On-line Case Report

A hard object in the right iliac fossa

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ABSTRACT

An unusual case of a Harrington rod migrating out of the abdominal cavity.

Keywords: Harrington rod – Right iliac fossa

To the emergency general surgeon, a patient attending with abdominal pain in the right iliac fossa is one of the commonest presenting complaints to deal with. A detailed history and clinical examination is vital in order to diagnose the underlying problem. However, surgeons must be vigilant to the fact that odd and unusual scenarios occasionally arise.

Case report

A 40-year-old paraplegic woman presented to the emergency surgical team with a 5-day history of constant sharp pain in the right iliac fossa and a palpable tender mass. She was afebrile, had no signs of intra-abdominal sepsis and a tender 5-cm mass was superficially palpable in the right iliac fossa; there was no erythema overlying the lump. The initial impression was of an incarcerated hernia. Her serum inflammatory markers were slightly raised and an ultrasound of the abdomen was performed, showing a superficial fluid collection only. There was no radiological evidence of an incarcerated hernia and the diagnosis changed to an intra-abdominal wall haematoma.

On the fifth day, with no resolution in the presumed haematoma, she was taken to theatre for an incision and drainage of the problem in the abdominal wall. An oblique incision was made over the mass, serosanguinous fluid appeared and the scalpel made contact with a superficial metallic object. At this point, an 18-cm by 5-mm

metal Harrington rod, used in a previous surgical correction for scoliosis, projected from the abdomen (Fig. 1). This was removed with the assistance of an orthopaedic surgeon; a 5-day course of intravenous antibiotics was started. All microbiological tests returned as normal. A subsequent thoracic spine X-ray showed no further migration of metalwork. The patient made an unremarkable recovery; her mobility status had not changed after removal of the migrated Harrington rod.

Discussion

Spinal fixation is a common method employed in the surgical correction of spinal deformities. Partial migration within the spinal canal and rotation of Harrington rods have been recognised long-term complications of spinal fixation techniques.¹ Rod fracture has been reported at between 2–11% and loosening of fixation points is usually reported in 7% of all rods. Migration is usually minimal, resulting in proximal or distal movement within the spinal column.^{2,3} Nearly half of all migrated rods remain asymptomatic.⁴ However, there are no reported cases in the literature of Harrington rods migrating out of the abdominal cavity in such a way as this presentation.

Our patient had been paralysed at T1/2 level in a road traffic accident in 1980 and undergone surgical correction for scoliosis 10 years prior to her presentation with lower abdominal pain. There had been no documentation in her

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Figure 1 Extraction of Harrington rod with patient in left lateral position.

notes of any rod migration during her routine annual orthopaedic follow-up; she had no recent episodes of back pain or change in spinal mobility. Surprisingly, no plain abdominal radiographs were taken on admission; this would certainly have shown the rod in its new position. It is also unclear why the ultrasound did not show any indication of the superficial rod.

Conclusions

This unusual case highlights the importance of the initial history taking which would have made the surgical team aware of the previous spinal surgery. It also highlights the importance of matching the presentation and clinical

findings to the diagnosis and changing that diagnosis if the findings do not match the expected.

References

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