

Images in medicine

A rare image of spontaneous enterocutaneous fistula in morbidly obese patient with metabolic syndrome

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32 year old lady, a morbidly obese grand multipara developed spontaneous enterocutaneous fistula. Wound around right para-umbilical region started as boil, it ruptured and started discharging purulent pus associated fever, colicky central abdominal pain, nausea and non projectile vomiting of recently ingested fluid. One week to presentation she started discharging fecal material from the wound site, she had intravenous ceftriazone 1gram twice daily and intravenous metronidazole 500 mg eight hourly for 5 days at referring hospital. On examination, she was morbidly obese (BMI = 45kg/m²), febrile, pale (Haematocrit = 9g/dl), anicteric, no pedal edema. She had elevated BP= 170/80mmHg, E/U/Cr was normal, elevated uric acid was 9.0 mg (4.0 - 6.5)mg, Fasting lipid profile (Total Cholesterol 206 mmol/l, Triglyceride 157 mmol/l, HDL 39 mmol/l, LDL 172 mmol/l), Fasting blood glucose of [6.9mg/dl(2.5 - 6). Patient is a known dyspeptic and Diabetes mellitus. Spontaneous fistula is rare in clinical practice and often complicated by malnutrition, fluid and electrolyte imbalance, anemia and sepsis. The Triad of sepsis, malnutrition, and fluid/electrolytes disturbance is associated with high mortality. The index case presented with anemia and sepsis with no significant weight loss. In view of rarity of this presentation, an image of spontaneous enterocutaneous

fistula with peri umbilical sepsis in a young lady with metabolic syndrome is hereby presented.



Figure 1: spontaneous enterocutaneous fistula with peri-umbilical sepsis in a lady with metabolic syndrome