

Cutaneous fistula

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Because of the thickness of the abdominal wall, it is rare for abdominal inflammatory conditions to discharge spontaneously through the wall to the skin. Chronic intraperitoneal abscesses arising after occult bowel perforation, appendicitis, diverticulitis and cholecystitis are the most likely sources. CT will locate the internal abscess and suggest the likely origin. Treatment is usually by CT - or ultrasonography-guided drainage but the surgeon may be called on to remove the abscess. **Jean Alfred Fournier**, 1832–1915, French syphilologist and founder of the Venereal and Dermatological Clinic, Hôpital St Louis, Paris, France. **Burrill Bernard Crohn**, 1884–1983, gastroenterologist, Mount Sinai Hospital, New York, NY, USA, along with **Leon Ginzburg** and **Gordon Oppenheimer** described regional ileitis in 1932. - source organ (source control). Malignancy in its later stages can occasionally erode through the abdominal wall. Crohn's disease also has a tendency to fistulate into adjacent organs and - may develop an enterocutaneous fistula. -

Figure 64.29 Bacterial synergistic gangrene of the chest and abdominal wall.

The area has become gangrenous and looks like suede leather.

Revision #1

Created 2025-12-31 15:23:44 UTC by Omar Ayman

Updated 2025-12-31 15:23:44 UTC by Omar Ayman