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Clinical Image

Complicated Crohn's Disease: An Unusual Enterocutaneous Fistula "The tip of an iceberg"

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A 26-year-old female with untreated Crohn's disease and malnutrition, presented with abdominal pain for 2 months, and cellulitis of the right lumbosacral area with frank fecal drainage. It started as a painful pimple in the right upper buttock, progressed to an abscess, and subsequently opened up draining fecal material. Physical exam revealed right lower back inflammation and a near complete distal rectal stenosis. Computed tomography scan of the abdomen and pelvis showed a large pelvic abscess 7.7x6.4x8.5 cm involving the sigmoid colon and ileum (Figure 1-A) with contiguous spread into the right gluteal musculature forming an additional abscess 4.7x3.6x10.3 cm (Figure 1-B) and into the subcutaneous tissue of the lumbosacral spine forming a third abscess to ultimately open in the skin (Figure 2, arrow).

Figure 1

Figure 2

Laparotomy demonstrated severe inflammation of the terminal ileum and cecum with contained perforation with large amounts of semi-liquid stool within the pelvis [1]. A fistula tract was identified extending from the deep pelvis, lateral to the distal sacrum towards the back of the patient up through the muscle planes and subcutaneous tissues, ending with a cutaneous orifice at the lumbosacral level (Figure 2). An ileocecectomy with end-ileostomy and right ureterolysis were performed [2]. A diverting sigmoid loop-colostomy was created due to large bowel obstruction with a plan to make that a permanent ostomy once an ileocolonic anastomosis is created. Soft tissue debridement was performed in the lumbosacral area. Post-surgical recovery was uneventful and a plan is in place to start biologic therapy [3,4].

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