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Fishbone impaction in perianal region, A rare cause of perianal fistula: A case report

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Abstract

Perianal pain is very troublesome especially when it's sudden and severe. Most common cause is perianal abscess and perianal fistula. Another frequent cause is ingested foreign body that can be either deliberate or accidental. Even with careful digital rectal examination and other investigations like MRI, exact cause of perianal pain cannot be identified except per operatively. Here we report a case of sudden severe perianal pain, refractory to treatment with antibiotics and painkillers, diagnosed with imbedded fish bone in perianal region per operatively.

Keywords

fish bone; perianal; fistula; abscess.

Abbreviations

MRI: Magnetic Resonance Imaging.

Introduction

Perianal fistulas are commonly caused by perianal or ischiorectal abscess, inflammatory bowel disease but less commonly with ingestion of foreign bodies. Fish bone is most frequently ingested by accident and usually leaves the gastrointestinal tract without any symptoms. However in about 1% of patients it can cause complications like mild inflammatory changes or abscess formation, intestinal obstruction, bleeding, perforation, perianal fistula and perianal abscess. Sites of fish bone impaction can occur in oral cavity, pharynx, esophagus, terminal ileum, caecum and rectosigmoid junction [1]. Anal canal and perianal region is a rare site for impaction of foreign body [2]. Predisposing factors that sometimes lead to impaction of fish bones or other foreign bodies include alcohol intoxication, presence of dentures, previous anal surgeries

causing anal stenosis [3]. Due to its infrequent impingement in the lower gastrointestinal tract, physicians often forget to include possible foreign body presence in differential diagnosis and to look for it accordingly as a cause of perianal pain.

Case Report

41years old man with no known co-morbids, non-alcoholic, previously fine in health, experienced sudden severe anal pain. It was not associated with bowel movements and not relieved by oral medications. He went to local clinic, where his general examination was unremarkable and he was vitally stable. He received injectable painkillers that decreased pain intensity to some extent. He went home on oral antibiotics and pain continued for several days. It gradually subsided and in the end only occurred while siting. After two weeks, he felt a swelling develop in perianal region and he visited local clinic again and was prescribed antibiotics for the second time. Oral medication was ineffective once again and he presented in surgical OPD. On examination, there was an area of induration at 8'o'clock about 2.5 cm from anal verge. Digital rectal examination was unremarkable and he was advised MRI pelvis for suspicion of perianal abscess and fistula. MRI reported an internal opening at 7'o'clock with an abscess lined tract extending postero-inferiorly breaching lower most fibers of right external sphincter reaching into right ischioanal fossa and very close to skin in right gluteal region. External opening not visualized.

Patient underwent examination under anesthesia. After introducing probe into perianal fistula and while performing fistulectomy, a fish bone appeared from the fistulous tract about 3 cm long, culprit for all the pain and disease (Figure 1). Fish bone was removed (Figure 2). Fistulous tract laid open, curetted and allowed to heal by secondary intention. When patient informed about the fishbone, he admitted being a frequent eater of fish. He had uneventful recovery postoperatively.

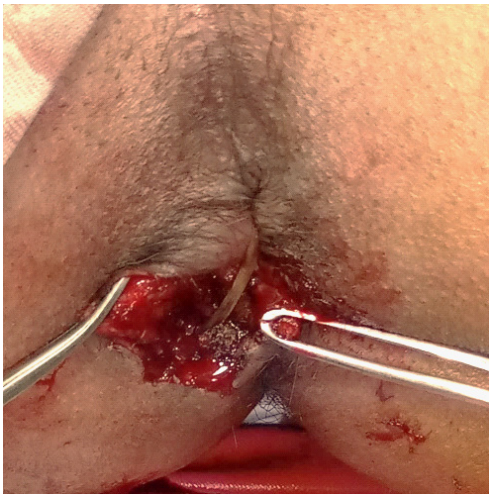

Figure 1: Fish bone in fistulous tract.

Figure 2: 3 cm long fish bone.

Discussion

Perianal fistula is an abnormal granulating tract communicating with anorectum and usually with perianal skin [4]. Commonly associated with the formation of abscess when tract does not heal properly. Imbedded foreign body in perianal region is an uncommon cause of perianal abscess and fistula development. Exact mechanism is unknown but the force exerted by the anal sphincter and by the emptied fecal

matter during defecation causes the sharp object to get pushed through the wall of anal canal with its pointed end piercing into the perianal tissue.

Only few cases have been reported so far in literature. The rarity of foreign body impaction in perianal region mandates for it to be reported because of fatal complications like perforation of the gastrointestinal tract. While making diagnosis for perianal pain, foreign body impaction is often missed from the physician's mind which leads to inadequate examination and management.

When acute perianal pain occurs, careful detailed history should be acquired from the patient about his eating habits and associated risk factors that can lead to ingestion of foreign body like alcohol intoxication and loose dentures. Digital rectal examination with proctoscopy may identify the culprit and removal will immediately relieve the pain. In our case, patient went to some local clinic first where he was not properly examined which unfortunately lead to the formation of an abscess and then fistulous tract. Assisted investigations like MRI can be done to identify complexity of perianal fistulas with their internal and external openings but they cannot always detect foreign bodies as cause of the disease. Examination under general anesthesia is the only way to go for accurate diagnosis [5].

Conclusion

Although rare, severe perianal pain should always be suspected for foreign body ingestion. While performing investigations can be helpful but ultimate line of treatment should be timely examination under anesthesia and surgery to avoid morbidity and mortality.

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