



Complicated Crohn's disease: An unusual destination of an enterocutaneous fistula

Emran Alali^{1*}, Raul Martin Bosio², Tarik Alhmoud³

¹Hospitalist, Anne Arundel Medical Center, Annapolis, MD, USA

²Colon & Rectal Surgery / General Surgery, ProMedica Health & Wellness Center, Toledo, Ohio, USA

³Gastroenterology and Hepatology Division, Promedica Health & Wellness Center, Toledo, Ohio, USA

Correspondence

Tarik Alhmoud, MD, MS

Gastroenterology and Hepatology Division
Promedica Health & Wellness Center
Toledo, Ohio, USA

- Received Date: 09 Mar 2022
- Accepted Date: 25 Mar 2022
- Publication Date: 30 Mar 2022

Copyright

© 2022 Science Excel. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International license.

A 26-year-old female with history of untreated Crohn's disease, presented with right lower back pain and fecal drainage from the right retro-sacral area. It started as a painful pimple that progressed to an abscess. After antibiotic treatment failure, the abscess opened up and drained fecal material. A computed tomography scan of the abdomen and pelvis showed severe right-sided hydronephrosis (Figure A), and a large pelvic abscess (7.7x6.4x8.5 cm) involving the sigmoid colon and small bowel (Figure B - label 1), with contiguous spread into right gluteal musculature (Figure B -label 2), and subcutaneous tissue superficial to the lumbosacral spine (Figure C).

Laparotomy surgery revealed severe inflammation in the terminal ileum (TI) and cecum along with TI perforation. Ileocectomy with end-ileostomy was performed. Large bowel obstruction due to severe rectal inflammation and stricture was noted, and a diverting loop-colostomy in the sigmoid colon was created. Liquid stool-filled pelvic abscess was drained, and a fistula extending from deep pelvis lateral to sacrococcyx, up through back muscle planes, ended with a superficial abscess and cutaneous orifice over the lumbosacral area, and was extensively debrided. A 30 cm wound vacuum was placed over laparotomy incision. The patient had uneventful post-surgical recovery and is planned to start biologic therapy.



Citation: Alali E, Bosio RM, Alhmoud T. Complicated Crohn's disease: An unusual destination of an enterocutaneous fistula. *Gastroenterol Hepatol Dig Sys.* 2022;1(1):1-1.