

## SURGICAL PHOTO QUIZ

By  
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Male patient 49 years old had left hemicolectomy for carcinoma of descending colon. He had hand sewn colorectal anastomosis. At post-operative day 7, the patient started to run fever with tender left iliac fossa. At post-operative day 10, stools came out from the drain site. At post-operative day 15, stools also came from the abdominal wound and the patient had ileus. The proper management of this patient is (Choose the best answer)

1. NPO, IV fluids, antibiotics.
2. Operate, dismantle anastomosis, left iliac colostomy
3. Operate, covering ileostomy
4. Operate, suture anastomotic defect
5. None of the above (What management do you suggest?)

Send your answer to [ejs@ess-eg.org](mailto:ejs@ess-eg.org)

The correct answer and a short comment on the condition will be presented in the next issue of the journal.

### The correct answer for previous Photo Quiz (Vol 26, No 1, Jan., 2007)

**The Correct answer is: Debridement, leave wound open to heal by secondary intention, colostomy.**

In this patient, wound debridement is mandatory to avoid wound infection by aerobic, anerobic and the serious spore forming organisms. Attempts of primary repair are doomed to failure because of the nature of the accident, tissue loss, wound contamination and possibility of wound infection. Moreover, if primary repair is attempted and it failed, later repair is expected to be more difficult. Colostomy is essential to avoid wound contamination by stools.

