Retroperitoneal Necrotizing Fasciitis: A Rare Complication of Foreign Body Ingestion

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Abstract

Retroperitoneal necrotizing fasciitis is a rare disease with a high morbidity and mortality. It is most commonly associated with diverticular disease. We present the first case of retroperitoneal necrotizing fasciitis due to foreign body ingestion.

KEYWORDS: necrotizing fasciitis, foreign body, toothpick
Toothpick ingestion causing bowel perforation occurs in 0.2 per 100,000 ingested (Budnick, 1984). We report a 29 year old male with severe, constant periumbilical pain migrating to the right iliac fossa for one day. Associated symptoms included 5 days of constipation and nausea but no vomiting, or self reported fever. His past medical and surgical histories were unremarkable. His pulse was 106bpm, blood pressure was 118/71mmHg, respiratory rate of 16, and was afebrile. He was tender in the right iliac fossa with localised peritonism. Bowel sounds were present. Per rectum examination was unremarkable. We suspected an acute appendicitis.

The laboratory tests were significant for only a mild neutropenia. Computed tomography showed inflammatory changes and gas in the right iliac fossa which extended along the margin of the right psoas into the perirenal space. The appendix was not seen.

A laparoscopy showed gross and purulent peritoneal fluid. The appendix was inflamed but not perforated. Laparotomy showed retroperitoneal necrotising fasciitis without a source. The bowel was run and a toothpick was found with a small 3mm diameter perforation in the posterior wall of the ascending colon. Over the next month several debridements and washouts were performed and he was eventually discharged home well.

Retroperitoneal necrotizing fasciitis is rare with a high mortality, which is believed to be multifactorial. It presents with a wide range of signs and symptoms making diagnosis challenging (Giri et al., 2012). Furthermore, most patients are of advanced age and/or have significant co-morbidities (Pryor et al., 2001). The best management is early and aggressive surgical debridement and broad spectrum antibiotics in an intensive care environment (Sugimoto et al., 2010). Our case presents a rare and previously unrecognised complication of foreign body ingestion.