



Royal College of  
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## Bilateral Vulval Abscess with Pelvic Fistula in Immunocompromised Patient with Colostomy A Diagnostic Challenge

### Expectations

Vulval abscesses are commonly localized infections that respond to incision and drainage. In immunocompromised patients, presentations may be atypical, requiring thorough investigation. A 57-year-old female with a background of colon cancer, colostomy, and immunosuppression presented with bilateral vulval swelling, more prominent on the left. Initially suspected to be a simple abscess, the clinical picture and bilateral nature raised concern for deeper pathology.

### Methods

On examination, the patient had bilateral vulval abscesses, with significant erythema, induration, and tenderness. Given her immunocompromised state and the unusual extent of the abscess, an MRI of the pelvis was arranged to explore potential underlying pathology. Intravenous antibiotics were commenced.

### Results

MRI revealed a large pelvic collection and a fistulous tract extending from the pelvis to the vulva, confirming that the abscess was secondary to a deeper infection. After 48 hours of antibiotic therapy, the case was reviewed in the multidisciplinary team (MDT) meeting, and urgent surgical intervention was agreed upon. Under spinal anaesthesia, the left vulval abscess was evacuated and approximately 200 mL of pus was drained from the pelvic cavity.

### Conclusion:

This case demonstrates a rare and complex cause of vulval abscesses due to a pelvic-vulval fistula in an immunocompromised patient. MRI played a critical role in diagnosis, and prompt MDT-guided surgical management led to clinical improvement. It underscores the importance of early imaging and a high index of suspicion when managing atypical presentations in vulnerable patients.

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### Discussion

Bilateral vulval abscesses are rare and, when seen in immunocompromised patients, should prompt evaluation for deeper infections or fistulous connections. This case highlights the diagnostic value of MRI in complex soft tissue infections and reinforces the need for multidisciplinary input in high-risk patients. Early surgical intervention following imaging helped prevent further complications.

### Analysis

This case illustrated the importance of considering complex sources in atypical presentations. The use of MRI was pivotal in identifying the fistula and guiding surgical management. The immunocompromised status increased the risk of poor wound healing and sepsis, necessitating careful intraoperative and postoperative planning. Collaboration between surgery, radiology, and infectious disease teams ensured comprehensive care.