Recurrent draining tracts that occur in the thoracic or abdominal wall can be difficult to treat. Often a foreign body has migrated inside the body, producing inflammation and infection that can be far from the point of entry. If the location of the foreign body can be identified, surgical treatment involves removal. If no foreign body is identified, the recurrent draining tract is debrided or the entire diseased tissues are resected en bloc. Appropriate antibiotic therapy is imperative for treatment success.

This study examined the use of CT, which can help identify and localize a foreign body and the extent of diseased tissue, for presurgical planning. CT was found to be beneficial for presurgical planning, having a 95% cure rate after a single surgery for cases in which CT was used. The following recommendations were made: 1) When CT identifies a foreign body, surgical treatment can be limited to its removal; 2) when a foreign body is suspected, surgical treatment can consist of debridement and/or drainage of the affected area; and 3) when a foreign body is not suspected, treatment can consist of resection of all the diseased tissue en bloc.

**Commentary**

This study from the French veterinary school in Alfort (the oldest in the world) highlighted the utility of CT in preoperative planning for abdominal and thoracic draining tracks. Based on CT results, the foreign bodies in 36 dogs and one cat were classified as identified, suspected, or neither. The foreign body was removed in the first group \((n = 8)\) 100% of the time. In the second group in which the foreign body only sometimes was found at surgery \((n = 17)\), a draining tract recurred in 6/17, all of which healed following a second CT and surgery. In the third group \((n = 12)\), en bloc resection of all contrast enhancing tissues was successful in 92%. The long-term success (>1 year) supports the use of CT as being superior to fistulograms and equivalent to ultrasonography for presurgical planning.

CT for these patients appears highly useful, though not completely straightforward. It would be helpful to have a comparison of all 3 imaging modalities for these body cavity and paraspinal cases, similar to a previous evaluation of wooden foreign bodies in dog legs. The guidelines listed in the paper should be helpful for referral practices to identify surgical cases via CT.

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**Source**
