A Rare Case of Squamous Cell CA Arising from Drain Site Enterocutaneous Fistula- A Case Report

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Authors’ contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

ABSTRACT

Malignant degeneration of long-standing fistula is extremely rare and only one case has been reported so far in 2005. We herein report the 2nd case of longstanding enterocutaneous fistula following left nephrectomy. The clinical pictures, radiological features are highlighted excision of the fistulous tract was done, which turned out to be squamous cell carcinoma. This case brings to notice that due to its insidious course, longstanding colo cutaneous fistula should be carefully examined for tumour development.

Keywords: Enterocutaneous fistula; squamous cell CA; peptic ulcer; enterococcus.

1. INTRODUCTION AND AIMS

An enterocutaneous fistula (ECF) is an abnormal connection that develops between the intestinal tract or stomach and the skin [1]. As a result, contents of the stomach or intestines leak through to the skin. 85-95% of enterocutaneous fistula arise in postoperative period [2]. Other causes include infection, perforated peptic ulcer, inflammatory bowel disease, Crohn's disease or ulcerative colitis. In these patients, mortality remains high between 3-22% [3].
include significant mortality (5-20%) [4], attributable to associated sepsis, nutritional abnormalities, and electrolyte imbalances. However, malignant degeneration of enterocutaneous fistula is rare. After 2005 some cases of longstanding colocolonic fistula which revealed squamous cell carcinoma [5,1,6,7] has been reported so far. Our case report of the second case of enterocutaneous fistula turning into malignancy.

2. PRESENTATION OF THE CASE

A 29-year-old gentleman, manual labour, with no comorbidities. Status post left nephrectomy for unknown indication at the age of 10 years, presented with long-standing intermittent pus and feculent discharge from left flank at the drain site scar. The patient was conscious, oriented, the systemic examination was normal, Vitals were stable, per abdomen was soft, BS was present. Midline laparotomy scar, local examination revealed Fistulous tract opening was present in the left flank 4 cm from the posterior iliac spine, surrounding hyperpigmentation and scarring, Healthy granulation tissue, inner aspect of the fistula with pus discharge was present. A case of Enterocutaneous Fistula for evaluation was the initial diagnosis at evaluation.

On the investigation, blood investigations were within normal limits. USG revealed ill-defined mural thickening of descending colon, Enterocutaneous fistula of the left lumbar region, minimal peritoneal collection. Pus culture and sensitivity from the discharge showed vancomycin resistant enterococcus. The procedure which was done was Excision of the fistulous tract, with primary closure of the descending colon site of the fistula. Postoperative period remained uneventful, 2 weeks later colonoscopy was done and showed a normal study. Histopathology revealed a Moderately differentiated squamous cell carcinoma. The patient remained asymptomatic and was in regular follow-up and observation until 6 months postsurgery, then he developed sepsis and died.
3. DISCUSSION

It is well known that surgery is still the most common cause of enterocutaneous fistula. The causes of persistent enterocutaneous fistula include foreign body, radiation, infection, inflammation, epithelization, neoplasm and distal obstruction. The development of squamous cell carcinoma as the result of chronic irritation and infection due to unhealed wounds could be considered. Because of its insidious course, the long-standing colocutaneous fistula should be examined carefully for tumour development, and surgery is inevitable for long-term unhealed fistula. Simple suture of the fistula not to be done.

4. CONCLUSION

The present study concludes that most uncomplicated enterocutaneous fistula will terminate spontaneously when properly managed. Surgery is usually not an immediate priority except to deal with complications. The development of squamous cell carcinoma as the result of chronic irritation and infection due to unhealed wounds could be considered. However, when surgical intervention is required to deal with the fistula, resection and anastomosis or bypass procedures are the preferred surgical procedures. Simple suture of the fistula is not recommended which lead to grave complications as in this case report.
CONSENT

As per international standard, patient's written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard, written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES


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