

Case Report

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A rare case of ischiorectal abscess presenting with extensive abdominal wall abscess

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ABSTRACT

Ischiorectal abscess accounts for one third of anorectal infections. Ischiorectal abscess spreading into the anterior abdominal wall and forming extensive abscesses is rarely encountered. We present a 52 year old diabetic patient who presented initially with perianal abscess. After a week he presented with abdominal wall cellulitis which soon progressed to an abscess which involved the entire abdominal wall circumferentially. Imaging did not reveal any communication into the peritoneal cavity. Multiple stab incisions were made in the abdominal wall and pus drained and the patient recovered.

Keywords: Ischiorectal abscess, Abdominal wall Abscess

INTRODUCTION

Ischiorectal abscess accounts for 30% of the anorectal abscesses.¹ It usually heals with adequate drainage and antibiotics; however ischiorectal abscess spreading into the anterior abdominal wall and forming extensive abdominal wall abscesses has not been reported in the literature. We report a rare case of ischiorectal abscess that presented with multiple abdominal wall abscesses in a diabetic patient.

CASE REPORT

A 52 yr old man, a known diabetic on irregular treatment initially underwent perianal abscess drainage .He was discharged after 3 days of antibiotics. The abdomen examination was normal at the first visit. He presented again to the emergency medical services a week later with pain and swelling at the drainage site and abdominal pain. Examination revealed bilateral ischiorectal abscess and abdominal wall crepitus in the lower part of the anterior abdominal wall. Drainage of ischiorectal abscess was done under spinal anaesthesia. Patient's HIV status

was negative. Pus culture grew *Eschrechia coli*. Additional investigations including fungal and anaerobic cultures were negative. Patient received antibiotics based on the sensitivity pattern.



Figure 1: Clinical picture showing the multiple incisions to drain the anterior wall abscesses.

During the hospital stay patient developed multiple anterior and posterior abdominal wall abscesses. About 2000 ml of pus was drained thorough multiple stab

incisions drainage and all the abdominal wall abscesses were found to be communicating with each other.

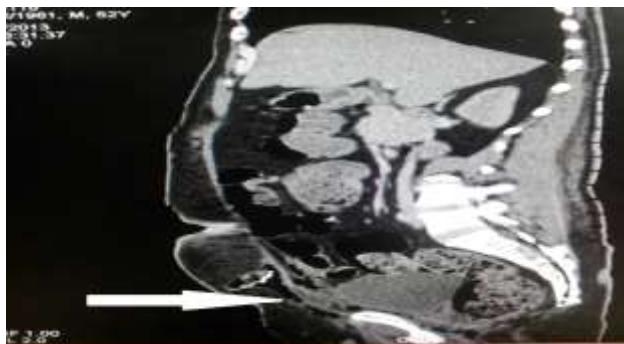


Figure 2: CECT - Sagittal view showing the abscess.

Multiple counter incisions made in the flanks drained pus. CECT abdomen showed a collection in the supra pubic space as a clearcut extension of the ischiorectal abscess which extended beneath the origin of the recti muscles into the preperitoneal space of the abdominal wall. Multiple air specs were found in the preperitoneal space throughout the circumference of the abdominal wall extending posteriorly superficial to the paraspinal muscles. No intra peritoneal extension was observed.



Figure 3: CECT - transverse cuts showing the abscess

Intra-abdominal organs were normal. Patient's blood sugars were controlled using Insulin and IV antibiotics started. Pus discharge came down and Drains were removed after ten days. Patient was afebrile throughout the hospital stay.

DISCUSSION

Ischiorectal abscess is one of the most common surgical problems encountered in practise. The infection originates in the intersphincteric plane mostly in one of

the anal glands. It can spread upward to form a supralevator abscess. But anterior abdominal wall spread is very rare. Abdominal wall abscess usually have an underlying intra-abdominal pathology like appendicitis, diverticulitis, malignancy etc. Vasileios et al have reported Abdominal wall abscess secondary to perforated diverticulitis.² It has also been reported secondary to colonic malignancies, which infiltrate the abdominal wall and perforate resulting in abscess.³ Ischiorectal abscess can also track into retro peritoneum and reach the kidneys.⁴ Only one case of abdominal wall necrotising fasciitis, without abscess formation, following perianal abscess has been reported.⁵ The present case is a very rare instance of an ischiorectal abscess extending into abdominal wall with extensive circumferential abdominal wall abscess formation.

CONCLUSION

This case has been presented to emphasize on the high index of suspicion needed to recognise this very rare entity of ischiorectal abscess extending to form an abdominal wall abscess and to emphasize the importance of CT imaging in such patients.

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Ethical approval: Not required

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