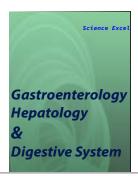
## Gastroenterology Hepatology and Digestive System



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

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

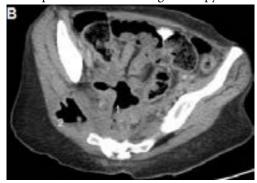
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A 26-year-old female with history of untreated Crohn's disease, presented with right lower back pain and fecal drainage from the right retro-sacral area. It started as a painful pimple that progressed to an abscess. After antibiotic treatment failure, the abscess opened up and drained fecal material. A computed tomography scan of the abdomen and pelvis showed severe rightsided hydroureteronephrosis (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 inflammation in the terminal ileum (TI) and cecum along with TI perforation. Ileocecectomy 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.