


**CARDIOVASCULAR FLASHLIGHT**

doi:10.1093/eurheartj/ehq121
Online publish-ahead-of-print 28 April 2010

Transient loss of consciousness caused by textiloma or gossypiboma

Katalien Galle1*, Walter Desmet1, and Paul Herijgers2

1Department of Cardiology, University Hospital Leuven, Herestraat 49, 3000 Leuven, Belgium and 2Department of Cardiac Surgery, University Hospital Leuven, Herestraat 49, 3000 Leuven, Belgium

* Corresponding author. Tel: +32 16 344 248, Fax: +32 16 344 240, Email: katalieng@hotmail.com

In January 2010, a 65-year-old woman was admitted because of recurrent syncope. Cardiac history revealed percutaneous transvenous mitral valvuloplasty for rheumatic mitral valve stenosis in 1991 and valve replacement (St Jude Medical mechanical valve) in May 2007. After syncope and echocardiographic detection of a mass compressing the right atrium (RA), thoracoscopic exploration led to the resection of a textiloma (retained gauze) in January 2008. Two years later, she presented in our hospital because of frequent syncope. Meanwhile, she had been diagnosed with transient ischaemic attack and epilepsy. Echocardiography showed a structure of 62 by 48 mm compressing the right atrium (RA), thoracoscopic exploration led to the resection of a textiloma (retained gauze) in January 2008. Two years later, she presented in our hospital because of frequent syncope. Meanwhile, she had been diagnosed with transient ischaemic attack and epilepsy. Echocardiography showed a structure of 62 by 48 mm compressing the right atrium (RA), thoracoscopic exploration led to the resection of a textiloma (retained gauze). Retrospectively, echocardiography in January 2008 visualized a mass of 27 by 9 mm nearby the RA. A computed tomography scan, in September 2008, showed the same mass measuring 53 by 36 mm (Panel C, arrow). We hypothesized that obstruction of blood flow from RA to RV caused low cardiac output resulting in global cerebral hypoperfusion followed by syncope. Redo sternotomy was performed. We found a compact and hard mass enclosing the inferior caval vein, the RA, and a part of the superior caval vein. After incision, pus and remnants of gauzes (textiloma or gossypiboma) were evacuated (Panel D). The patient has remained free of syncopeces for 1 month since this operation.

Published on behalf of the European Society of Cardiology. All rights reserved. © The Author 2010. For permissions please email: journals.permissions@oxfordjournals.org.