

It's More than Cellulitis!

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Learning Objective

- Discuss differential diagnosis of truncal cellulitis

History of Present Illness

- 64 year old female
- HPI
 - Back pain, skin tightness, chills, fever
 - Duration: 3 weeks
- ROS
 - Constipation x 2 weeks
 - Chronic reflux symptoms

PMH / Social / Fam Hx

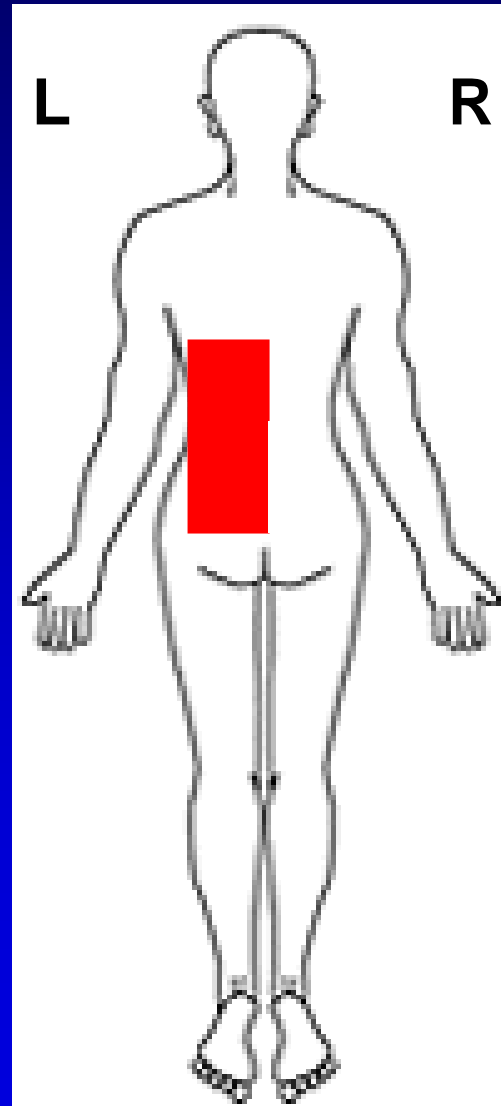
- PMH: Hysterectomy 1980
- Medications: Aspirin product prn 2-3/d
- SH
 - Smoker: 40 pack years
 - Alcohol: 3-4 beers / day
- FH
 - Mother: stroke, HTN
 - Father: colon cancer, MI

Physical Exam

- BP 126/54 HR 96 RR 14 T 99.9°F
- Obese, non toxic
- Cardiac
 - Systolic murmur 3/6
- Abdomen
 - BS normal
 - Not tender or distended, no masses

Physical Examination

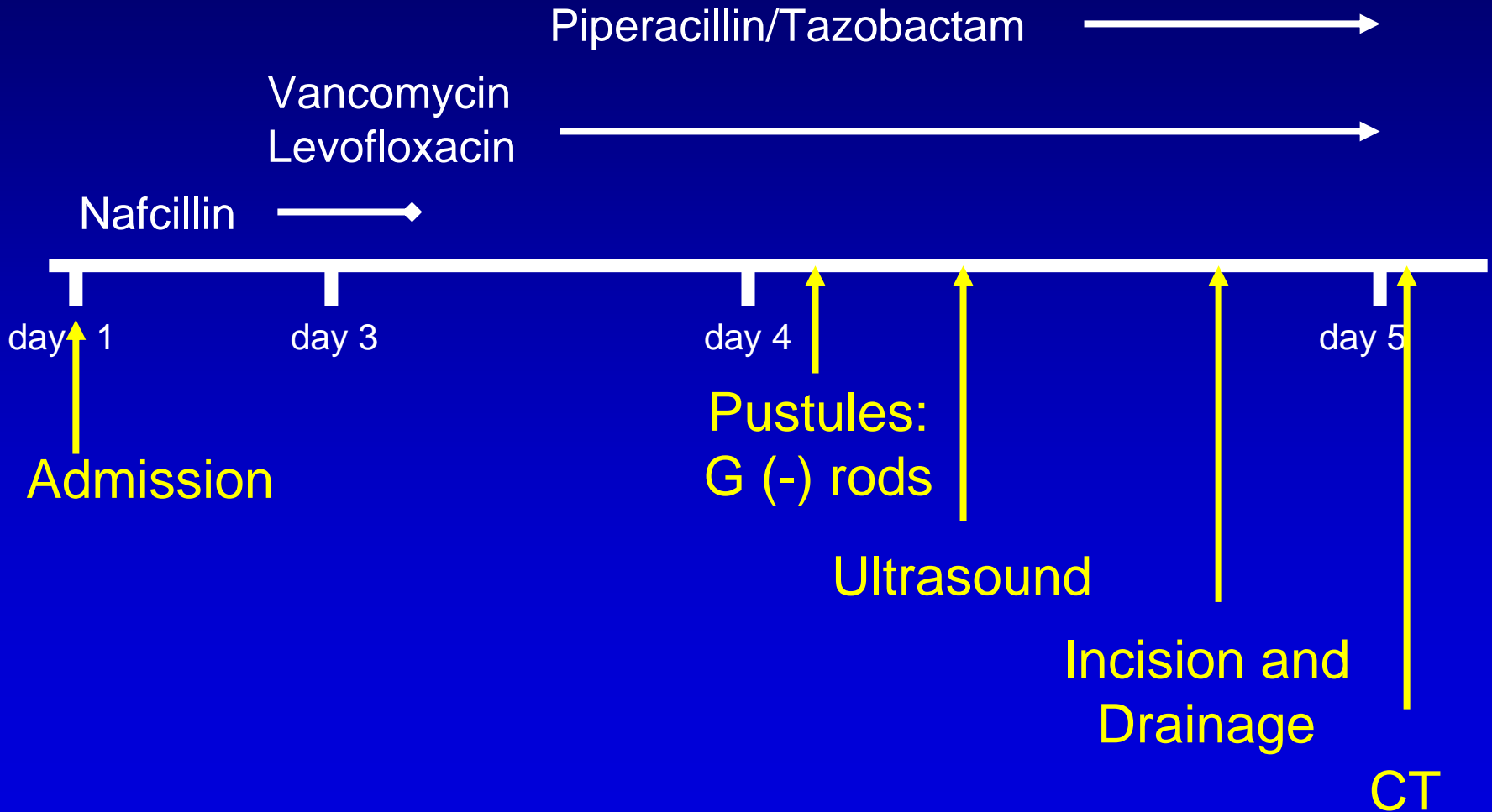
- Extensive erythematous, indurated, warm, trunk
- Left flank from sacrum to left lower quadrant, extending almost to the axilla



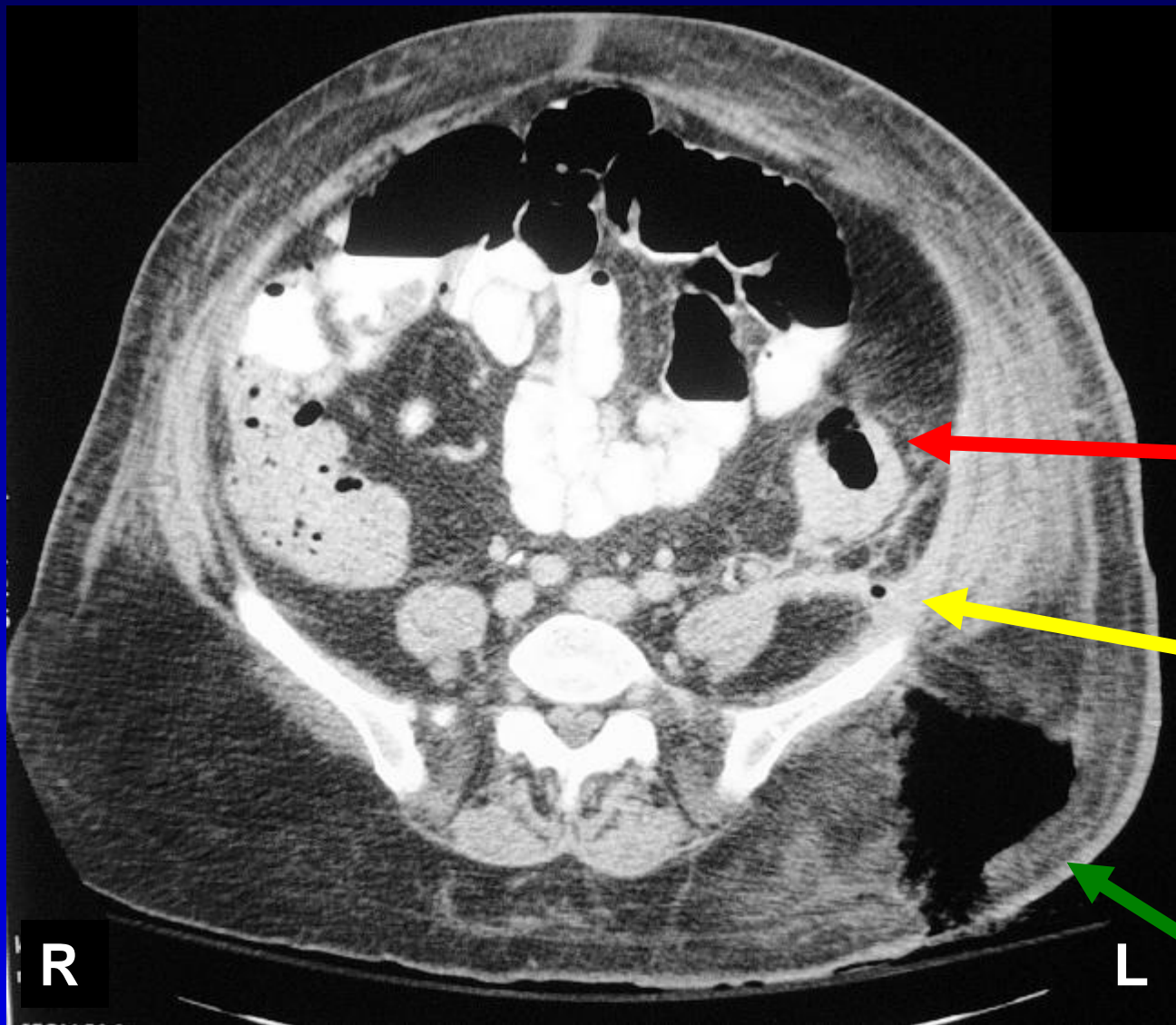
Evaluation

- WBC 22.2 / μ L (11% bands)
- HCT 27.5 %
- PLT 670 / μ L
- LFT
 - TP 5.6 g/dL
 - Alb 2.0 g/dL
 - AST 67 U/L
 - ALT 66 U/L
- Transthoracic echo: no vegetations, IHSS

Hospital Course



CT Scan



Follow Up

Piperacillin/Tazobactam

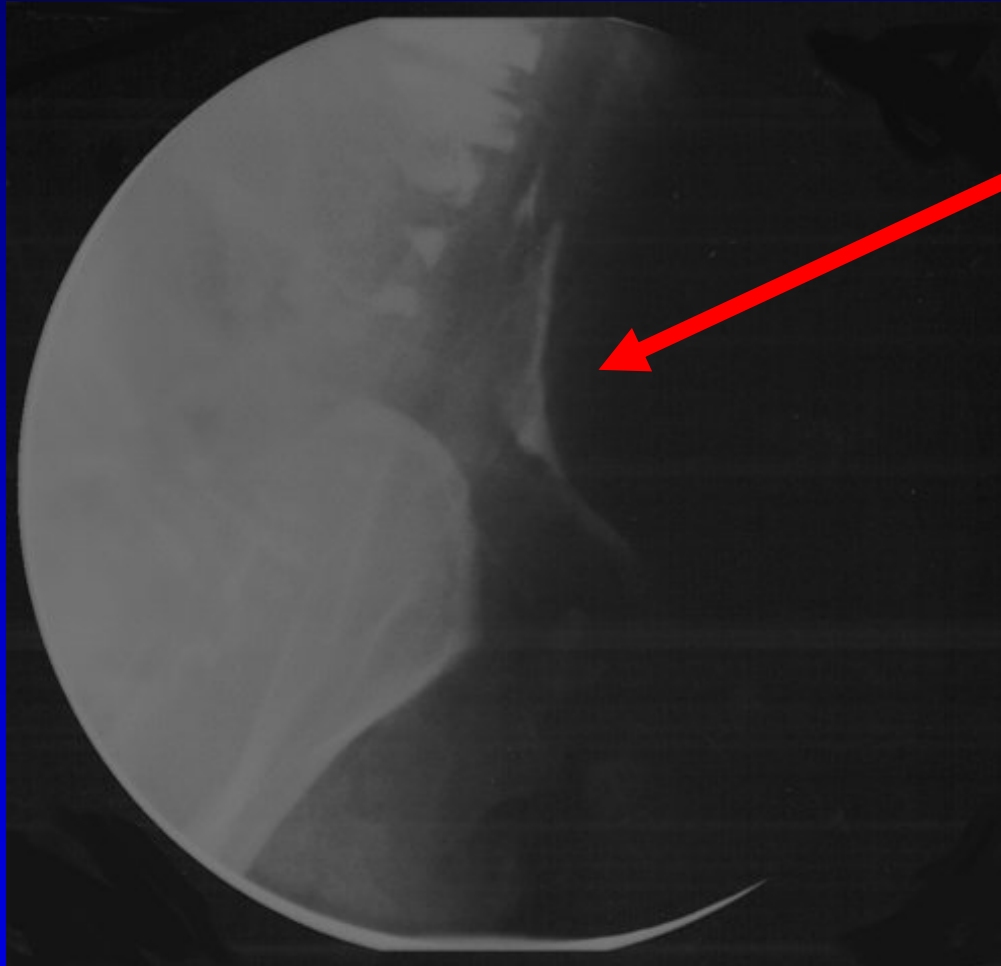


Vancomycin

Levofloxacin



Barium Enema



Follow -Up

- Surgery: resection, diverting colostomy
- Discharged with wound vacuum device
- Uneventful follow up for 10 months

Colocutaneous Fistula

- Rare complication of diverticulitis
- Prevalence
 - 1-4% of patients with diverticulitis
- Asymptomatic: 50%, except for external drainage of feces
- Suspect in abdominal or truncal cellulitis

Risk Factors

- Inflammatory bowel disease
- Colon cancer
- Diverticulitis
- Diverticular abscess
- Prior abdominal surgery

Causes of Abdominal Wall Abscess

- Iatrogenic (post operative complication)
- Infections
 - Amebiasis, non-typhi salmonellosis
 - Pyelonephritis
 - Gallbladder disease
- Adenocarcinoma of the transverse colon
- Colonic diverticulitis with perforation
- Jejunal diverticuli
- Trauma
- Inflammatory bowel disease

Diagnostic Tests

- Computed tomography
- Barium enema
- Aspirate abscess
- Surgical exploration

Treatment

- Antibiotics
- Surgical resection

Conclusions

- High index of suspicion in truncal cellulitis
 - Especially past history of abdominal surgeries
- Colocutaneous fistula is a rare complication of a common disease
- Diagnosis: CT or barium enema
- Treatment: surgery, antibiotics



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