



A Study on Enterocutaneous Fistula

KEYWORDS

Enterocutaneous fistula, Intraperitoneal, Antibiotics, Spontaneous

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ABSTRACT **Background :** Enterocutaneous fistula (ECF) is a result of complex intraperitoneal infection process. Even with modern and advanced surgical suturing techniques, staplers, newer antibiotic therapy and modern investigations, mortality of the disease remains up to 50%. The objective of this study was to evaluate the clinical characteristics of patients and the response to different treatments. **Materials and methods:** Study includes fifty (50) patients treated for enterocutaneous fistulae in our hospital between January 2015 and December 2015. They were subsequently investigated and managed according to the standard protocol. **Results:** 28 cases were successfully recovered with antibiotics and secondary closure. 10 cases got spontaneously closed. 12 cases died due to septicaemia. **Conclusions:** Patients can be helped to recover from this dreaded disease by early diagnosis and management of malnutrition, fluid and electrolyte imbalance, infection process and simultaneous medical diseases although the majority of patients required surgery as the ultimate treatment

Introduction-

Enterocutaneous Fistulas¹ (ECF) present as a deadly complication following abdominal surgery in the postoperative period. Over the past four decades, the mortality from enterocutaneous fistula has diminished from 40-60% to approximately 15-20%. This improvement in prognosis is due to recent advances in treatment modalities. In the present era, sepsis accounts for more than 80% of deaths. Fistula is an abnormal communication between two epithelialized surfaces lined by granulation tissue or occasionally by epithelium. An enterocutaneous fistula is one whereby the gut is connected to the body surface, directly or indirectly. They result in drainage of enteric contents on to the skin. The discharge should continue for more than 24 hours to be considered as a fistula. Mortality is mainly due to sepsis, malnutrition and electrolyte imbalance.

Materials and methods

Study includes fifty (50) patients treated for enterocutaneous fistulae in Jawaharlal Nehru Medical College, Bhagalpur between January 2015 and December 2015. All cases were studied according to a general proforma which included etiology, the investigations carried out and management and outcome. The age group was 25-65 years of age. Male and female both were included in this study.

Results

The present study of 50 cases of gastrointestinal fistulas revealed information, of which 39 patients were males and 11 patients were females. The age group was 25-65 years of age. A total of 95% of the fistulas were seen in the postoperative setting. Of 50 patients, 2 had gastric fistula. 28 cases were successfully recovered with antibiotics and secondary closure. 10 cases got spontaneously closed. 12 cases died due to septicaemia.

Discussion

In this study, most of the patients developed fistula post-operatively due to anastomotic leak following laparotomy. The most common causes are intestinal anastomotic, or closure of ileal perforation and gangrene gut. Patients were fed with enteral route, started on enteral feeds and were started on total parenteral nutrition. There is no sig-

nificant difference in mortality in the patients managed with either TPN or enteral nutrition. Patients with high output fistulae have more incidences of fistula-related complications such as electrolyte disturbance, sepsis, and dermal excoriation, resulting in difficult management. The fistula healing rate is also lower and mortality is higher. Serum albumin is definitely an important prognostic factor that affects healing of fistula and mortality.

Conclusions

Enterocutaneous Fistulae, a frequently encountered problem in the postoperative ward, encompasses a wide spectrum of disease entities with significant morbidity and mortality. 2. Patients in the later decades have an increased mortality rate when compared to patients in the younger age-groups. 3. Patients who arrive late in the course of disease, or who are referred late from peripheral institutions risk due to their poor general condition. 4. The most common pathology leading to the development of enterocutaneous fistulae in our setup are trauma, Enteric fever perforations and peptic ulcer disease. Other causes include necrotizing enteritis (gangrene bowel) and associated malignancy. Total parental nutrition has proved to be a good achievement in the nutritional support of these patients. 8. Skin care should start at the earliest and liberal use of pouch appliances and drainage devices decrease and morbidity. 9. Early re-exploration is found to have a very significant improvement in the prognosis in patients with high output fistulae, in our setup.

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