



## SEVERE ACUTE ANAL PAIN WITH FISTULA IN ANO DUE TO INGESTED FISH BONE

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### ABSTRACT

Anal pain is very common clinical presentation in surgical OPD. Patients often do not allow perianal assessment due to pain. So examination under anaesthesia is frequently needed in such conditions for accurate diagnosis. This report intends to highlight a rare cause of a superficial perianal fistula caused by an ingested foreign body. **Case Report:** We hereby report a 44 years old man with severe anal pain with superficial fistula in ano with impacted fish bone in anal canal. **Conclusion:** Ingested foreign body is a rare cause of severe anal pain and fistula in ano. We highlight to raise a suspicion on foreign body in patient with chronic non healing fistula in ano.

**KEYWORDS:** Acute anal pain, foreign body, fistula in ano.

### INTRODUCTION

Anorectal abscess/infections and fistula in ano are common causes of anal pain. Anal canal is rarely a site of foreign body impaction.<sup>[1]</sup> Foreign body that passes from cricopharynx can easily be excreted with stool uneventfully. Common sites of impaction are appendix, caecum and terminal ileum.<sup>[2]</sup> Anal fistula is another common surgical problem. Idiopathic cryptoglandular infections are the most common cause for anal fistula in as many as 90% cases. Anal stenosis and spastic anal sphincter are known risk factors predisposing to foreign body impaction in the anal canal. Careful inspection and digital rectal examination can establish the diagnosis of the perianal sepsis and an associated fistula, but will not necessarily demonstrate the presence of the impacted foreign body in the anal canal.<sup>[3]</sup> Very few cases of anal fistula caused by an ingested foreign body have been reported in literature. We report this unusual case of severe anal pain with fistula in ano with impacted foreign body.

### CASE REPORT

A 44 years old man presented to surgical OPD of BPKIHS with complaints of recurrent perianal discharge, itching since 1 year and severe anal pain for 3 days. Perianal examination was done. A fistulous opening was seen at 3 o'clock position nearly 2.5 cm from anal verge. But he did not allow for digital rectal examination due to excruciating pain. So, we planned to examine under spinal anaesthesia. Under spinal anaesthesia, with patient in prone jack knife position, examination was done. Superficial fistula was noted. A fish bone of size 2cm was found impacted near internal opening in anal canal.

It was caught with artery forceps and removed from anal canal. Fistulous tract was curettaged and laid open. Patient was discharged the next day.



*Fish bone impacted in anal canal after manipulation by artery forceps.*



*Fish bone after removal from anal canal.*

## DISCUSSION

Foreign body impacted in anal canal rarely causes fistula in ano.<sup>[2]</sup> These foreign bodies are often sharp and complicate before lodging into anal canal. In our case the fish bone reached the anal canal and lodged into perianal space eventually causing perianal sepsis and fistula.

Risk factors that predisposed to impaction of foreign body are dentures, previous anal surgery and alcohol intoxication.<sup>[4]</sup> Our patient did not have any of the above risk factors.

The hypothesized mechanism for formation of eventual fistula in ano is that the force exerted by the anal sphincter during defecation push the sharp object through the anal wall into the perianal space.<sup>[2]</sup> Digital rectal examination often reveals abscess but may miss the foreign body in it. X ray, transrectal ultrasound and MRI are often used in complicated perianal sepsis.<sup>[5]</sup> Since our patient was in severe pain, we directly opted for examination under anaesthesia.

Management of such cases include removal of foreign body and treatment of perianal sepsis in the form of adequate drainage and fistulectomy/fistulotomy. Antibiotics are generally not needed unless signs of infections.

## CONCLUSION

Ingested foreign body is rare cause of perianal pain and sepsis. Suspicion is the key to diagnosis in impacted foreign body in anal canal. Careful examination under anaesthesia and adequate treatment to perianal sepsis are the key to successful outcome.

## REFERENCES

1. Paksoy M, Ozben V, Ayan F, Simsek A. An atypical etiology of suprasphincteric fistula: a forgotten surgical material. *Case Reports in Medicine*, Apr; 2010; 1–3.
2. Doublali M, Chouaib A, Elfassi MJ, Farih MH, Benjelloun B, Agouri Y, et al. Perianal abscesses

due to ingested foreign bodies. *J Emerg Trauma Shock*, 2010; 3(4): 395–97.

3. Seow C, Leong AFPK, Goh HS. Acute anal pain due to ingested bone. *Int J Colorectal Dis.*, 1991; 6: 212–3.
4. Lai AT, Chow TL, Lee DT. Risk factors predicting the development of complication after foreign body ingestion. *Br J Surg*, 2003; 90: 1531–5.
5. De Parades V, Zeitoun JD, Dahmani Z, Parnaud E. Anal fistula. *Gastroenterol Clin Biol.*, 2010; 34: 48–60.