LETTER TO THE EDITOR



Kiwi Seed Test for Detection of Enterocutaneous Fistula

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Published online: 18 December 2014 © Société Internationale de Chirurgie 2014

To the Editor

We read with interest the paper of Gui et al. [1] on vacuumassisted wound care for closure of low- and high-output enterocutaneous fistulas. We would like to share our observation of a simple bed-side test for the detection of low-output enterocutaneous fistulas.

Up to 5 % of patients undergoing GI-tract surgery develop an anastomotic leak with the need of multiple reoperations, prolonged hospital stay, and a fatal outcome up to 24 % in this heterogenous subgroup [2]. Nearly 80 % of all leakages and fistulas can be visualized and verified by examination of drainage fluid, ultrasound, endoscopy, and instillation of water-soluble contrast media or methylene blue [3]. While high-output fistulas require surgical intervention, low-output fistulas, however, with a drainage volume of less than 200 ml/day often close spontaneously, and oral feeding is well tolerated [4]. High-output fistulas are easy to diagnose while low-output fistulas are difficult to prove.

Three patients with low-output fistulas in the abdominal incision (62-years-old male with fistula in the right subcostal incision after open cholecystectomy and acute pancreatitis; 32-years-old male with fistula of the small bowel after multiple relaparotomies; 78-years-old female after sigmoid resection for diverticulitis) were treated conservatively in the last 18 months. These patients had oral nutrition without increase of fistula output. In all cases,

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however, it was impossible to document a real fistula by clinical and radiological examination (fistulography, contrast medium enema). After intake of kiwi fruit, the seeds appeared in the fistula fluid documenting a duodenal, a small bowel, and a small anastomotic leak of the colon, respectively. All fistulas closed spontaneously.

This observation shows that the kiwi test represents a simple, accurate, convenient, and inexpensive tool to diagnose low-output enterocutaneous fistulas after abdominal surgery. A similar observation has been made for the detection of enterovesical fistulas with the use of poppy seed [5].

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