

Fish Bone Causing Ischiorectal Abscess

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Abstract

Foreign bodies, malignancy, trauma, tuberculosis, actinomycosis, leukemia, postoperative infection, inflammatory bowel disease, and simple skin infections have long been associated with anal sepsis. Fish bone ingested causing perianal abscess is a rare cause. We report here a case of ischiorectal abscess caused by fish bone.

Keywords: Foreign Body Ingested; Fishbone; Ischiorectal Abscess.

Introduction

The most common cause of anorectal suppuration is nonspecific cryptoglandular infection. Other less common although not necessarily rare causes include Crohn's disease and hidradenitis suppurativa. The abscess represents the acute manifestation and the fistula the chronic sequela [1].

Anorectal abscesses are classified according to the perirectal space involved in the suppurative process; these include the perianal, ischiorectal, intersphincteric, submucosal, deep postanal and supralelevator spaces.

Case Report

A 40 year old gentleman presented with c/o swelling, pain right buttock for 1 week. On physical

examination, there was an area of tender erythematous swelling over right peri-anal region (Figure 1). On digital rectal examination, there was right lateral rectal wall swelling and tenderness. Cect abdomen showed abscess with foreign body right perianal region (Figure 2). Examination under anaesthesia together with incision and drainage was performed. Radial incision was made over the peri-anal swelling; 400 ml of foul smelling pus was drained (Figure 3). In addition, there was a 4 cm fish bone found inside the abscess cavity (Figure 4). Post-operatively, patient was specifically asked about history of fish meal, it was found that he had fish meal two weeks before onset of symptoms. Post-operative recovery was smooth and the wound was clean. Patient was discharged and has daily dressing and packing as outpatient.



Fig. 1: Right ischiorectal abscess

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Fig. 2: CECT showing fish bone



Fig. 3: Pus drained



Fig. 4: Fish bone

Discussion

The main causes of perianal abscess are diabetes, crohns disease, ulcerative colitis, pregnancy and rarely foreign body. The majority of the foreign bodies are inserted via the anal canal. Occasionally some objects become arrested in the anorectal region following ingestion, most commonly animal bones

associated with food ingestion. Ingestion of foreign bodies is more common in children, alcoholics, denture wearers and those who are mentally impaired. Although 10-20% [2] of ingested foreign bodies fail to pass through the entire gastrointestinal tract, less than 5% cause perforation.

The potential sites of arrest include the oesophagus, pylorus, ileocecal valve (which is the commonest site of perforation [3]), colon and the anus. Less than 5% of patients require surgery. Some can breach the gut wall introducing perianal sepsis. Foreign bodies that lodge more proximally in the rectum might go unnoticed until perforation and sepsis occur. A supralelevator abscess may then extend into the ischiorectal space and clinically present as an ischiorectal abscess [4].

The treatment of anorectal abscesses should be considered a surgical emergency, with early drainage the mainstay of treatment. There is no place for conservative management. Treatment delay may result in chronic infection and tissue destruction with fibrosis and long term impairment of function.

In literature there are several case reports on perianal abscess or fistula-in-ano associated with fish bone ingestion (Alawi et al., 2001 [5]; Delikoukis, 2005 [6]; Nian-Song [7] and Dan-Ping, 2010). Although it is rare for fish bone ingested to cause perianal sepsis, such condition should be suspected when a patient with recent history of foreign body ingestion presented with perianal sepsis.

Fish bone ingested causing perianal abscess is a rare cause. The ingested fish bone passed through nearly the whole gastro-intestinal tract and reached the anal canal. The high sphincter pressure in the anal canal during defecation forced the sharp fish bone through the anal wall into the ischio-rectal fossa, resulting in abscess formation and delayed presentation in such a way. Injury during operation may occur if the foreign body is sharp enough to perforate the surgeon's glove, especially in the deloculation process and in those cases when the abscess cavity is too deep for clear vision. Radiological investigation may be done prior to operation to identify the nature and location of the foreign body (Cappuccio et al., 2002) [8].

Conclusion

Ingestion of sharp object can cause perforation of gastrointestinal tract, not only the upper tract, but even the lower tract and anal canal. High index of suspicion is needed in cases with history of foreign body ingestion presenting with ischio-rectal abscess, to aid diagnosis and prevent injury to the operating surgeon. Further investigation with CT scan may be useful in case of suspicion.

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