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Case Report

Sharp foreign body and ischio-rectal abscess

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This article presents a case of rare cause of peri-anal abscess caused by ingested fish bone. A 72 year old gentleman presented with left buttock painful swelling for 1 week associated with fever. Physical examination revealed a peri-anal abscess. During incision and drainage a 3cm fish bone was found inside the abscess cavity, impinging from the rectal wall. He recalled history of fish bone ingestion around one month before admission. Ingestion of sharp object can cause perforation of gastro-intestinal 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.

Key words: Peri-anal, ischiorectal, abscess, fish bone, sharp, foreign body ingestion.

INTRODUCTION

Foreign body ingestion is a commonly encountered surgical condition. If the ingested foreign body is sharp, perforation of gastro-intestinal tract may occur sometimes. This case report presents a case of rare cause of peri-anal abscess caused by ingested sharp foreign body.

CASE REPORT

A 72 year old gentleman presented to our hospital for left buttock painful swelling for 1 week associated with fever. He did not recall any history of injury to buttock or peri-anal area, and no recent history of abdominal pain.

On physical examination, he has fever of 38.4 °C. There was an area of tender erythematous swelling over left peri-anal region, at 4 to 5 o' clock position. There was no fluctuance, discharge or ulceration. On digital rectal examination, there was left lateral rectal wall tenderness, no fistula tract was felt.

Examination under anaesthesia together with incision and drainage was performed. Intra-operatively, rigid sigmioidoscopy showed normal rectal mucosa, no foreign body or internal opening. Tear drop incision was made over the peri-anal swelling; 20 ml pus was released in left ischio-rectal fossa. In addition, there was a 3 cm fish bone found inside the abscess cavity, impinging from the rectal wall, but not through the wall to the side of rectal mucosa (Figure 1).

Post-operatively, patient was specifically asked about history of fish bone ingestion. He recalled history of fish bone ingestion around one month before admission. No medical advice was sought before this admission. He did not experience any discomfort including abdominal pain during the past month until he got the painful peri-anal swelling followed by fever. Post-operative recovery was smooth and the wound was clean. Patient was discharged and has daily dressing and packing as out-patient (Figure 2).

DISCUSSION

Literature review revealed several case reports on peri-anal abscess or fistula-in-ano associated with fish bone ingestion (Alawi et al., 2001; Delikoukis, 2005; Nian-Song and Dan-Ping, 2010). Although it is rare for fish bone ingested to cause peri-anal sepsis, such condition should be suspected when a patient with recent history of foreign body ingestion presented with peri-anal sepsis.

Fish bone ingested causing peri-anal abscess is a rare cause. The cause of such condition may be that suggested in previous case report by Alawi et al. (2001). The ingested fish bone passed through nearly the whole gastro-intestinal tract and reached the anal canal. However, the high sphincter pressure an anal canal during defecation forced the sharp fish bone through the anal wall into the ischio-rectal fossa, resulting in abscess

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Figure 1. The fish bone extracted during operation

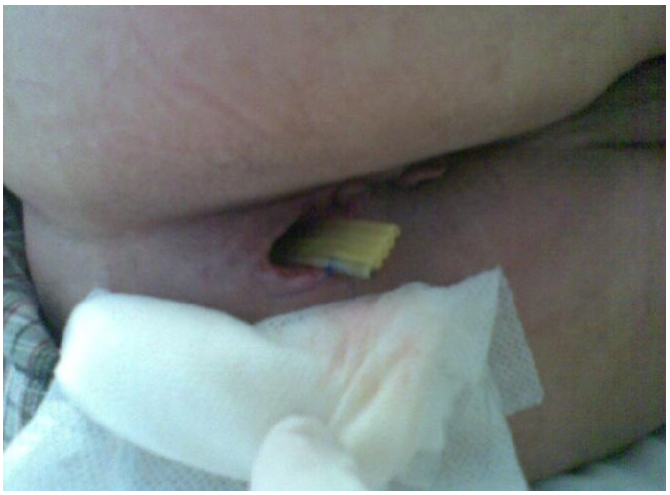

Figure 2. Post-operative photo showing the location of lesion, a corrugated drain was inserted in view of the deep location of abscess cavity

formation and delayed presentation in such 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. Particular attention to history of foreign body ingestion in cases of peri-anal abscess may be taken to avoid such injury. Radiological investigation may be done prior to operation to identify the nature and location of the foreign body (Cappuccio et al., 2002).

CONCLUSION

Ingestion of sharp object can cause perforation of gastro-intestinal 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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