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Paracolostomy Evisceration: Short Review and a New Case Report

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Abstract

Introduction: Diverting ostomy is a commonly perfomed procedure but may be associated to its own morbidity (early or late complications). Colostomy-related evisceration is a rare but potentially life threatening condition (requiring emergency surgery), relatively undocumented for its mechanisms.

Case report: A male aged 84 was admited for chronic low digestive occlusion due to a locally advanced, stenosing, rectal adenocarcinoma. Prior to neoadjuvant therapy, a loop sigmoidostomy was indicated using a left iliac open aproach, with no preparation of the colic content. The sigmoid was loaded with hard stools. The parietal breach was reaproximated by 2 monofilament nylon sutures, fascial and colocutaneus fixation. Colostomy was opened two days later, but was not functional (postoperative paralytic ileus). Parastomal evisceration of ileum in day 3, dehiscence of parietal suture. Emergency operation, using the same aproach.

Results: Favourable outcome. Thoraco-abdominal CT scan: N0,M0. Pelvic MRI: proliferative mass of inferior and middle rectum, involving mesorectum fascia, levator ani and a few regional lymphatic nodes. Radio-chemotherapy and abdomino-perineal resection. Pathologic result: colorectal adenocarcinoma, G2, ypT1ypN0, ICD-O: 8140/3.

Conclusions: We rewiewed 8 case reports published since 2011, equally distributed as late or early complications. There was no connection with the princeps indication (colorectal cancer in half of cases); neither related to topography (transverse or sigmoid) or type of colostomy (loop or end). Occurence of the complication is not time-dependent (5 to18 months in late, 3 to 12 days for early eviscerations). The main premise is colostomy itself (a place of reduced parieto-abdominal resistence), stressed by increassed intra-abdominal pressure (eg. bronchopulmonary disease, digestive obstruction). Predisposing factors for late evisceration seems to be related to spontaneous rupture of parastomal hernia/colostomy prolapse. As for early evisceration, both technical details and surgical strategy must be considered (indequate fixation; creation of a larger than necessary colostomy aperture).

Key words: colostomy, parastomal evisceration, colorectal surgery, emergency surgery