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**ANSWER: ENTEROCUTANEOUS
FISTULA**

Enterocutaneous fistula (ECF) is defined as an abnormal communication between the gastrointestinal lining and the epithelial skin. Fistulas can be classified based on:

- 1) Anatomy that connects these two surfaces;
- 2) 24-hour output (low output <200ml/day, moderate 200-500ml/day, or high output >500ml/day); and
- 3) Aetiology. In this case, malignancy was the etiology of the ECF.

Epithelial ovarian cancer (EOC) constitutes more than 90% of ovarian malignancies. Despite primary cytoreductive surgery and chemotherapy, most ovarian cancers will relapse. Recurrent disease can be detected through symptoms, clinical examination, imaging, and serum markers, particularly CA-125. The intraperitoneum is the most common site of recurrence (75%), with 40% of recurrences confined to the peritoneum. Patients may present with abdominal bloating, bowel obstruction, constipation, or rarely, with an enterocutaneous fistula, as in this case.

Treatment options for recurrent ovarian tumors include surgery, chemotherapy, immunotherapy, radiation therapy, biotherapy, hormone therapy, alone or in combination, and rehabilitation. The treatment choice vastly depends on individual assessment, comorbidity, associated complications, severity, availability, feasibility of treatment, and patient expectations.

Tailoring treatment for recurrent ovarian cancer is challenging in the presence of high-output malignant ECF, which has high mortality. Loss of fluid and electrolytes through ECF can lead to various complica-

tions, such as intra-abdominal infection, wound infection, sepsis, malnutrition, and electrolyte imbalance. Although enteritis is one of the known complications of radiotherapy, the use of palliative radiotherapy successfully reduced the size of the exophytic tumor at the external ECF and limited its lumen size. Multidisciplinary team management is necessary for the successful management of ECF.

CONSENT

Consent was obtained from the patient for educational publication purposes. No patient identification is retained in the photograph.

REFERENCES

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- 2: Lheureux S, Gourley C, Vergote I, Oza AM. Epithelial ovarian cancer. *The Lancet*, 2019;393:1240-53. doi:10.1016/S0140-6736(18)32552-2.
- 3: Armbruster S, Coleman RL, Rauh-Hain JA. Management and treatment of recurrent epithelial ovarian cancer. *Hematology/Oncology Clinics*, 2018;32:965-82. doi:10.1016/j.hoc.2018.07.005.