Sir,

Acute Appendicitis is the most common type of intra-abdominal pathology; appendectomy being the commonest and the oldest treatment for this condition. Like all surgical interventions, open appendectomy also has complications. One of these complications is the formation of post-appendectomy fecal fistula, yet the condition of prolapse of cecum through the fistula is rarely documented in the literature. We present a case of a 26-year male with a cecal prolapse through the cecocutaneous fistula. This is the first case of cecal prolapse reported from Pakistan.

The patient came to the outpatient department of surgery unit, with a mass coming out of appendectomy wound. Open appendectomy was done about four months back, with a cecocutaneous fistula discharging feculent material, which developed on the 20th post-operative day. CT scan confirmed a fistulous tract communicating with the cecum. Fistulous tract measured 2.6 cm in length and 0.5 cm in width.

The patient was managed conservatively for the cecocutaneous fistula and a decrease in the amount of discharge was noted with the patient remaining well for 3 months, but later he noticed a mass coming out of the appendectomy wound. There was no history of constipation, weight lifting or straining.

On examination, a pink colored irreducible mass measuring 7x5 cm, protruding out of the appendectomy wound, was noted (Figure 1). There was no peristalsis or ulceration present and the surrounding skin was not excoriated. Gut sounds were audible.

The patient was admitted to the ward for further workup; but within 6 hours of admission, the mass turned from pink to black with unbearable pain, hallmarking the gangrene of the cecum (Figure 2). The patient was immediately moved to Emergency operation theater where laparotomy was performed. Findings of the gangrenous cecum and ileocecal junction with cecal intussusception were noted. Limited right hemicolec- tomy with ileocolic anastomosis was done and a drain was placed in the right paracolic gutter. Hemostasis was secured and the wound was closed in layers. Postoperatively, the patient showed good recovery with minimal fluid in the drain. He was discharged on the seventh postoperative day.

Multiple complications can occur after open appendectomy as shown in a prospective multicenter randomized controlled trial, where the complication rate was 14% in the surgery group. Fecal fistula, being one of them, is defined as an abnormal passage which communicates with the intestine. Cecocutaneous fistula formation occurs rarely after open appendectomy (0.133%). Fistulae formation is associated with significant morbidity and they usually manifest at 14th postoperative day.

REFERENCES


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