

### Spontaneous Fecal Fistula in Inguinal Hernia

Spontaneous fecal fistula developing as a complication of inguinal hernia is very rare in children as well as in adults. Only one case of fecal fistula developing spontaneously in inguinal hernia in an infant has been reported in the world literature(1). We are presenting a similar case in a one month old baby.

A one month old male baby, was

brought by his parents with complaint of fecal discharge from the right side of the scrotum since 4 days. Previous to this, the parents noticed a swelling in the right inguinal region about 10 days back. Local examination showed an ulcerated area in the right side of scrotum, through which fecal discharge was coming out.

With a provisional diagnosis of fecal fistula following inguinal hernia, barium meal follow through was advised and it showed a long fistulous tract extending into the scrotum from the small bowel and barium was seen coming out from the fistulous opening (*Fig.*). At operation, right sided



*Fig. Barium meal follow through shows leakage of barium into the right side of scrotum from one of the small bowel loops.*

infraumbilical transverse incision was given. An ileal loop with peritoneal sac was entering one deep inguinal ring from inside. It was pulled out from the inguinal canal from within by gentle blunt dissection. There was a perforation of antimesenteric border of this ileal loop approximately 1.5 cm in size. The edges of perforation were freshened and it was closed transversely in two layers. Rest of the bowel and solid viscera were normal.

The abdomen was closed in layers. A penrose drain was put in the scrotal wound. Unfortunately, the child died on the 2nd post-operative day due to septicemia.

Although incarceration and strangulation are the common complications of inguinal hernia, spontaneous fecal fistula formation in these cases is very rare. A variety of causes for the development of fistulas of the gastrointestinal tract have been described, but the great majority of external fistulas follow operative procedures performed in the GIT or other intra-abdominal organs. In one of the largest series of 81 fistulas of GIT, 98.5% were postoperative. Even among the 14 occurring spontaneously in this series, all but one were internal and none followed inguinal hernia(2).

Inguinal hernia in children is almost invariably indirect and is a congenital abnormality due to failure of the obliteration of processes vaginalis. Incarceration and strangulation are common in infants than in older children(3). The pathogenesis of spontaneous fecal fistula formation is obscure but may be due to a part of ischemic intestine getting adherent to the scrotum which later gives way resulting in fecal fistula formation(1). Although various unusual complications of inguinal hernia like testicular infarction, rupture of stomach(4), appendicular abscess(3) are on record, spontaneous fecal fistula formation

is extremely rare. Review of the World literature reveals only one previous case of spontaneous fecal fistula in a 3½-month-old boy(1).

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3. Deodhar SD, Muzumdar JD. Appendicular abscess presenting as strangulated inguinal hernia. *Indian J Med Sci* 1974, 28: 80-81.
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#### **Antenatal Supplementation Effect on Iron Status of Infants**

In their recent editorial, Drs Lokeshwar and Mangani have mentioned the effect of maternal iron deficiency on newborn iron stores(1). They have cited studies from Western centres suggesting that cord ferritin levels are lower in infants born to an iron deficient mother.