FISTULA BETWEEN THE HIP AND THE CAECUM

J. M. KUMAR, R. L. JOWETT

From the Poole General Hospital

A patient is reported who developed a fistula between the hip and the caecum 39 years after arthrodesis of her hip. She presented with a painful right hip and radiographs showed that the Smith-Petersen nail used for arthrodesis had moved up through the acetabulum and into the pelvic cavity. The nail was removed but within a week a fistula which discharged alimentary contents had developed between the hip and the caecum. The patient was treated conservatively, and three weeks later the fistula had closed.

Hip surgery has become more and more common over the last 20 years, and the list of complications increases every day. Cases have been reported of fistulae developing between the hip and the urinary bladder and between the hip and the ureter after operations on the hip (Lowell, Davies and Bennett 1975; Solomon and Macgregor 1980), but we report for the first time the development of a fistula between the hip and the caecum.

CASE REPORT

A 76-year-old woman presented to the accident and emergency department of Poole General Hospital with a painful right hip; she had had the pain for three months but was able to walk with the aid of a frame. She was apyrexial. Radiographs showed that the right hip had been arthrodesed using a Smith-Petersen nail (Fig. 1); arthrodesis had been carried out 39 years earlier. A course of physiotherapy was prescribed and she was discharged home.

Three days later she presented again with increasing pain, and on this occasion her temperature was 37.5°C. Further radiographs were taken and it was noted that the pin had moved up through the acetabulum into the pelvic cavity. In view of the slight pyrexia, and localised tenderness around the hip, a diagnosis of osteomyelitis was made and she was admitted.

The next day the hip was explored using an anterolateral approach; 200 ml of yellowish-green pus were evacuated. The pin was found to be quite loose and was very easily removed. A drain was left in, and the skin was loosely sutured.

Exactly one week later the nursing staff found that the wound was discharging peas and carrots, which the patient had eaten for lunch the day before. A fistula was diagnosed and a sinogram performed (Fig. 2). This confirmed the presence of a fistula between the hip and the ascending colon. At this stage a general surgical opinion was sought, and it was decided to treat her conservatively on a low-residue diet and antibiotics. The fistula closed in three weeks, and the patient was able to go home.

Fig. 1
Figure 1—The original arthrodesis. Figure 2—The sinogram shows a fistula between the “hip” and the caecum.

DISCUSSION

Various kinds of fistulae can develop after total hip replacement, when the acetabulum may be perforated either deliberately to fix the acetabular component, or inadvertently when preparing holes for anchorage. Such fistulae usually develop in the immediate postoperative period, but our patient developed a fistula 39 years after arthrodesis of the right hip; the fistula closed with conservative treatment.

We are grateful to Mr Andrew Barnett, Medical Photographer, Poole General Hospital, for preparing the photographs for publication, and to Mrs S. Robson, Postgraduate Secretary, and Mrs J. French, Medical Secretary, for their assistance.

REFERENCES