Biliary stent migration presenting as a recurrent pilonidal abscess with underlying rectocutaneous fistula

A 53-year-old patient was admitted to the gastroenterology department for the management of a benign biliary stricture secondary to chronic alcoholic pancreatitis. He underwent sphincterotomy and placement of a 10 Fr × 10 cm plastic biliary stent. Endoscopic follow-up 2 months later revealed spontaneous migration of the stent and no further intervention was performed.

The patient was admitted to the general surgery outpatient clinic 7 years later for the management of a recurrent pilonidal abscess. Excision of the abscess revealed a long fistulous track towards the coccyx with a plastic stent inside it (**Fig. 1 a, b**); the findings indicated a rectocutaneous fistula secondary to biliary stent migration. In addition, computed tomography scan showed a 1-cm defect of the sacrococcygeal junction in contact with the rectum (**Fig. 2**). Postoperatively, the patient was treated with antibiotics and vacuum-assisted closure therapy and went on to make an excellent recovery. His follow-up over 4 years was unremarkable.

Complications of stent placement are well known and include migration with fistula formation between a variety of organs, such as: duodenocolic fistula [1], duodenoscrotal fistula [2], enterosplenic fistula [3], enterocutaneous fistula [4], and colovaginal fistula [5]. However, to the best of our knowledge recurrent abscess secondary to a rectocutaneous fistula has not been described previously.

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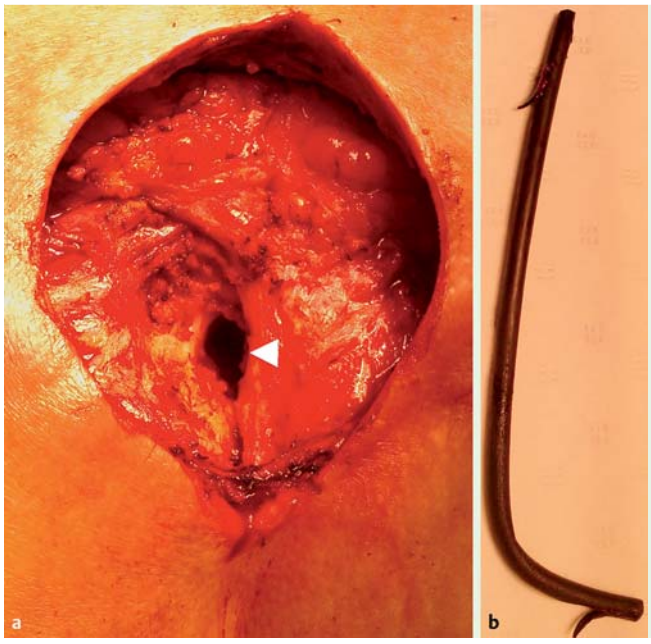

Fig. 1 The patient was admitted for management of a recurrent pilonidal abscess. **a** Excision of the pilonidal abscess revealed a fistulous track (arrowhead). **b** A 10 Fr × 10 cm plastic biliary stent was retrieved from the fistula.

Fig. 2 Postoperative computed tomography scan disclosed a 1-cm bone defect of the sacrococcygeal junction (arrowhead) in contact with the posterior wall of the rectum. The asterisk indicates the site of excision of the abscess.

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