Late Perforation of Hartmann’s Pouch: An Avoidable Complication

James McClenathan*

*University of Arizona, jhmcclenathan@yahoo.com

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Abstract

Perforation or disruption of a Hartmann pouch is an unusual surgical complication. When it does occur, it is usually an early complication. In this article, we report a perforation of a Hartmann pouch which happened 4-months after the Hartmann procedure was done. It was the result of distal obstruction.

KEYWORDS: perforation, Hartmann’s pouch, obstruction
A 60-year-old man was admitted for abdominal pain of six days’ duration. He had been told that he had Crohn’s disease for many years and had been treated medically. Four months before admission, he underwent, at an outside hospital, a diverting sigmoid colostomy and creation of Hartmann pouch to treat intractable diarrhea and a rectal stricture that presumably was the result of his Crohn’s disease. At the time of admission to our hospital, he had diffuse abdominal pain and tenderness. He was not febrile, but was tachycardic. His colostomy was functional. Over the first 12 hours in our hospital, his mental status changed and he became obtunded. When the surgical service was consulted, we found an obtunded patient with a “board-like” abdomen. He was treated for sepsis with antibiotics, fluids, and hemodynamic supportive measures.

A computerized tomography scan showed free air and free fluid in the pelvis. Lower colon images showed a dilated sigmoid colon and rectum. (Figure 1) Gas was in the rectum and defunctionalized sigmoid colon. A rectal exam showed an obstruction per the examining finger at about 5 cm. We suspected that he had a perforated Hartmann pouch as a result of his distal obstruction.

During the operation, he had cloudy, foul-smelling fluid throughout the abdomen. Exploration for perforation showed a 2-mm opening in the proximal Hartmann pouch through the staple line. We were able to express additional gas and liquid through the opening. Since the Hartmann pouch was sufficiently long, we converted it to a mucus fistula.

The patient recovered from our abdominal procedure and left the hospital. Unfortunately, his mental status only improved a little. It became apparent that he had experienced a stroke while in the hospital.
French surgeon Henri Hartmann first described the Hartmann procedure in 1921 (1). He detailed resecting a tumor and closing the superior part of the rectum in 2 patients who had previously undergone colostomy performed for obstructing low-colon cancer. The terms Hartmann procedure and Hartmann pouch are now often applied to patients who undergo sigmoid colon resection with an end colostomy and with oversewing or stapling of the distal colon or rectal stump, regardless of its length. Leak or disruption of the distal stump has been reported previously, but is usually an early complication (2,3). When distal obstruction is a potential problem, creating a Hartmann pouch should be avoided by creating a mucus fistula instead.

