

A Urology Case with Persistent Wound Leakage

Persistan Yara Yeri Akıntısı Olan Üroloji Olgusu

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Olgu Sunumu
Case Report

ABSTRACT

We wanted to contribute to the literature by sharing our approach to a case of wound leakage that persisted for one month following right nephroureterectomy and radical cystoprostatectomy-ileal loop surgery.

Keywords: Persistent, wound leakage, radical cystoprostatectomy

ÖZ

Sađ nefroureterektomi ve radikal sistoprostatektomi-ileal loop ameliyatı sonrası yaklaşık 1 ay devam eden yara yeri akıntısına yaklaşımımızı paylaşarak, literatüre katkıda bulunmak istedik.

Anahtar kelimeler: Persistan, yara yeri akıntısı, radikal sistoprostatektomi

INTRODUCTION

Persistent wound leakage, which may appear during postoperative follow-up, prolongs hospitalization time, impairs recovery at the wound site, and results in severe clinical pictures that progress to peritonitis and give rise to a surgical site infection, is an issue that must be taken seriously and highlighted ⁽¹⁾. This case presentation aims to contribute to the literature by sharing our approach towards a case of wound leakage that persisted for one month following right nephroureterectomy and radical cystoprostatectomy-ileal loop surgery (open surgery).

CASE PRESENTATION

A 68-year-old male patient, presented

to the urology clinic with complaints of prostatism. As his tests indicated a PSA of 5.9, a 12-core-ultrasound-guided prostate biopsy was obtained. Biopsy result was reported as a Gleason 3+3 adenocarcinoma maximum 5% in two cores and the case was included in an active surveillance protocol. Ultrasonography (USG) performed during his follow-up demonstrated a 2x2 cm mass formation that extended to the lumen and a non-functioning right kidney, so transurethral bladder resection was planned. Preoperative renal scintigraphy revealed a non-functioning right kidney. The case, whose transurethral bladder resection specimen was histopathologically identified as lamina propria invasive high grade tumor + carcinoma in situ (CIS), underwent right nephroureterectomy with a midline abdo-

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minal incision + radical cystoprostatectomy + ileal loop operation. Vital signs were normal during follow-up, the volume of abdominal drainage was 1500 cc on the 37th postoperative day. As the biochemical analysis of the drainage fluid revealed it to be peritoneal fluid, general surgery was consulted several times and the drain was pulled back by three centimeters based on their suggestions. The patient, who also developed a surgical site infection as there had been peritoneal fluid drainage for 37 days, was consulted to infectious diseases and necessary iv antibiotherapies were administered. As his drainage persisted without any decrease, the internal committee at our clinic decided to remove the drain. The Committee did not need computerized tomography (CT) guided urography because leakage was not urine but peritoneal fluid (non-contrast CT was performed to identify location of the drain). Following removal of the drain, there was excess wetness over the wound site for a week. A urine drainage bag was placed on the wound site, and wound leakage decreased below 50 cc one week later. The case, whose surgical site infection also recovered over time, was discharged on the 10th day of bag placement (postoperative 47th day).

DISCUSSION

Many postoperative complications can prolong the hospitalization time, cause the patient to become infected, or even result in emergence of manifestations of sepsis that may threaten survival. One of these complications is persistent wound leakage. Based on a general review of definitions in the literature, persistent wound leakage is considered as a leakage that persists for longer than three days ⁽²⁾. Wagenar et al. ⁽³⁾ who investigated this problem more extensively in relation to orthopedic knee surgeries, suggested that persistent wound leakage could not be defined based on a certain number of days. Kibers et al. ⁽¹⁾ defined persistent wound leakage as 50 cc drainage or that lasting more than 7 days. The mentioned study inspected data obtained from

392 patients who had undergone renal transplantations and determined persistent wound leakage in 63 patients. According to their results, the most important risk factor for wound leakage was patient's weight before transplantation and on the 3rd post-transplant day. Also, diabetes mellitus (DM) was not considered as a risk factor. The group with prolonged leakage manifested a significant delay in graft function. A review of the literature did not reveal presence of any studies or case presentations related to this complication. However, based on our clinical experience and results from studies conducted by other clinics we can state that persistent wound leakage is a major risk factor for surgical site infection. The most important cause for morbidity and mortality in these cases is infection. Considering that urine irritates the peritoneum, it is not difficult to predict that even peritonitis could develop. The most worrying aspect of our case was the suspicion that prolonged leakage originated from the uretero-ileal anastomosis. Biochemical analysis of the drainage fluid is the shortest way to clarify this situation. The leakage did not bear characteristics of urine in our case. Perhaps, the reason that a life-threatening infection did not develop despite such a long period of leakage was that the leakage did not bear characteristics of urine. One of the most important points to emphasize is that; the consensus in the literature favors not removing the drainage in cases of leakage above 50 cc. However, as our case still manifested up to 1500 cc drainage of peritoneal liquid on the 30th postoperative day, the drain was removed upon the decision of the committee. Although there was wetness over the wound for the following week, which was serious enough to require a urine drainage bag, the drainage quickly stopped on the following days. Therefore, keeping the drain for a long time may sometimes delay treatment. For this reason, we believe that the drain can be removed sooner if the drainage material is determined to be peritoneal liquid.

Conflict of Interest: None

Informed Consent: Received

Çıkar Çatışması: Yoktur

Hasta Onamı: Alınmıştır

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