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Case report:

"An uncommon case of Chronic Abdominal wall fistula with foreign body"

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Abstract:
Fistula is an abnormal communication between two epithelial surfaces. Fistulas are caused due to various factors such as Foreign body or necrotic tissue underneath, insufficient or non-dependent drainage, persistent obstruction in the lumen in case of faecal fistula, wall become lined with epithelium or endothelium. In this case we see a rare type of chronic abdominal wall fistula caused by a wooden stick which was lodged in the abdomen after a trauma.

Presentation of case: A 48-year-old male who has previously undergone a surgery for abdominal wall cellulitis 1 and half year back, presented with abdominal wall fistula.

Discussion: Fistula formation due to prolonged retainment of foreign body ingested accidentally which formed a thick sinus tract.

Conclusion: In a case of chronic fistula we need to raise suspicion for foreign body in the fistula tract.One in four patients with a retained foreign body of the musculoskeletal system initially presents with a complication ,which is most commonly infection but can also be the result of neurovascular or tendinous injuries(5).

Case report:

A 48-year-old male presented to our outpatient department with complaints of purulent discharge from the openings in infra umbilical region and scrotal region since one and half year, pain since 5 months, Fever since 10 days. He had history of trauma. History of previous surgery done for abdominal wall cellulitis one and half year back. He had no medical co-morbidities.

On inspection there is purulent discharge from a proximal opening 5 cms from umblicus in infra umbilical and a distal opening on the right side 3 cms away pubic symphysis near to thigh in inguinal region. For the confirmation of extent of tract betadine with hydrogen peroxide is injected in the infra umbilical region opening and after a few seconds it was observed that the solution followed the course of the tract and is drained from the opening near the right inguinal region.

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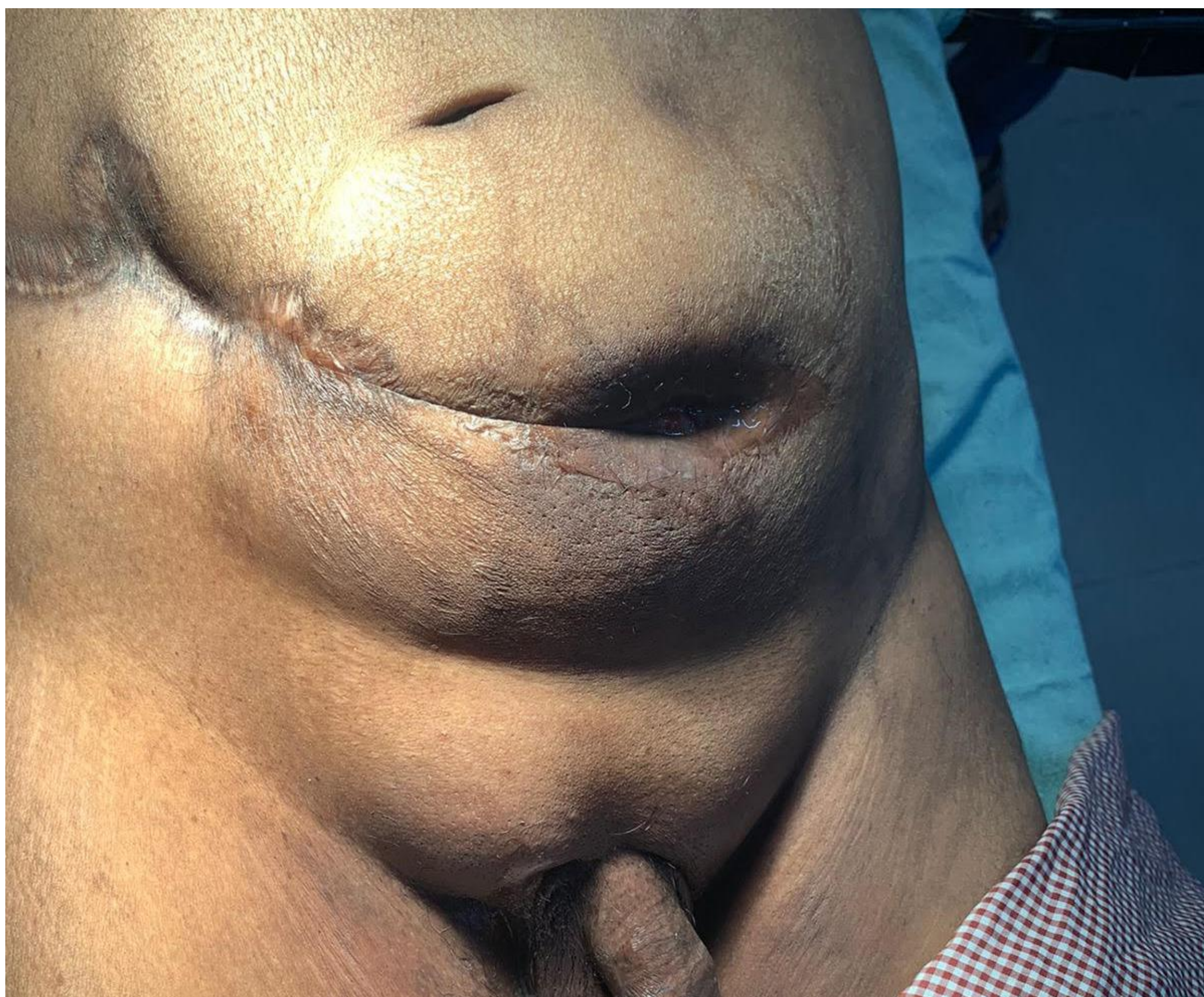

Pre-operative image

The patient was advised for a CT fistulogram. The impression of the fistulogram is that there is a thick sinus tract in deep subcutaneous plane of anterior abdominal wall extending from left para median supra-umblical region to right inguinal region inferiorly. Along with organised abscess in deep subcutaneous plane. Based on the findings, surgical intervention was planned. Further investigations were advised. Complete blood picture revealed that his haemoglobin percentage is 6%.Hence two blood transfusions were done before surgery.On the day of surgery his haemoglobin percentage is 8.3%. Pre-anaesthetic checkup was done and fitness for surgery was given by Anaesthesiologist.

Under spinal anaesthesia probe is inserted in the fistula tract in the proximal end near the umblicus. Incision is given over the probe following the tract. A foreign body i.e. wooden stick of size 18 cms is identified in the tract along with debris and pus. Foreign body is removed, debridement id done in the tract with the scoop. The tract is washed with hydrogen peroxide and

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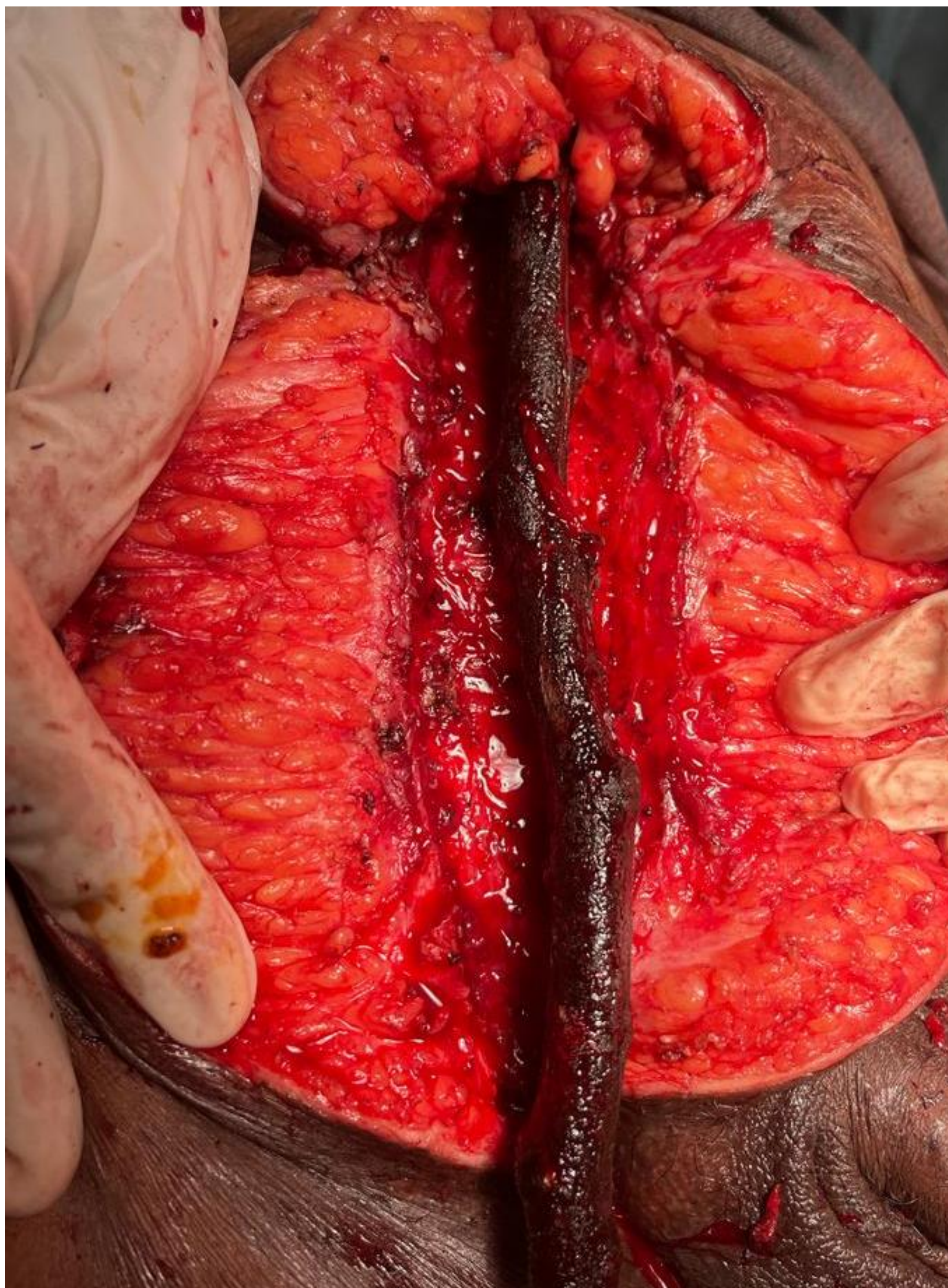
betadine. Wound site is packed with mops. The wound was left open for formation of healthy granulation tissue. Post-operatively uneventful.



Intraoperative image

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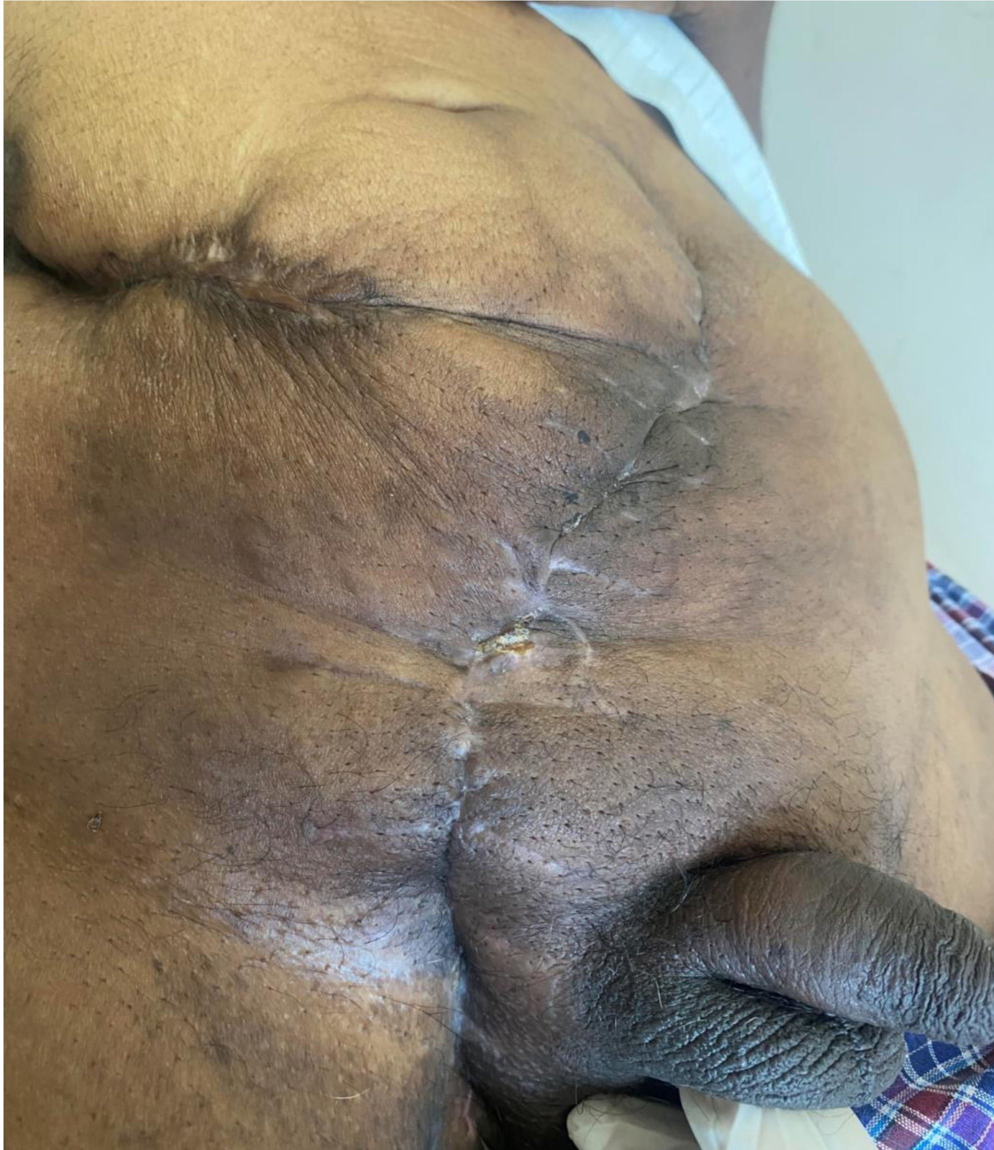
Regular dressings of the wound were done. After 10 days the wound had healthy granulation tissue and the patient was posted for surgery for secondary suturing.

Under spinal anaesthesia skin is undermined along the wound, fistula tract is closed with vicryl. Skin is closed with ethylon 1.0. Post-operatively uneventful.

One week after suturing Patient came for follow up. There was no pus discharge at suture sites hence alternate suture removal was done. Dressing was done. Wound care was advised. After 3 days remaining sutures were removed. There was no pus discharge and the healing was good.



Post operative image after suture removal

The patient was further referred to General Medicine Department for the evaluation of anaemia.

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Discussion:

This is a very rare case of abdominal wall fistula caused due to wooden stick perforation in the abdomen during a trauma. The patient was clueless about the perforation and had survived 1 and half year with a wooden stick in his abdomen. The patient came to surgery department with complaints of pain and discharge from the openings in infra umbilical and scrotal region. The patient was advised to do a CT fistulogram which revealed a thick sinus tract in the abdominal region. The patient was posted for Surgery. In the middle of surgery while exploring the fistula tract in the groin region a hard substance was felt which on further clearing of the tract revealed a wooden stick of size nearly 18 cms.The stick present in the abdomen is the main cause of the fistula tract.

There are many cases of fistula formation due to fish bones, forgotten suture material [(1,2)] but an abdominal wall fistula without any enterocutaneous complication is very rare which is seen in this case. Organic materials and plastics, on the other hand, are diagnostic challenges because they do not show up on plain radiographic films. The effects of plant thorn in soft and bony tissues include foreign body cyst, bursitis, tenosynovitis, synovitis, monoarthritis, and bone lesions that may mimic a tumor.A high index of suspicion is needed to diagnose a migrating foreign body. Early intervention is crucial in such cases to prevent complications [(4)].

Conclusion:

If there is case of prolonged fistula tract we should look for any foreign body penetration or ingestion. These foreign bodies cause fistula formation leading to symptoms like pain, fever, discomfort in the fistula area. In some cases of prolonged fistula in the abdominal wall may also lead lo weakness due discomfort during eating leading to anaemia. The patient mobility is can also be affected due to prolonged fistula in abdomen.Early identification of the foreign body must be done to avoid further complications.

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