AUTHORS' REPLY

Dear Sir,

We greatly appreciate the comments and interest regarding our case report entitled "Traumatic rectal perforation presenting as necrotising fasciitis of the lower limb" published in the August 2009 issue of the Singapore Medical Journal.[1] We would like to clarify that the site of perforation was at the level of the previous coloanal hand-sewn anastomosis. The anastomosis had been evaluated following the patient's ultra-low anterior resection with yearly colonoscopy as well as digital rectal examination, which showed no local tumour recurrence for the past five years prior. When the patient presented with rectal perforation, digital examination revealed a well demarcated perforation with no tumour recurrence felt. At the emergency surgery, gross soilage of the perineum was found with significant necrotic tissue around the site of perforation, but no tumour recurrence was found and no biopsy was taken. Serial postoperative CT scans of the pelvis conducted during the patient's two-year follow-up also showed no tumour recurrence in the pelvis or around the previous coloanal anastomosis.

The patient did not have his colostomy closed as he had significant stricturing of his lower rectum and anal canal due to fibrosis following previous radiation and the severe perineal sepsis. As his anorectal function was likely to be severely compromised despite complete resolution of the perineal sepsis, we felt that this patient would benefit from a permanent colostomy rather than reversal.

Yours sincerely,

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REFERENCE

1. Fu WP, Quah HM, Eu KW. Traumatic rectal perforation presenting as necrotising fasciitis of the lower limb. Singapore Med J 2009; 50: e270-e273.