CT AND MRI FINDINGS OF BILATERAL PARASPINAL TEXTILOMAS

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Introduction

Paraspinal textiloma surrounded by a foreign body reaction - usually consequence of retained surgical gauze - can easily be mistaken for other soft tissue masses. They are relatively rare and less well known in comparison to textiloma due to abdominal surgery.

Purpose

The study aims to describe the CT aspects and MRI appearance of textiloma following spinal surgery.

Methods

Asymptomatic chronic paraspinal textilomas were detected in a 30-year-old man, four months after a partial laminectomy due to a lumbar herniated disc fragment. The masses were palpable on the paraspinal surface, without any tenderness. CT imaging revealed two symmetric oval soft tissue masses at the paraspinal muscles at L5 level, with well-defined and regular contours, slightly hyperattenuated and clear peripheral capsule-like enhancement. T1-WI revealed low signal intensity lesions, in comparison to paravertebral back muscles, with strong peripheral rim enhancement. T2-WI revealed hyperintense center and hypointense peripheral rim.

0 → **4 months before**

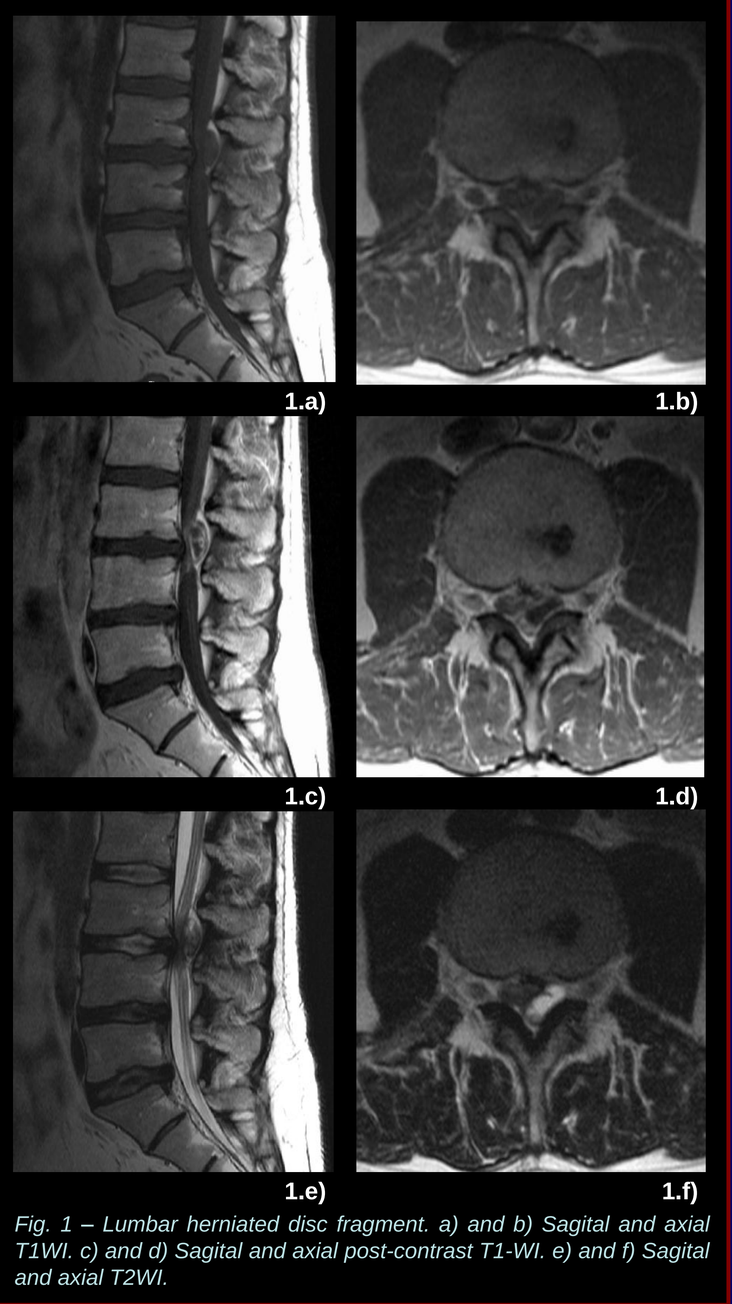

Fig. 1 – Lumbar herniated disc fragment. a) and b) Sagital and axial T1WI. c) and d) Sagital and axial post-contrast T1-WI. e) and f) Sagital and axial T2WI.

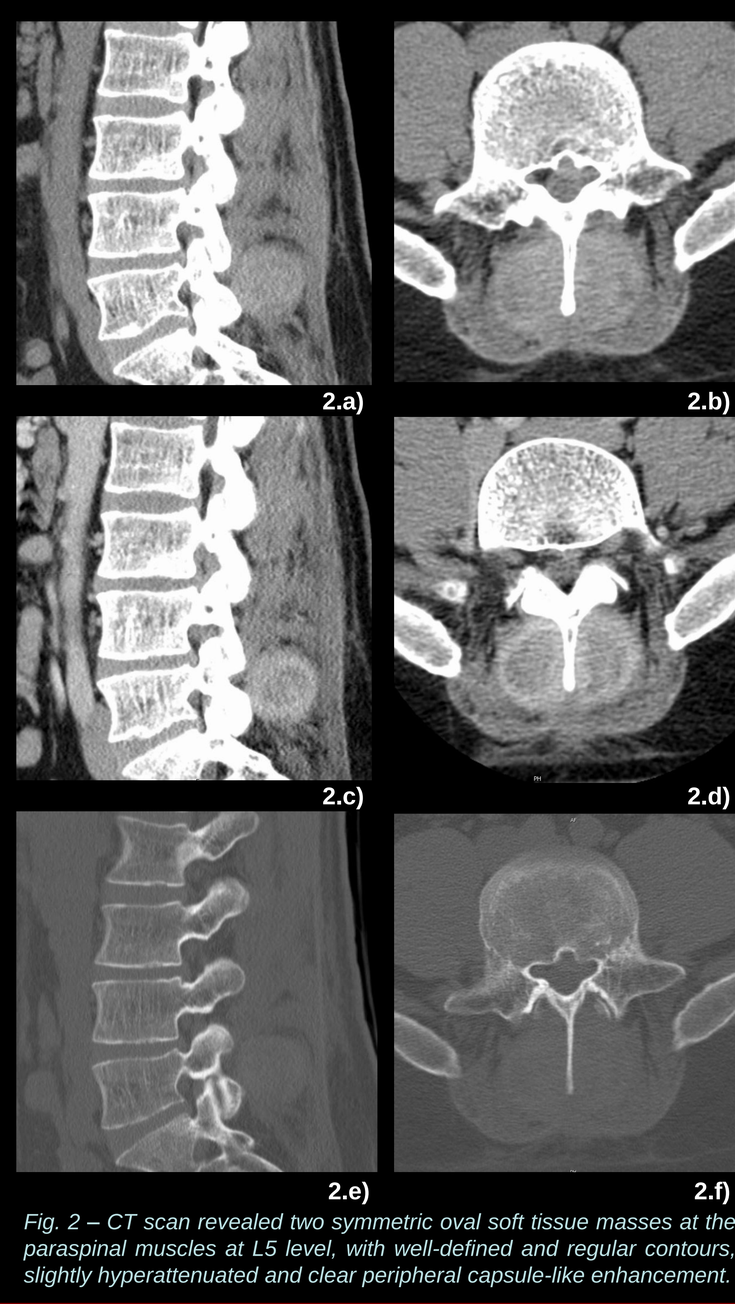

Fig. 2 – CT scan revealed two symmetric oval soft tissue masses at the paraspinal muscles at L5 level, with well-defined and regular contours, slightly hyperattenuated and clear peripheral capsule-like enhancement.

Fig. 3 – Paraspinal textilomas. a) and b) Sagital and axial T1WI. c) and d) Sagital and axial post-contrast T1-WI. e) and f) Sagital and axial T2WI.

Results

Surgical treatment was performed to excise the textilomas. During the operation, retained surgical gauzes were found and removed completely, together with the surrounding fibrous capsule.

Conclusion

Textiloma should be included in the differential diagnosis of the paravertebral masses, when a lesion with a hyperintense center and peripheral hypointense rim on T2-WI and strong peripheral rim enhancement on T1-WI are observed in postoperative patients.

References:

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