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Efficacy of magnetic resonance imaging in the diagnosis of perianal hidradenitis suppurativa, complicated by anal fistulae: A report of two cases and review of the literature



Hirotohi Takiyama^{a,*}, Shinsuke Kazama^a, Yusuke Tanoue^a, Koji Yasuda^a, Kensuke Otani^a, Takeshi Nishikawa^a, Toshiaki Tanaka^a, Junichiro Tanaka^a, Tomomichi Kiyomatsu^a, Keisuke Hata^a, Kazushige Kawai^a, Hiroaki Nozawa^a, Takuya Miyagawa^b, Daisuke Yamada^b, Hironori Yamaguchi^a, Soichiro Ishihara^a, Eiji Sunami^a, Toshiaki Watanabe^a

^a Department of Surgical Oncology, The University of Tokyo, 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-8655, Japan

^b Department of Dermatology, The University of Tokyo, 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-8655, Japan

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ABSTRACT

BACKGROUND: Perianal hidradenitis suppurativa (PHS) is a chronic recurrent inflammatory disease of the apocrine glands present in the skin and soft tissue adjacent to the anus. It is often misdiagnosed or treatment is delayed, resulting in the formation of an abscess or, in the worst case, leading to sepsis. It is difficult to treat perianal lesions merged with fistulae completely due to its high recurrence rate. Therefore, we should diagnose it correctly and treat it with appropriate methods.

PRESENTATION OF CASE: We report two cases of PHS with anal fistulae that were examined preoperatively using magnetic resonance imaging (MRI) and treated safely by surgery without any recurrence.

DISCUSSION: The anal sphincter area cannot be visualized and evaluated directly by fistulography. Also CT has only limited resolution, making it difficult to distinguish between soft tissues and inflammatory streaks. Endosonography is not suitable for the examination of supra-sphincteric or extra-sphincteric extensions, as it is limited by insufficient penetration of the ultrasonic beams. MRI can demonstrate the entire course of the fistulae owing to its high contrast resolution.

CONCLUSION: Our findings support the idea that PHS with complicated anal fistulae can be diagnosed accurately using MRI and treated safely and completely with surgery.

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1. Background

Hidradenitis suppurativa (HS) represents chronic, recurrent, deep-seated folliculitis resulting in abscess formation, followed by sinus tracts and scar tissue formations. It is an uncommon disorder but frequently involves the perianal region and coexists with anal fistulae [1].

If left untreated, it may progress to a severe, persistent state with systemic infection or sepsis with the possibility of malignant alteration [2]. Complete treatment of this condition is difficult and may require complicated surgical intervention, with a recurrence rate of up to 25% [3]. One of the major reasons for this high recurrence rate is an incomplete resection of the HS and fistulae resulting from

inaccurate identification or underestimation of the condition [4]. Therefore, definite preoperative recognition of the location of fistulae spread will help decrease the risk of recurrence after surgery. Since it has been well known that magnetic resonance imaging (MRI) is useful for detecting anal fistulae, MRI in HS may not only help define disease extent but assess coexisting fistulae. There have been only two published reports that highlight the efficacy of MRI on HS [5,6]. Here we report two cases of HS diagnosed using MRI for identification of the exact location of the fistulae.

2. Presentation of case

2.1. Case 1

A 43-year-old male patient was admitted to the hospital with perianal HS. The patient presented with swelling of the gluteal region and pain and pyrexia for 7 years but had been treated only by antibiotics and had never undergone any surgical

* Corresponding author at: Division of Surgical Oncology, Department of Surgery, Faculty of Medicine, University of Tokyo, 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-8655, Japan. Fax: +81 3 3811 6822.

E-mail address: tacky0123@gmail.com (H. Takiyama).

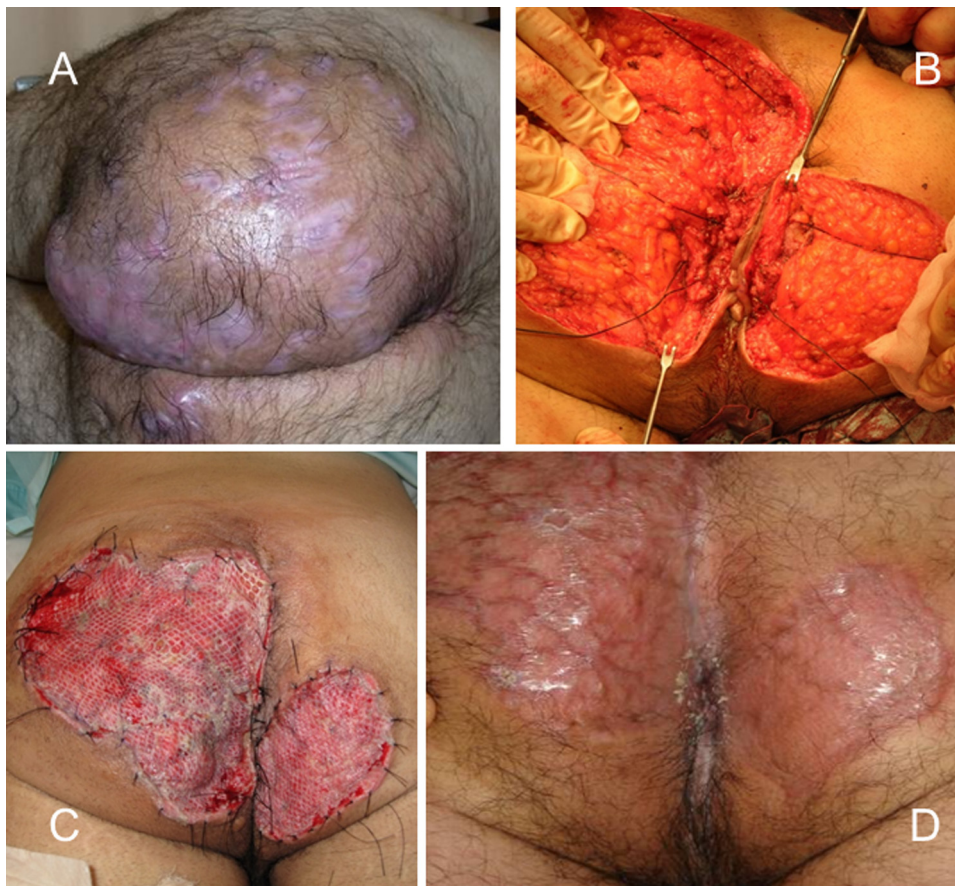


Fig. 1. (A) Hypertrophic scarring and hyperpigmentation in the anogenital lesion after 7-year history of widespread recurrent tender, erythematous nodules, abscesses, and sinus tract formation. (B) Perianal fistula tract extension, confirmed with black ties in situ, after wide excision. (C) Surgical site closed with split-thickness skin grafts. (D) Postoperative view, 6 months after successful treatment, showing no evidence of anal fistula recurrence. (Case 1).

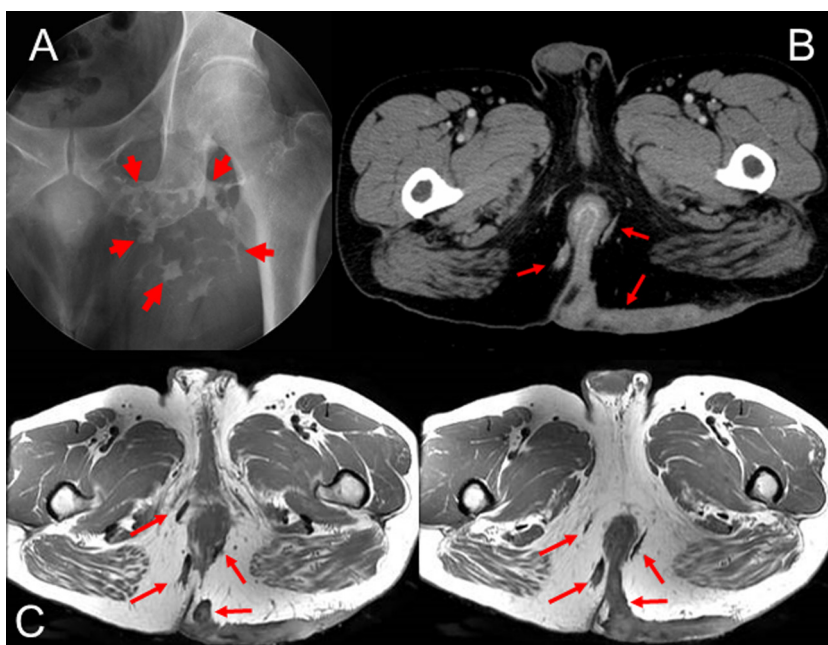


Fig. 2. (A) Fistulography showing complicated webbing fistula in the left gluteal region. (Case 1). (B) Computed tomography showing solid hyperdense tissue in the gluteal lesion, between the intergluteal fold and the rectum (shown by arrows). However, the exact anatomic location of fistula still remains unclear. (Case 1). (C) T1-weighted MRI image, showing several separate branching fistula tracts (shown by arrows) on both sides of the posterior space, close to the anal sphincter and the surrounding inflammatory tissues. (Case 1).

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