

Case of Perianal Stab Injury: A Review of Unusual Case

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1. Introduction

A rare condition characterized by single stab wound in perianal region causing rectal mucosal tear and prostatic urethral injury admitted in SMIMER Hospital, Surat, India in September, 2018.

2. Case Report

A 37 year old male presented with single stab injury in right perianal region measuring 3cm long, 1.5 cm width, 6 cm deep. Patient has complaint of localized pain, difficulty in passing urine and discharge per rectum. On examination rectal mucosal tear found without active bleeding. Patient XRAY abdomen and USG abdomen was normal. On per urethral catheterization gross hematuria was found. Patient MRI pelvis suggestive of recto urethral cutaneous fistula and prostatic urethral tear

3. Management

Exploratory laparotomy and diverting sigmoidostomy was done on next day after examination of perianal wound under anesthesia, all bowel loops and urinary bladder were found normal. Patient was kept on oral broad spectrum antibiotics. Patient was discharged after laparotomy and perianal wound dressing was continued for about one month. After that complete healing was there. Foley's catheter was removed after one and half month. MCUG was found normal after removal of catheter. DISTAL LOOPOGRAM was done and distal bowel loops were found patent with no leakage of dye through rectum. Patient was again admitted and sigmoidostomy closure was done in November 2018 and patient. Stitch line was infected on third postoperative day and wound gaping was done. Dressing was continued for five days and then secondary suturing was done and patient was discharged after three days. Stitches were removed after ten days and at present on follow up patient has no complaints. Patient is healthy and totally asymptomatic.



Figure 1: Perianalstab Wound

4. Discussion

Combined rectal and urethral injury associated with penetrating stab wound of perianal area are very rare. The standard management of penetrating rectal trauma consists of perioperative antibiotics and diverting colostomy. When patient presents with per rectal discharge and hematuria. Proctoscopy and CT pelvis was performed, because of these close anatomical proximity such wounds are more likely to be sepsis, but in our case there is no sepsis. We have performed a prolonged localized wound dressing and rectal tear was protected by diverting colostomy and prolonged Foley's catheterization.

5. Conclusion

Because penetrating rectal trauma is uncommon its management can be challenging if associated with bladder injury. Proctoscopy define the nature and site of penetration and should be performed in all patients along with CT urography which is most accurate imaging to access bladder injuries. The management of this rare combination consists of surgical treatment for rectal wound, bladder and urethral injury could be managed conservatively.

References

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