

An unusual case of faecal fistula

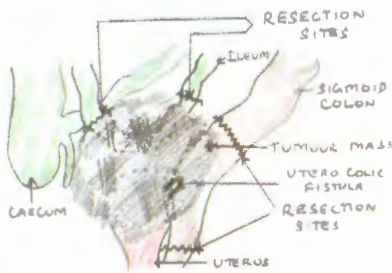
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Mrs. L.J. 55 yrs old postmenopausal patient presented with pain and lump in abdomen for 2 months and passage of faeces through the vagina for 5 days.

Patient was operated for incisional hernia and meshplasty was done at our hospital 4 months back.

PA examination revealed a hard mass (8"x10") arising from the pelvis.



PS examination showed faeces coming very high up from the vagina.

PV examination revealed a large mass filling up the whole pelvic cavity

and the uterus could not be felt separately.

Investigations:

USG: Well defined ? sigmoid mass in pelvis.

X Ray abdomen: Suggested? Foreign body in pelvis (?MOP) – Seen as Radioluscent shadow.

CT Scan:

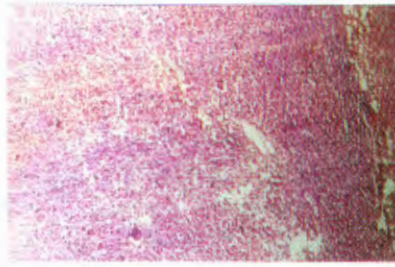
? Inflammatory mass in sigmoid? Sigmoid malignancy.

Sigmoidoscopy: Stricture seen 30 cm away from the anus & beyond the stricture there was a fistulous opening.

Cervical/Sigmoid Biopsy: Showed Non-Specific Inflammation.

D/D: ? Inflammatory mass? primary malignancy of bowel or genital malignancy.

Exploratory laparotomy was performed which showed a large necrotic tumour. It had infiltrated the fundus of uterus & sigmoid Colon forming a utero-colic fistula. Rt Ovary-Normal. Lt ovary-undifferentiated. Total



Abdominal hysterectomy with bilateral salpingo-oophorectomy was done with excision of tumour as much as possible.

2 feet of small bowel & 1 feet of sigmoid had to be resected & ileoileal & rectosigmoid anastomosis was done.

Pt was given high antibiotics and total parenteral nutrition. Patient developed leak at anastomosis site, faecal peritonitis and went into septicemia. Patient succumbed to terminal cardio-respiratory arrest on Day 16 of surgery. Histopathological diagnosis was high grade pleiomorphic Sarcoma? Leiomyosarcoma (LMS)? Mixed Mullerian tumour (M.M.T.) of uterine origin.

Tumour had some features of L.M.S. & some of MMT as shown below:

Criteria for diag.	M.M.T.	L.M.S.	Present Case
1. Age	Postmeno-pausal Usually above 60	Median age 54	55
2. Duration	Short Rapid Course	Slow Progress	Short Rapid Course
3. Spread	extensive	Rarely Extensive	Extensive
4. Microscopic			
a) Giant cells	+	±	+
b) Spindle cells	+	+	+
c) Epithelial cells	+	-	-
d) Mitosis	++	+	++
e) Endometrial involvement	+	±	-

Immunohistochemistry is known to help in establishing the diagnosis in such cases. Besides surgery, chemotherapy has been tried but prognosis remains grave for both these tumours.