Textiloma (gossypiboma) or retained surgical sponge is a rare but an important surgical complication that can result in severe consequences such as heart failure, chronic pain, infection or abscess formation. A 65-year-old male patient was admitted with atypical chest pain, dyspnea, and leg swelling of nearly two-month history. He had a history of hypertension for 15 years and a 10-year history of coronary artery bypass grafting operation for three-vessel disease. On physical examination, blood pressure was 145/85 mmHg, and heart rate was 95 bpm. Jugular vein distention and 3+ pitting pretibial edema were found. Cardiovascular examination was normal, but respiratory examination showed inspiratory crepitating rales at the base and middle zone of the right lung. Electrocardiography was normal. The chest X-ray showed a giant mass at the right heart border (Fig. A). All laboratory values were normal. Transthoracic echocardiography revealed a mass lesion, 7 x 6 cm in diameter, adjoining the right atrium. Multislice computed tomography showed a well-limited, heterogeneous mass, 10 x 11 cm in diameter, compressing the right atrium, right ventricle, inferior vena cava, and superior vena cava (Fig. B). A right posterolateral thoracotomy was performed and the paracardiac mass was excised. Pathological examination revealed a retained surgical sponge with abscess formation surrounded by granulation tissue. In the postoperative follow-up the patient was asymptomatic and did not have any complication, and was discharged in good condition.

Figures. (A) The chest X-ray showing a mass at the right heart border (arrow). (B) Multislice computed tomography scan showing a well-limited, heterogeneous mass, 10 x 11 cm in diameter, compressing the right atrium, right ventricle, inferior vena cava, and superior vena cava (arrow).