An Unusual Cause of Abdominal Mass

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A 40 years old man presented to the emergency department of Tabriz Imam Reza Hospital with a chief complaint of abdominal pain, dyspnea and fever. He had been suffering from right upper quadrant abdominal pain for two weeks. He had fever present for past two days, tachypnea and vomiting had been added in the last 24 hours. He had diabetes mellitus, cholecystectomy operation 11 year ago and hydatic cyst resolved by oral medication in the past medical history. He was oriented and cooperated during the admission. His vital signs were as follows: blood pressure 110/60 mmHg, respiratory rate 40 breaths/minute, pulse rate 100 beats/minute and had 38.5ºC of fever. In the physical examination, abdomen was soft with normal bowel sounds and lack of peritoneal irritation signs. The remaining systemic examination was all normal. There was normal sinus rhythm without a pathological finding in his ECG. The laboratory results were as follows: leukocyte 22.800/mm^3, hemoglobin 13.6 g/dl, hematocrit 44.6%, platelet 376.000/mm^3, glucose 287 mg/dl, urea 25 mg/dl, creatinine 1.2 mg/dl with normal blood electrolytes. All these analyses and vital signs indicated a systemic inflammatory response syndrome due to an infection; sepsis.

We obtained a chest X-ray in order to detect the origin of the infection and dyspnea. The lower part of the right hemithorax had an opaque view which is thought to be related with pleural fluid and pneumonia. However, the pleural fluid had a transudative form and clear in analysis and culture (Fig. 1a). Ultimately, we obtained a chest computerized tomography (CT) which revealed a mass located between lower part of the right hemithorax and right upper side of abdomen with a calcified wall (Fig. 1b). The patient was transferred to the operating room for surgery and a gauze dressing forgotten during the cholecystectomy surgery was found as the cause of the symptoms and mass view in the CT (Fig. 1c). Emergency physicians should consider forgotten foreign bodies as possible cause of sepsis and abdominal pain in patients who had previous abdominal surgery.

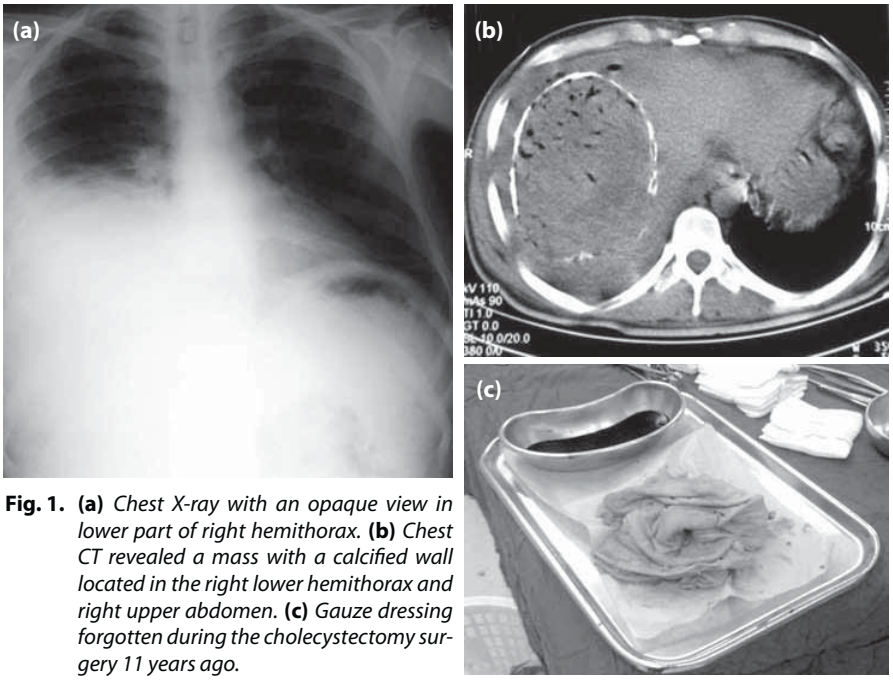

Fig. 1. **(a)** *Chest X-ray with an opaque view in lower part of right hemithorax.* **(b)** *Chest CT revealed a mass with a calcified wall located in the right lower hemithorax and right upper abdomen.* **(c)** *Gauze dressing forgotten during the cholecystectomy surgery 11 years ago.*

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