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A Case of Bilateral Vulval Abscess with Pelvic Fistula in an Immunocompromised Patient with Colostomy: A Diagnostic Challenge

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Abstract : This case report presents a 57-year-old female patient with a history of colon cancer, colostomy, and immunocompromise, who presented with an unusual bilateral vulval abscess, more prominent on the left side. Due to the atypical presentation, an MRI was performed, revealing a pelvic collection and a fistulous connection between the pelvis and vulva. This finding prompted an urgent surgical intervention. This case highlights the diagnostic and therapeutic challenges of managing complex abscesses and fistulas in immunocompromised patients. Introduction: Vulval abscesses in immunocompromised individuals can present with atypical features and may be associated with complex pathologies. Patients with a history of cancer, colostomy, and immunocompromise are particularly prone to infections and may present with unusual manifestations. This report discusses a case of a large bilateral vulval abscess with an underlying pelvic fistula, emphasizing the importance of advanced imaging in cases with atypical presentations. Case Presentation: A 57-year-old female with a known history of colon cancer, treated with colostomy, presented with severe pain and swelling in the vulval area. Physical examination revealed bilateral vulval swelling, with the abscess on the left side appearing larger and more pronounced than on the right. Given her immunocompromised status and the unusual nature of the presentation, we requested an MRI of the pelvis, suspecting an underlying pathology beyond a typical abscess. Investigations: MRI imaging revealed a significant pelvic collection and identified a fistulous tract between the pelvis and the vulva. This confirmed that the vulval abscess was connected to a deeper pelvic infection, necessitating urgent intervention. Management: After consultation with the multidisciplinary team (MDT), it was agreed that the patient required surgical intervention, having had 48 hours of antibiotics. The patient underwent evacuation of the left-sided vulval abscess under spinal anesthesia. During surgery, the pelvic collection was drained of 200 ml of pus. Outcome and Follow-Up: Postoperative recovery was closely monitored due to the patient's immunocompromised state. Follow-up imaging and clinical evaluation showed improvement in symptoms, with gradual resolution of infection. The patient was scheduled for regular follow-up visits to monitor for recurrence or further complications. Discussion: Bilateral vulval abscesses are uncommon and, in an immunocompromised patient, warrant thorough investigation to rule out deeper infectious or fistulous connections. This case underscores the utility of MRI in identifying complex fistulous tracts and highlights the importance of a multidisciplinary approach in managing such high-risk patients. Conclusion: This case illustrates a rare presentation of bilateral vulval abscess with an associated pelvic fistula.

Keywords : vulval abscess, MDT team, colon cancer with pelvic fistula, vulval skin condition
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