



A SELDOM PRESENTATION OF A COMPLEX PERIANAL FISTULA

UNIT-6

DEPARTMENT OF GENERAL SURGERY

Dr D. Y. PATIL MEDICAL COLLEGE AND HOSPITAL

INTRODUCTION

- Complex Fistula in Ano represents those fistulae with aberrant anatomy or distant presentation.
- Characteristics of a complex fistula includes:
 - High Fistula
 - Multiple external openings with predisposing factors such as Crohn's disease and Radiotherapy.
 - In such cases it is important to know the anatomy of the various peri rectal spaces.
- We hereby presentation a rare case of a complex fistula in Ano managed innovatively.

CASE REPORT

- ❖ Pain in lower Abdomen – 1 Week
- ❖ Fever with chills – 1 Month,
- ❖ Loose stool – 1 Month
- ❖ Purulent discharge from perianal region -7 Years
- ❖ Known Diabetic not on medication.

GENERAL EXAMINATION

❖ Patient is conscious, oriented, and febrile.

❖ VITALS

- BP: 100/80 mmHg
- **Pulse: 110/ min**
- RR: 20/ min
- **Temperature: Febrile (100.5-degree Fahrenheit)**

SYSTEMIC EXAMINATION

- **PER-ABDOMEN:**

- Soft
- **Tenderness and guarding were present in the hypogastrium, right, and left iliac fossa.**
- No palpable lump or organomegaly.
- Bowel sounds – present in all quadrants.

- **PER RECTAL EXAMINATION:**
 - **External fistulous opening – 6 o’clock.**
 - **Anal sphincter tone raised.**
 - **Active purulent discharge is present from the external opening.**
 - **No internal opening was found.**
- **Other systemic examination was within normal limits.**

ROUTINE INVESTIGATIONS

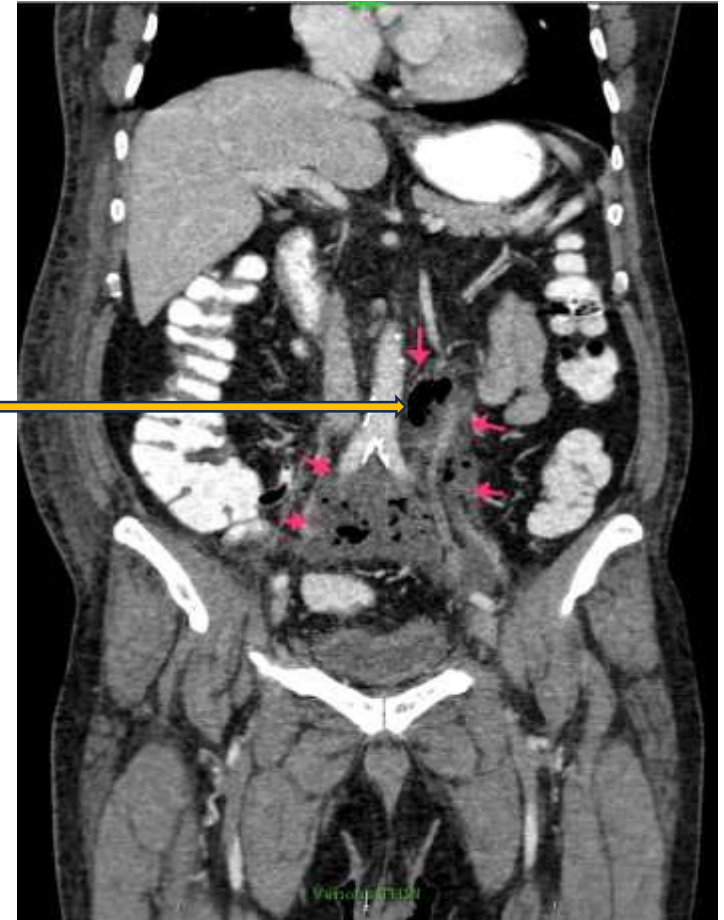
- ❖ Hemoglobin-10g/dl
- ❖ **Total leucocyte count- 15,300/ul**
- ❖ Platelet-3,14,000 /ul
- ❖ **HbA1c- 10 mmol/L**
- ❖ **Blood glucose level-250 mg/dl**

INVESTIGATIONS

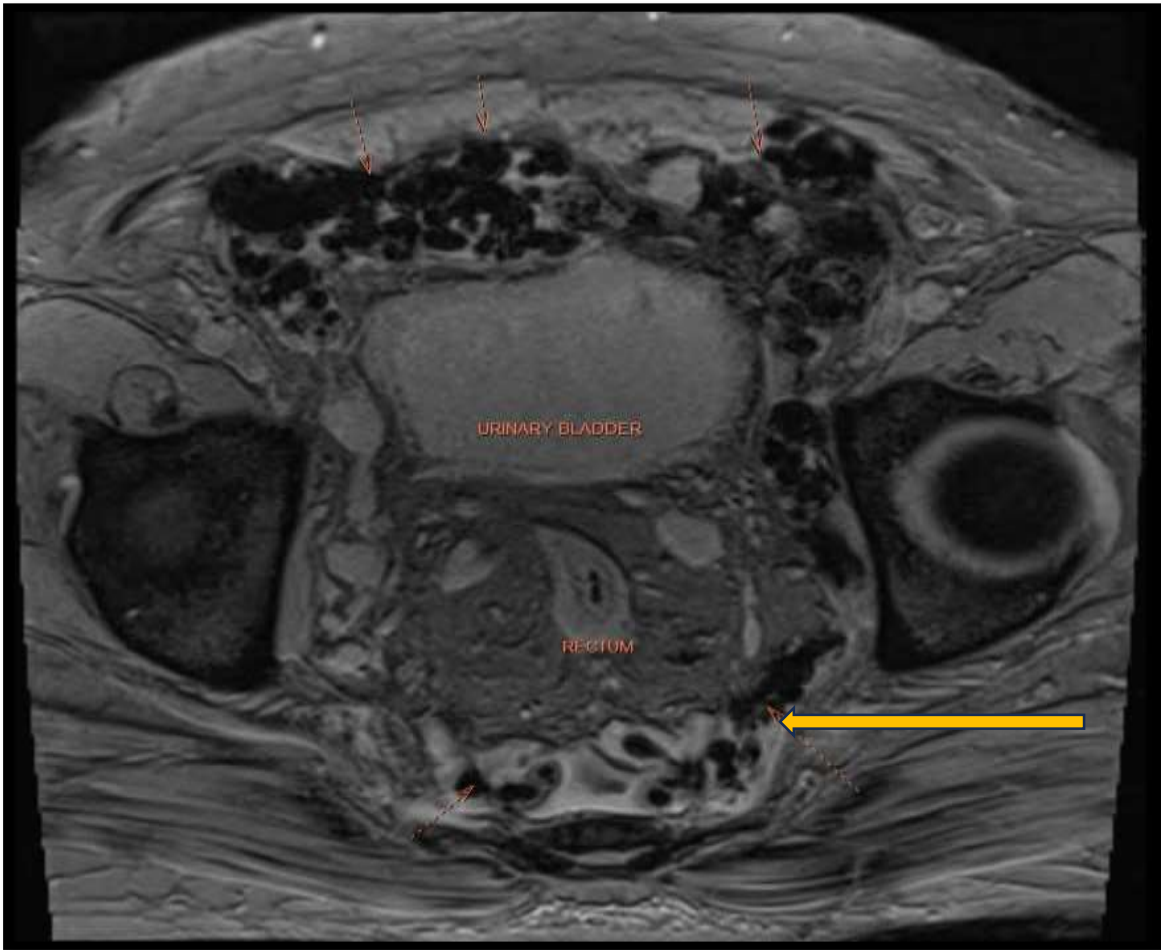
CECT (ABDOMEN AND PELVIS)

- Ill-defined collection noted along the anterior-medial border of the left psoas muscle - 19 x 2.4x 5.9 cm
- Loss of fat planes
- **Suggestive of left psoas abscess**

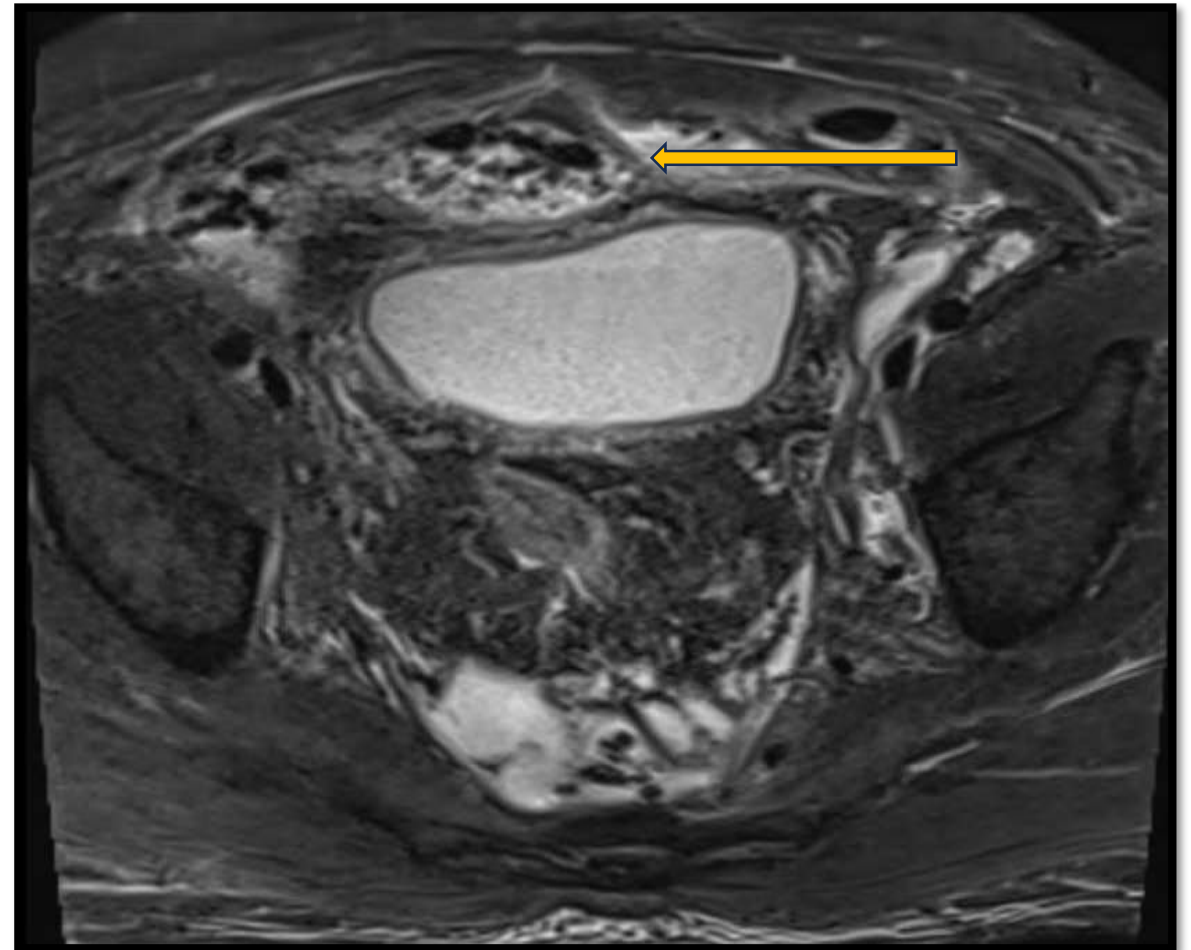
- **Multiple thick-walled collections - In the pelvic cavity with the presence of multiple air foci within**
- Approx. 10x2.5x5.9 cm
- **Anterior to the bladder and posterior to the rectus abdominis muscle – Continuous with peri-anal collection.**



Coronal view showing the extent of the collection. 8



**Axial section of abscess
with extra-peritoneal
extension**



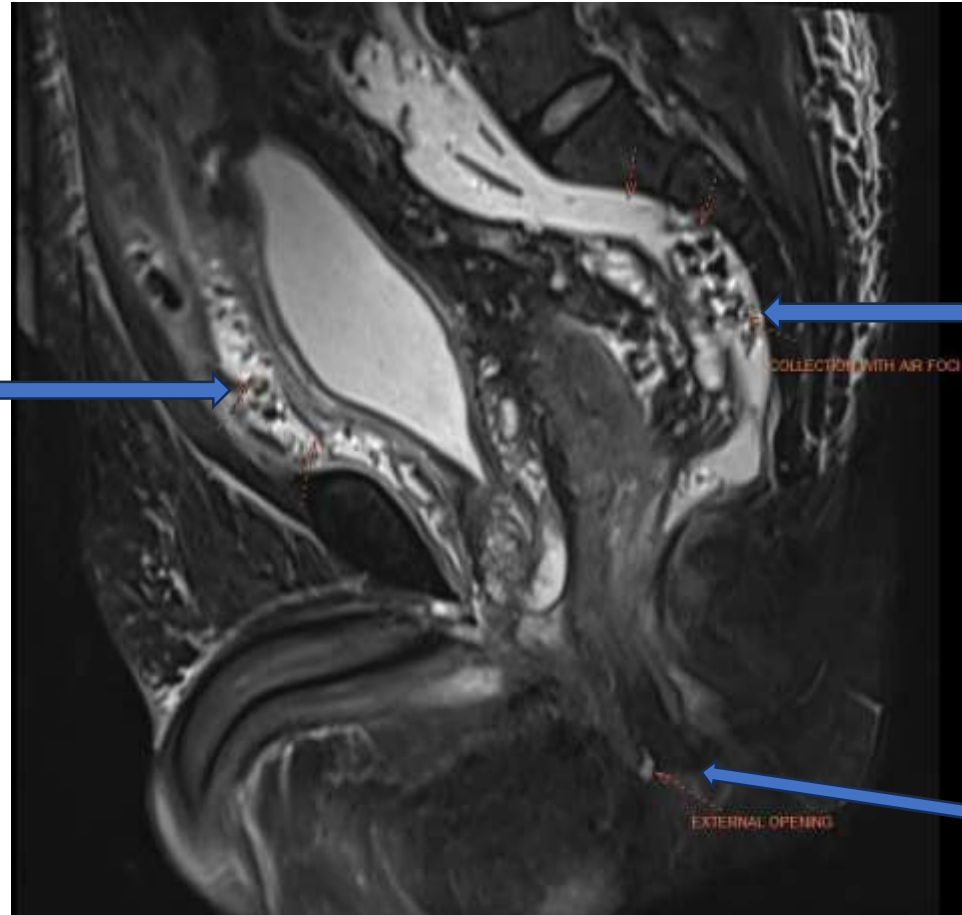
**Collection present anterior to urinary
bladder in continuity with the collection
seen posterior to the presacral region**

MRI FINDINGS

- ❖ **A linear tract - 7cm length, 4 mm width**
- ❖ **External opening at 6'oclock**
- ❖ **It traverses in the intersphincteric plane and pierces the internal sphincter at the level of Levator ani ,with internal opening at 5 o clock.**
- ❖ **No collection in the intersphincteric plane.**
 - ❖ **Superiorly it extends above the Levator ani.**
 - ❖ **Forms a collection 15x10x30mm**

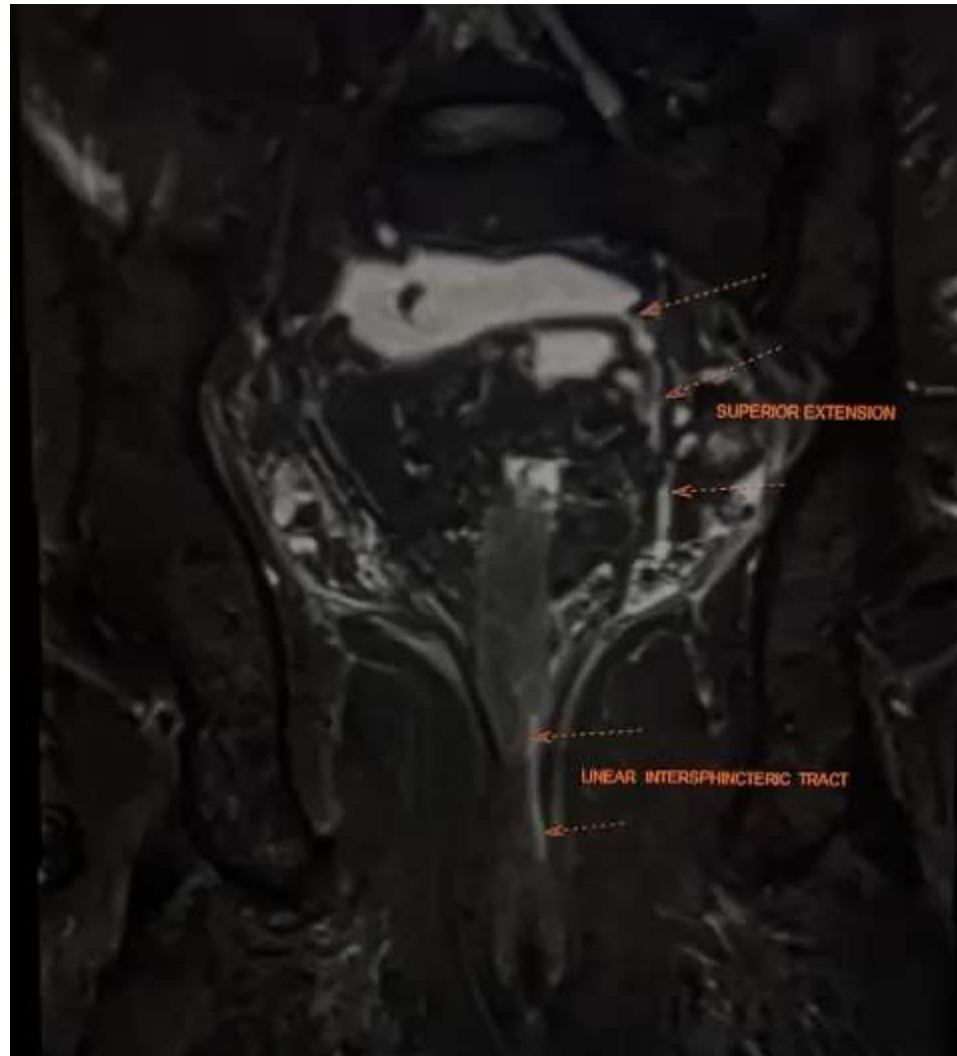
MRI FISTULOGRAPHY

- PREVESICAL COLLECTION



- RETROPERITONEAL COLLECTION WITH MULTIPLE AIR FOCI.

- EXTERNAL OPENING OF THE FISTULA



ULTRASOUND- GUIDED PIGTAIL CATHETERISATION

- ❖ **70-80 cc of pus was aspirated from the prevesical (space of Retzius).**
- ❖ The pigtail catheter was repositioned in the left iliopsoas space .
- ❖ Around 120 cc pus was drained.
- ❖ Pus Culture and sensitivity suggested: **Klebsiella pneumoniae.**



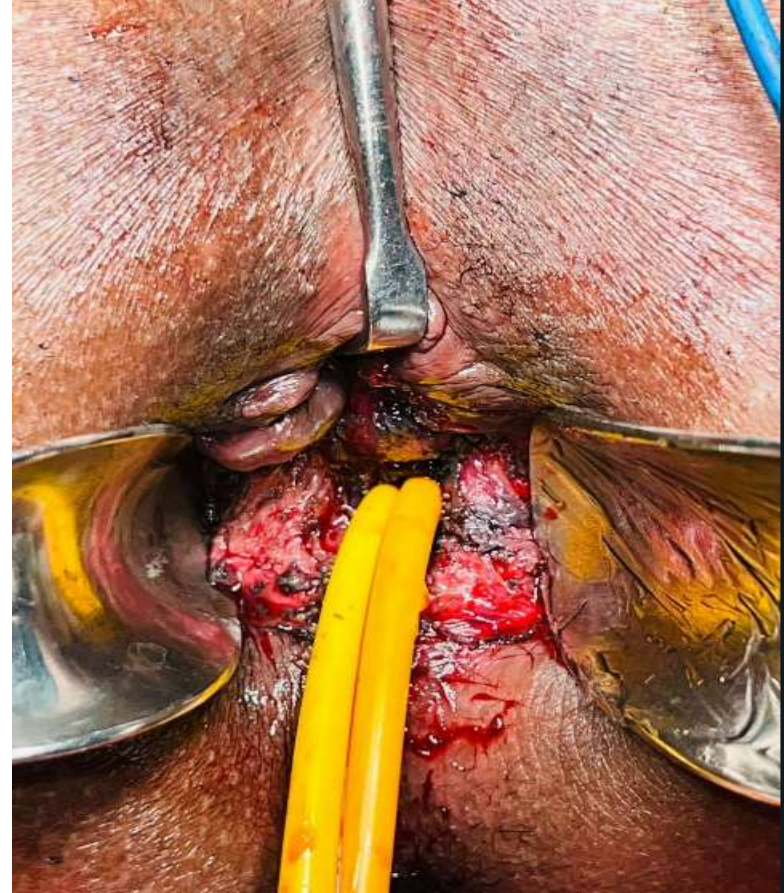
**PIGTAIL CATHETER
PLACED IN THE SPACE TO
RETZIEUS.**

❖ CBNAAT: negative

❖ Patient underwent **colonoscopy**: scope was passed up to splenic flexure, **mucosa appeared normal.**

❖ Multiple **biopsies** were taken which was suggestive of **chronic inflammation.**

SURGERY PERFORMED



POST OPERATIVE CARE

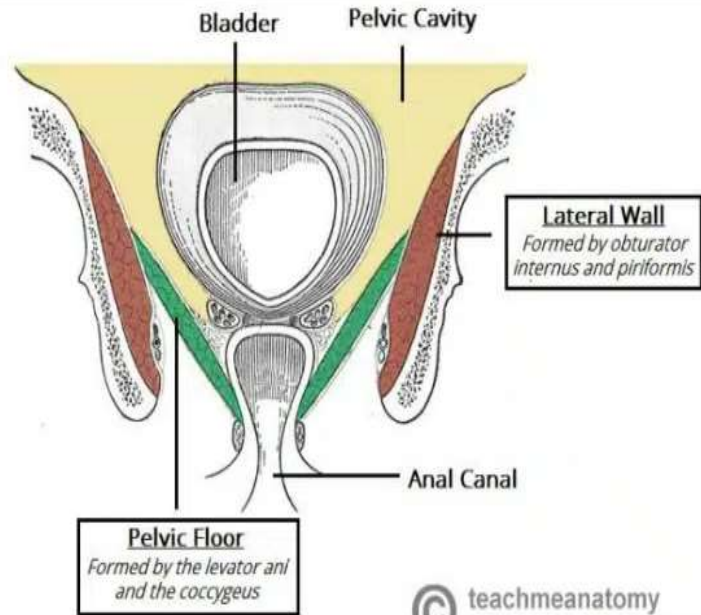
- ❖ High antibiotic cover (Tigecycline) according to culture and sensitivity report.
- ❖ Serial abdominal sonographies were performed to check for the reduction in the abscess cavity size.
- ❖ Daily dressing of the anal wound were continued till it healed completely.

UNIQUE POINTS IN OUR CASE

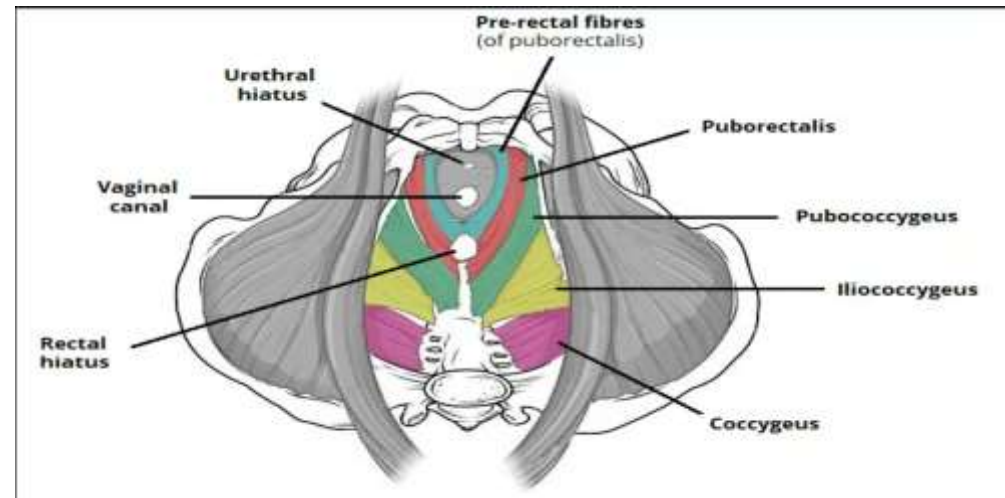
- Long standing collection.
- Long tract length and supra-Levator extension.
- **An uncommon presentation of a relatively common surgical condition.**
- Targeted management tailored according to the investigations.

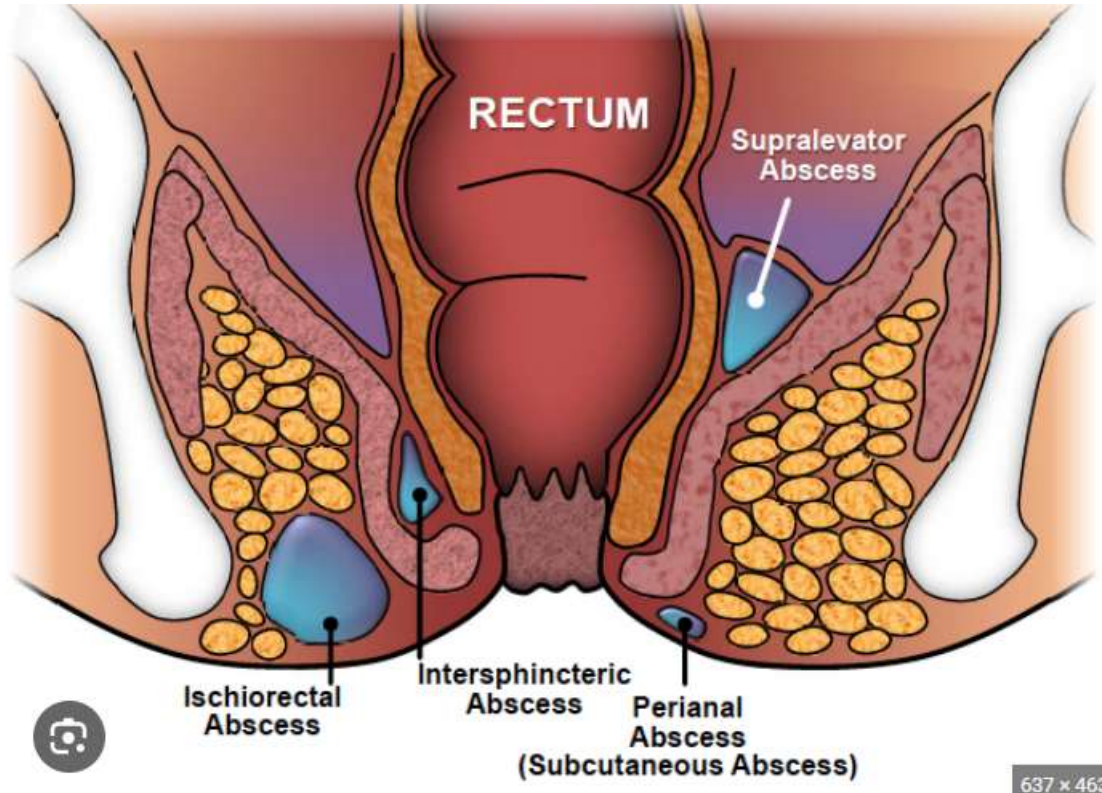
DISCUSSION

• ANATOMY OF THE PELVIC FLOOR:



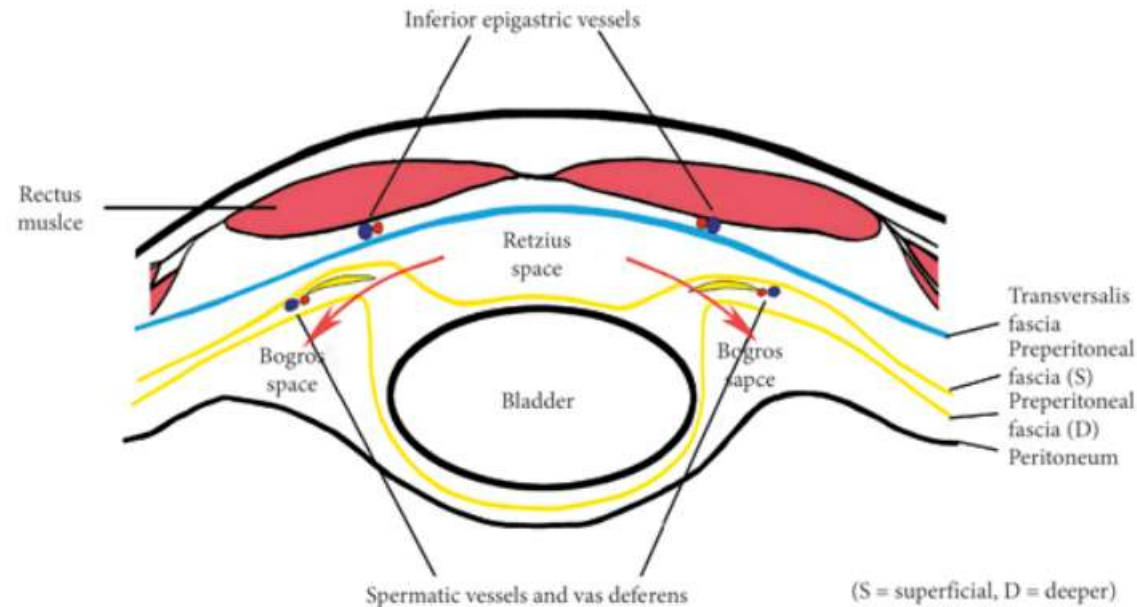
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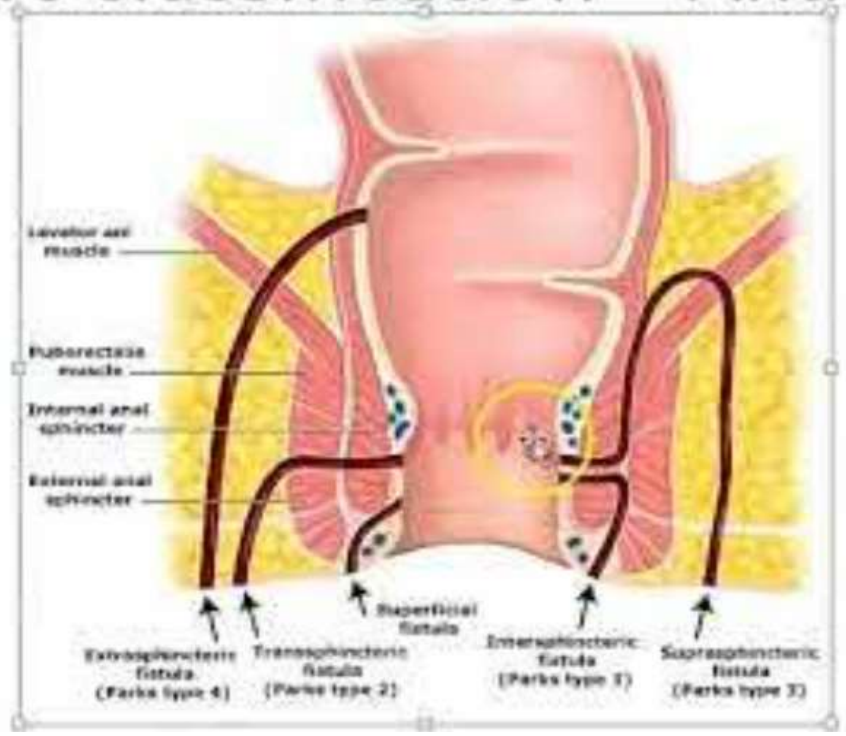
❖ Supra Levator spaces.[1]



- **The space of Retzius**, also known as the pre-vesical or retropubic space, is delineated **externally** by the **transversalis fascia** and **internally** by the **parietal peritoneum**.
- Its lateral extension includes the **space of Bogros** below the inguinal ligament.
- Content- **iliofemoral vessels** and **iliopsoas** muscles.
- **Posteriorly** the supra Levator space continues as the **retroperitoneal space**.

FISTULA IN ANO

Park's classification – Anal fistula



- ❖ Incidence of supra Levator abscess is 3- 9%
- ❖ Our case highlights the complex anatomical compartments and potential spaces of rupture of peri rectal abscess.
- ❖ A preoperative plan directed by radiological studies like CT and MRI aids in avoiding an extensive surgical wound.
- ❖ The retroperitoneal abscess may lead to a higher rate of sepsis and increased mortality risk.[3]

- ❖ E.coli, streptococcus viridans, Bacteroides fragilis, are common organisms often seen in diabetic patients with retroperitoneal abscesses [2]
- ❖ Traditionally- open drainage was preferred.
- ❖ Minimally invasive surgical options as mentioned in our case reduce the morbidity and mortality of the patient and aid in early recovery.[4]
- ❖ Although a rare presentation, yet high index of clinical suspicion must be present for early diagnosis and treatment of the disease.

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THANK YOU