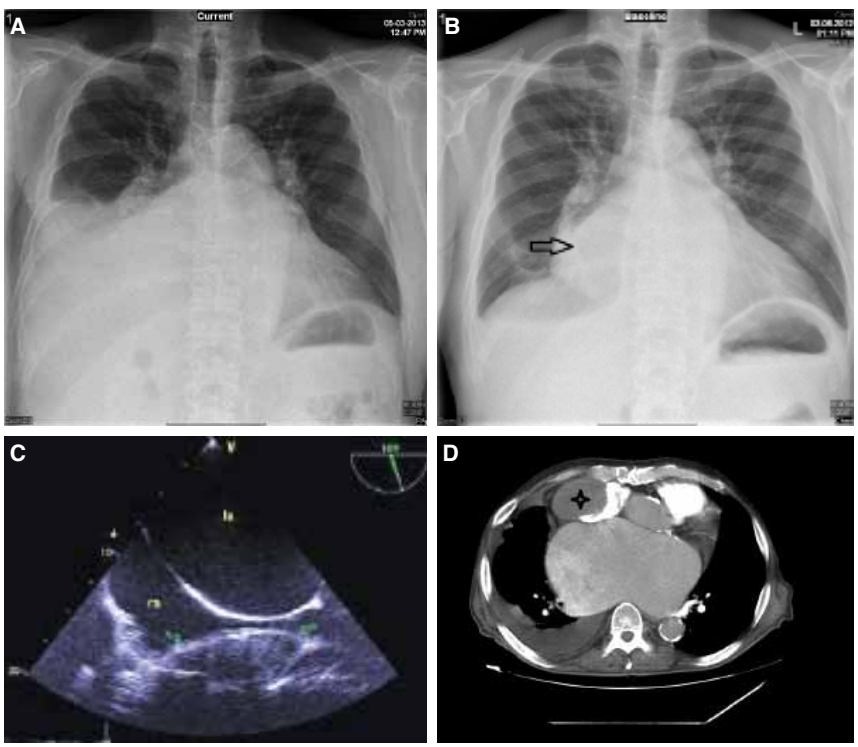
Textiloma (gossypiboma), a retained surgical sponge or gauze, is a rare though important complication of cardiac surgery. It may cause heart failure, chronic chest pain, abscess formation or fistulas. As a result of non-specific clinical and radiological presentations, and medico-legal issues, this diagnosis is usually overlooked. A 60-year-old male patient was admitted with complaints of exertional dyspnea, chest pain, and cough, ongoing for nearly 4 months. His medical history included atrial fibrillation, an ischemic cerebrovascular accident and a coronary artery by-pass operation for three-vessel disease 15 years previously. Physical examination revealed jugular venous distention, irregular heart rate with Levine grade 4 pansystolic murmur at the apex, and inspiratory crackles at the middle and basal fields of the right lung, hepatomegaly and +1 pitting pretibial edema. His electrocardiogram was consistent with atrial fibrillation with rapid ventricular response. A chest X-ray revealed a right-sided pleural effusion (Figure A). A transthoracic echocardiography showed severe tricuspid and mitral regurgitation, bi-atrial dilatation and left- ventricular hypertrophy. After intravenous diuretic therapy, a control chest X-ray was obtained to show regression of the effusion, and revealed a suspicious mass at the right heart border (Figure B). A transesophageal echocardiography was performed, and a left atrial thrombus, and a mass lesion with diameters of 46 mm × 43 mm compressing the right atrium were seen (Figure C, Video 1*). Multi-sliced computed tomography showed a mass consistent with textiloma, measuring 6.4cm × 4.7cm, compressing the right atrium and a right-sided pleural effusion (Figure D). After the diagnosis of textiloma had been made, the patient underwent re-do cardiac surgery for mass removal. Median Sternotomy revealed a textiloma behind the right atrium, which was non-capsulated and hard. Following an uneventful postoperative period, he was discharged. A clinic visit 1 month later showed him to be in good condition.



Figures– (A) A chest X-ray revealed a right-sided pleural effusion. **(B)** Arrow indicates suspicious mass at the right heart border. **(C)** Transesophageal echocardiography showed mass lesion compressing the right atrium. **(D)** Multi-sliced computed tomography showed a mass consistent with textiloma, measuring 6.4 cm × 4.7 cm, compressing the right atrium and a right-sided pleural effusion. **Supplementary video files associated with this presentation can be found in the online version of the journal.*