CASE REPORT

SPONTANEOUS FECAL FISTULA: A RARE PRESENTATION OF INGUINAL HERNIA

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A 25 years old young man presented with the right scrotal and supra-pubic fecal fistulae due to the spontaneous bursting of a congenital inguinal hernia. This hernia remained obstructed and strangulated for about ten days before getting ruptured. Resection and end to end anastomosis of involved ileum was done. The literature search could reveal only five such cases in pediatric age group and this complication is considered to be much rarer among the adult population. This case report is being presented here in view of the extreme rarity of this complication in the adult age group.

Keywords: Inguinal hernia, Congenital, Spontaneous, Fecal fistula, Incarcerated hernia

INTRODUCTION

The congenital inguinal hernia is a common condition encountered in the general surgical practice. This condition is usually diagnosed and operated upon during the early years of life. Sometimes, these patients do not consult the physician and remain undiagnosed for a long time. Even when they are diagnosed, some of these patients delay the surgical procedure due to the financial constraints. Many complications have been observed in this regard due to the delay in diagnosis and treatment. The most common serious complication is incarceration and strangulation. Spontaneous perforation of the intestine through the scrotal wall in an incarcerated inguinal hernia is an extremely rare complication. In view of the extreme rarity of this complication, a case report pertaining to spontaneous scrotal fecal fistula secondary to the inguinal hernia in an adult is being presented here.

CASE REPORT

This is the case report of a 25 years old young fisherman having right sided reducible groin swelling since childhood. About three weeks before presenting to our institution, the right sided groin swelling became painful and irreducible and was associated with abdominal pain, bilious vomiting and absolute constipation. At that time, he was working in the distant waters and was brought to a traditional healer (Quack) after few days. He was given various oral medications which provided only transient pain relief. After about ten days of agonizing pain, vomiting and constipation, his groin swelling got ruptured through the scrotum and fecal material started to come out through the scrotum. A few hours later, he developed discharge of fecal material from the supra-pubic region as well. Afterwards, the patient became pain free and vomiting was stopped but he continued to have discharge of fecal material from scrotum as well as the supra-pubic region.

Therefore he was brought to the emergency room of Isra University Hospital, Hyderabad in a severely malnourished state and fecal material coming out from scrotum as well as supra-pubic region. His nutritional status was improved by parenteral nutrition supplementation pre-operatively. Barium enema showed the cut-off point at the level of distal ileum and barium was seen coming out through the scrotum. So, the patient underwent exploratory laparotomy which revealed distal ileum (about 12 cms proximal to ileocaecal junction) stuck in the deep inguinal ring. The scrotal and supra-pubic wounds were found communicating with each other and two ends of the ileum were opening into the inguinal canal. The two ends of ileum were retrieved from the deep inguinal ring, margins were refreshed and two layered end to end anastomosis was done. Deep inguinal ring was closed from inside of the peritoneal cavity. The communicating tract of supra-pubic and scrotal wounds was laid open. Both scrotal and supra-pubic wounds as well as communicating tract were debrided and managed with daily dressings. The post-operative recovery and hospital stay was smooth and uneventful.

DISCUSSION

Illiteracy, poverty and non-availability of proper medical care are the major factors having potential for transformation of a relatively benign condition of inguinal hernia into the complicated state of incarceration and strangulation. It is extremely rare to have progression of strangulation to the development of spontaneous fecal fistula. Only five cases of spontaneous scrotal fecal fistula in pediatric population were found to be reported in the world literature.[1-4] The development of spontaneous scrotal fecal fistula secondary to the incarcerated inguinal

hernia is much rarer among the adult population[5] as compared to the pediatric age group. Most of these spontaneous fecal fistulae have been reported from the developing countries like India,[1-3, 6] Nigeria[4, 5] and now this first case report from Pakistan. Two fistulae following spontaneous rupture of strangulated Richter's hernia have been reported from Nigeria.[5] A spontaneous small bowel fistula secondary to the Littre's femoral hernia was reported from the developed world (United Kingdom) about 20 years ago.[7]

Surgical intervention is regarded as one of the major causes of development of fecal fistula in adults.[5, 8,9] The use of prosthetic material has been reported as the cause of fecal fistula in some studies[9]. Repeated treatment of scrotal hernia by native doctor has also been reported as a cause of multiple urinary and fecal fistulae in one study.[8] The incision of hernia by herbalists as well as intervention by quacks has been reported as the cause of fecal fistula in adults.[5] None of these interventions was observed as a cause of fecal fistula in our patient.

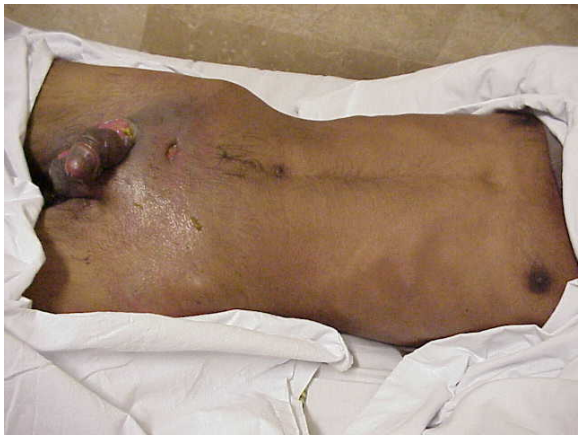

Fig.1: Close up photograph of patient

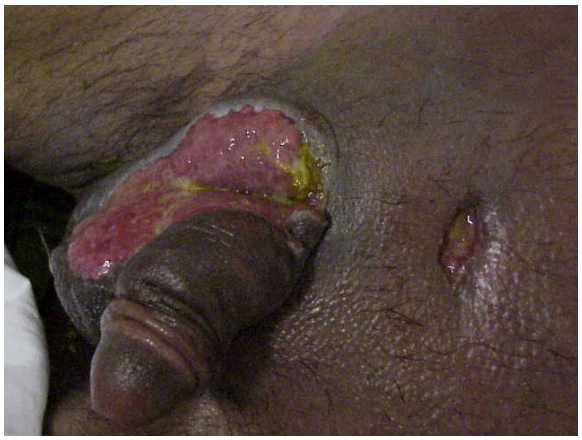

Fig.2:Second close up photograph of patient showing scrotal and supra-pubic sites of fecal fistulae

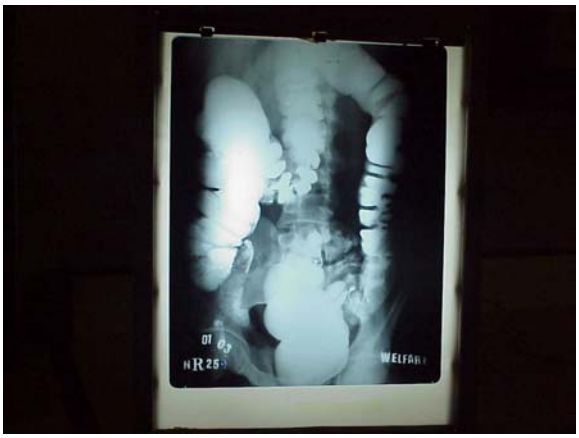

Fig.3: Barium enema showing cut-off point at the distal ileum

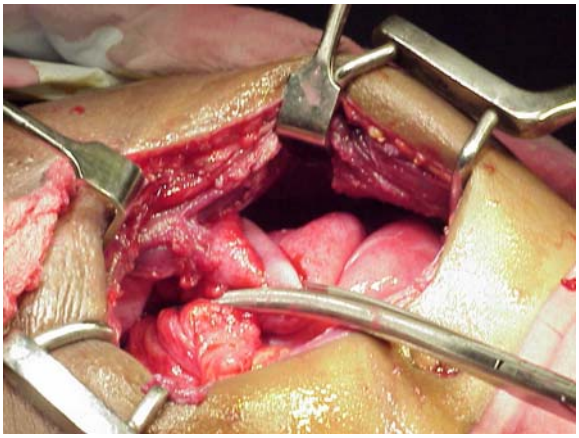

Fig.4: Ileum stuck in the deep inguinal ring observed at the time of laparotomy

This case report highlights the need for an early and accurate diagnosis followed by prompt treatment of groin swellings. The delay in its diagnosis and management may result in various complications including this rare complication of spontaneous scrotal fecal fistula. The principle of early referral and repair of childhood inguinal hernias is the key for prevention of this complication as well as the associated morbidity and mortality. The presentation of congenital inguinal hernia in the form of this rare complication in adult age also reflects state of health care in the developing countries. This unusual and rare complication should be considered as an eye opener for the concerned authorities to improve the existing health care system.

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