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The intriguing post –caesarean sinus : A case report

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ABSTRACT

The post caesarean fistula and sinus can take place due to tuberculosis , Crohn's disease , deep pelvic infections or non absorbable sutures and even gauzes.

A thirty year old woman (P1 ,L1) who presented with multiple discharging sinuses at left lower abdomen since five months . She underwent lower segment caesarean section 10 months ago.

On local examination , there were three linear scars two cm below the previous horizontal scar . The Ultrasound of local site revealed irregular loculated collections of size 3 × 2 cm in subcutaneous plane. We excised the sinus tracts ,but after two month came with reccurence . We did re- exploration and the sinus tract of size 9 cm was excised.

Sinuses reccur even without retained foreign body or chronic disease. The management does not differ with the size of sinus.

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INTRODUCTION

The classical caesarean section which practiced in the past were more prone to fistula , the incidence of which has come down due to the practice of lower segment caesarean section (LSCS).[1] Though the post caesarean fistula and sinus can take place due to varied reasons .There are so many underlying diseases like tuberculosis , Crohn's disease , deep pelvic infections which lead to these sinuses . There are other notable causes like due to retained non absorbable sutures and even gauzes can lead to its occurrence.

CASE PRESENTATION

A thirty year old woman (P1 ,L1) who presented with multiple discharging sinuses at the left side of lower abdomen since five months . She underwent lower segment caesarean section (LSCS) 10 months ago and just after the one month of the surgery she developed swelling in the lower left side of the abdomen for which incision and drainage was done elsewhere . Later than she developed multiple discharging sinuses for which she referred to our department.

On local examination , there were three linear scars two cm below the previous horizontal scar of LSCS (Figure 1) . The first scar was 6 cm in length lying horizontally , the second scar was 1 cm below and lateral to the aforementioned scar and of size 1.5 cm and the third scar was 2 cm medial to the anterior superior iliac spine and of 2 cm in length . There were sinuses present along with each scar that was associated with minimal mucopurulent discharge .

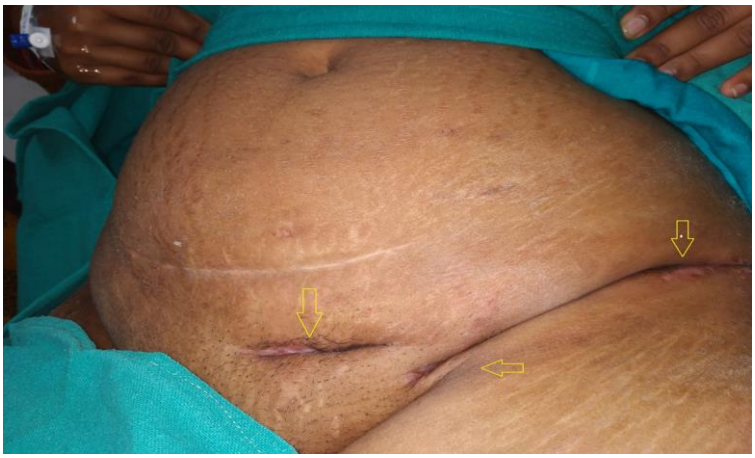

Figure 1 Pre-operative picture showing three sinuses.

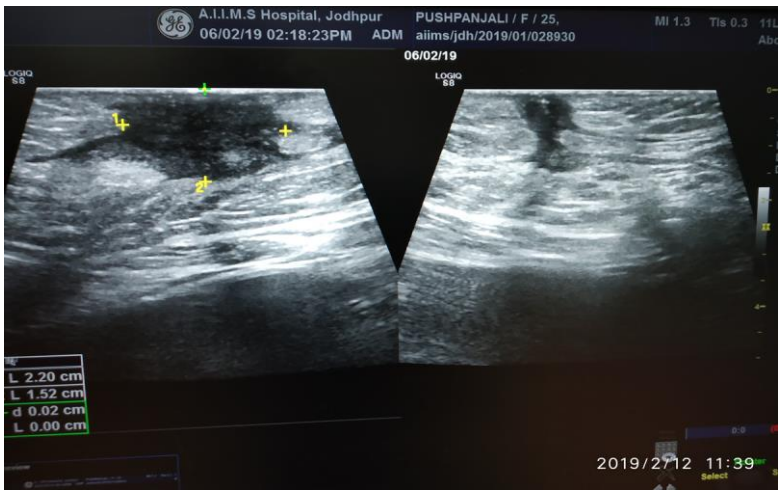

Figure 2 Ultrasonography showing pus pickets subcutaneously.

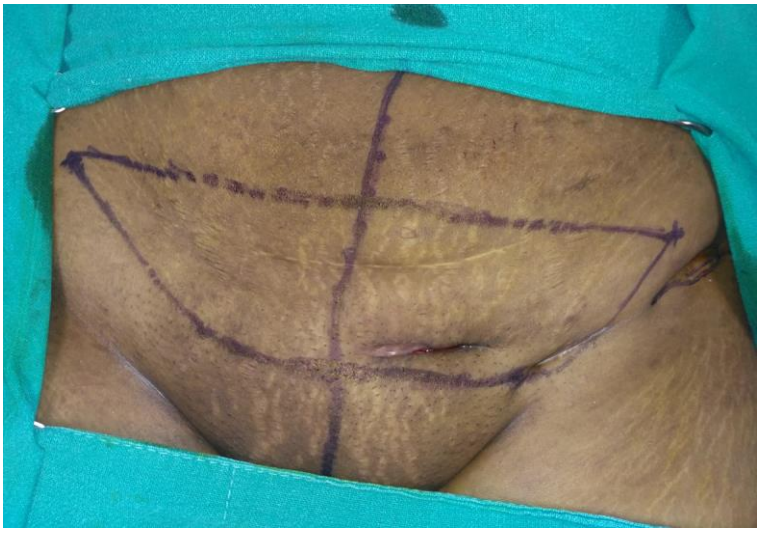

Figure 3 Pre -op markings of mini abdominoplasty incision

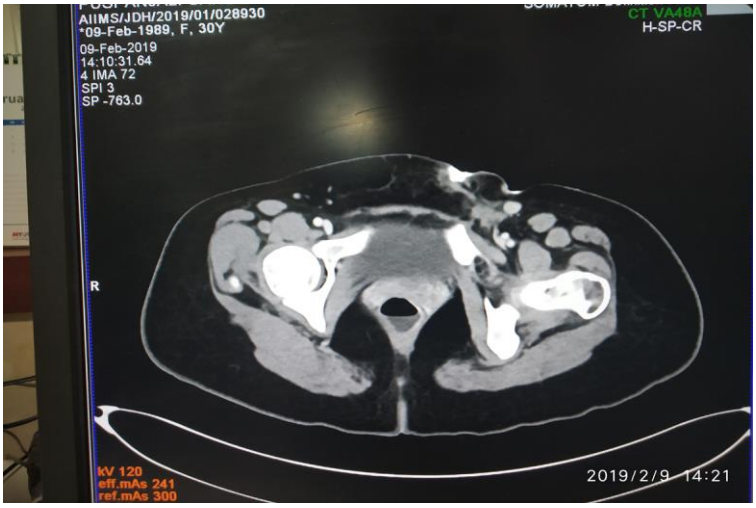

Figure 4 CT Sinogram showing sinus tract

After perceiving the chronic nature of the sinuses we assumed the possibility of the tuberculosis . However the Mantoux test for the diagnosis of tuberculosis was negative. The AFB was found to be negative .Besides we did the culture for other bacteria inclusive of aerobic , anaerobic and fungal . The growth was positive for *Peptostreptococcus species* and *Kleibsiella pneumonia* which was managed with the antibiotic according to the sensitivity .

The Ultrasound of the local site revealed irregular loculated collections of size 3 × 2 cm in subcutaneous plane at the medial and lateral end of the scar which were communicating with each other through a sinus tract of 2 mm .(Figure 2) The lateral end of the collection was in close relation to left iliac vessels.

We excised the sinus tracts using the mini - abdominoplasty incision (Figure 3) . The sinus tracts were dissected out diligently from the adjoining subcutaneous tissue of size 2 cm . The third sinus near ASIS (Anterior Superior Iliac Spine) has healed hitherto . About 5 ml of pus drained . The post operative period was uneventful and patient discharged on 7th post operative day in the stable condition.

After two months of the operation , patient came again with the complaint of mild discharge from the left side of the incision site since 12 days . There was no associated fever , malaise or weight loss.

We did the CECT of the abdomen (Figure 4) which showed the contrast enhanced sinus tract of 7 cm in length and diameter 6 mm in the left inguinal region The track was traversing medially and caudally terminating at the iliopsoas fascia just lateral to left external iliac vessels . No evidence of intraperitoneal spillage of contrast was noticed .

The patient then planned for the re-exploration and the sinus tract of size 9 cm was explored which was heading towards the fascia covering the left iliac vessels . The tract excised in its entirety and the wound is closed in layers .

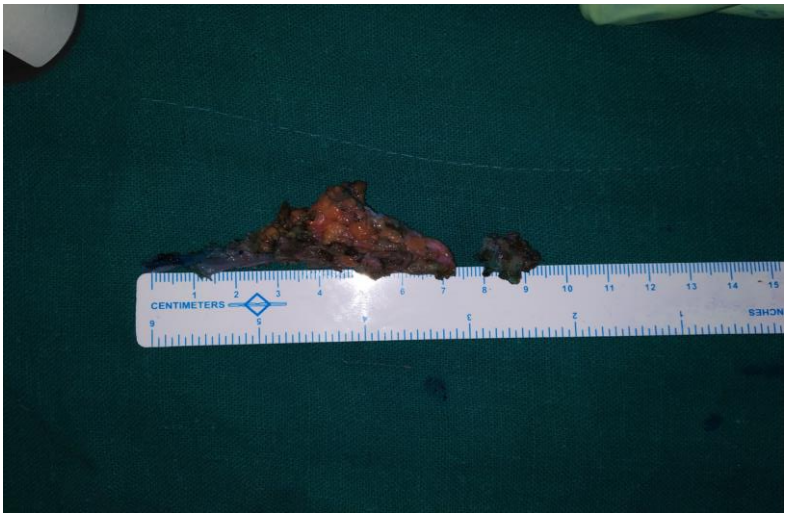

Figure 5 Excised sinus tract of size 9 cm

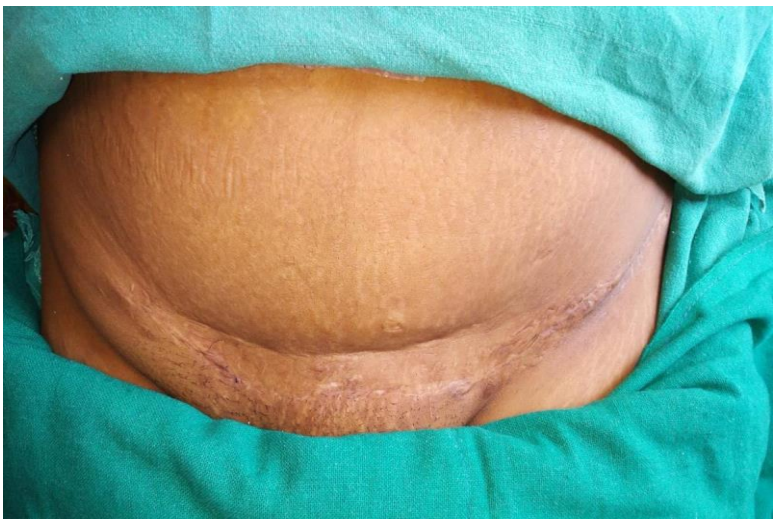

Figure 6 Follow up picture

The histopathological report showed moderately inflammatory infiltrate comprising of plasma cells , histiocytes and lymphocytes .

DISCUSSION

The sinus tract is an abnormal connection lined by the granulation between the abscess and skin or mucosal surface . Sinuses occurs due to retained foreign body like non – absorbable suture material or retained guaze , or chronic infection like tuberculosis , brucellosis ,Crohn 's disease , actinomycosis , sarcoidosis , or deep seated pelvis infection .

Those patients who are having tuberculosis as an underlying cause present within 2 weeks to 7 months after the caesarean section[2] . Nonetheless our case had delayed

presentation after 10 months of the caesarean section which is similar to case report by Saxena et al where the patient presented after the eight months.

When patient presented for the second time, we did the CECT sinogram to delineate the sinus tract of size 7 cm × 6 mm which was larger in size as compare to her previous sinuses .[3] However on exploration there was further discrepancy in the size of the sinus which was found to be of 9 cm(Figure 5) encroaching upto the fascia covering left iliac vessels.

The post-caesarean sinus which are tubercular in origin chiefly managed conservatively . The patients respond well to the anti-tubercular drugs and can be managed without any surgical interventions.[2].

In the first surgery we did complete excision of both the sinus tracts measuring 2 cm however the recurrence developed in a very short span of time . Keeping in mind the recurrent nature of disease ,we had initially planned to start the anti –tubercular treatment empirically but then we withheld this . We kept the patient under regular follow-up at every two weeks .

Sinuses are susceptible for reccurences if there is retained foreign body in the form of retained sutures etc. [3,4] While exploring for the second time ,we inspected carefully for any retained sutures or foreign body which else left inside erroneously but we could not find anything . Anyhow patient remained fine after the second surgical intervention and did not show any sign of recurrence even after the one year follow – up .(Figure 6)

The post-caesarean sinus could have delayed presentation and without any underlying granulomatous disease .

The management does not differ with the size of sinus.

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