Perianal fistula due to an ingested foreign body

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Abstract

Introduction
Anal fistulas are a common problem that is seen in our day to day surgical practice. As many as 90% of the fistula cases are caused by idiopathic crypto-glandular infections. In the literature, there are very few cases of anal fistula caused by an ingested foreign body. This paper reports a case of perianal fistula due to an ingested foreign body.

Case Report
We hereby report a rare case of a 48-year-old patient who had an impacted bone in the anal fistula.

Conclusion
Here, we would like to highlight the need to raise a suspicion of a foreign body in case of a chronic non healing perianal fistula.

Introduction
Anorectal infections and fistula in ano are a common cause of perianal pain. A complex fistula in ano due to a foreign body is very rare in literature. The anal canal is a very unusual site of impaction of an ingested foreign body. Most of the ingested foreign body passes through the alimentary canal and in the stools uneventfully. The sites of impaction of the ingested foreign body include appendix, caecum and terminal ileum. Impaction of foreign body in a fistula in ano is extremely rare. We report a case of fistula in ano with an impacted bone in it.

Case report
A 48-year-old male presented to our outpatient department with complaints of intermittent purulent discharge from the perianal region for the past 2 years. He had no history of painful defecation or bleeding per rectum. He had no previous history of perianal abscess or any surgeries in the past. He had no medical co-morbidities.

On local examination, he had a fistula in ano. The external of which was seen at 5 O’clock, position and internal opening could not be visualised. Purulent discharge was present from the external opening. Digital examination was un-remarkable and proctoscopy was normal.

His sonofistulogram showed a complex fistula in ano with evidence of a foreign body (3.2 cm) in the fistulous tract. The rest of his blood investigations were normal. Based on these findings, surgical intervention was planned and he was taken to the operation theatre.

Under spinal anaesthesia, with the patient in the lithotomy position, examination revealed a fistula in ano. The external opening was at 5 o’clock and internal opening at 4 o’clock, 1 cm from the anal verge. The fistula tract was laid open and a bone piece of 3 cm was extracted in piece (Figures 1 and 2). Setons were placed in the fistulous tract. Patient had an uneventful post operative recovery. The foreign body was sent for histopathological examination and it confirmed to be a piece of bone.

Discussion

Ingested foreign body causing formation of fistula in ano is very rare. Only few cases have been reported in the literature so far. Most swallowed bones pass through the alimentary canal without causing any trouble. Rarely, though they can get lodged in the aerodigestive tract and cause complications. This can be associated with complications like cervical abscess, mediastinitis, esophagocarotid fistula and perforated bowel.

Figure 1: The intra-operative view of the foreign body in the anal fistula.

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Case report


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Consent
Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

References

In our case, the bone ingested by the patient was impacted in the perianal space. The suggested mechanism is that the force exerted by the anal sphincter and by the evacuated faecal matter during defecation resulted in this sharp object being pushed through the anal wall with its pointed end leading into the perianal tissue. Fish bones, chicken bones, suture material, fishie clips, etc have been various unusual contents removed from the fistula in ano. In one series, eight cases of impacted bones were removed from the anus out of which six were fish bone and one was a chicken bone. Sometimes, these foreign bodies can also cause perianal abscess.

Digital examination may not reveal the presence of a foreign body in the fistula tract. It is not uncommon to investigate patients with complex fistula in ano with an magnetic resonance imaging (MRI), though in our patient we did an endoanal ultrasound. The ultrasound itself had revealed a foreign body in our case. The patient was then posted for examination under anaesthesia.

Generally, management includes fistulectomy/fistulotomy and removal of foreign body. Antibiotics are not usually required unless there is sign of infection. However, we have a protocol of giving antibiotics in all perianal cases.

Conclusion
Presence of complex and chronic fistula in ano should raise the suspicion of a foreign body in the fistulous tract although they are very rare. Endoanal ultrasound and MRI can be very useful in identifying the presence of foreign body. Most often, these foreign bodies are removed under anaesthesia.

Figure 2: The removed bone pieces from the fistula.