Successful closure of a chronic vesicorectal fistula after radical prostatectomy with an over-the-scope clip



▶ Fig. 1 Cystography after the bladder had been filled with contrast media showing contrast in the rectum because of a vesicorectal fistula.

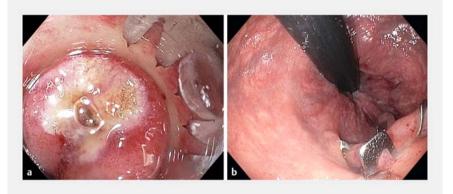
a b

▶ Fig. 2 Colonoscopic views showing the epithelialized vesicorectal fistula: a before the instillation of indigo carmine into the urinary bladder via a transurethral catheter; b after the instillation of indigo carmine.

A vesicorectal fistula after prostatectomy is a nightmare for the urologist. Treatment is challenging, invasive, and often unsuccessful. Endoscopic treatment using an over-the-scope clip (OTSC) may be an elegant alternative for the closure of such fistulas, even if they persist for several months after initial surgery.

We report the case of a 62-year-old man with a vesicorectal fistula originating from the urethrovesical anastomosis after laparoscopic radical prostatectomy. A micturating cystourethrogram 7 weeks after surgery showed the presence of the fistula (> Fig. 1), which was treated conservatively at first because of minimal complaints. However, the fistula persisted and was confirmed by endoscopy (> Fig. 2).

Fistula closure was performed 5 months after surgery using an OTSC (Ovesco). First, the fistula tract was visualized and debridement of the re-epithelialized fistula tract took place. An OTSC was then placed over the rectal orifice of the fistula, while regular checks were made – by moving the urethral catheter – for patency of the urethra (**Fig. 3**; **Video 1**). Immediately after the procedure, the symptoms of pneumaturia and rectal



▶ Fig. 3 Colonoscopic views showing: a after debridement of the fistula, the rectal fistula orifice being drawn into the cap of the over-the-scope clip (OTSC) system by applying gentle suction; b a retroflexed image of the rectum after OTSC placement.

urine loss disappeared and the patient has remained symptom-free until now, 18 months after the treatment. Endoscopy at 12 months demonstrated that the OTSC had disappeared and a scar was present as a result of the treatment, but there was no sign of a residual fistula.

OTSC closure is an effective treatment for acute (iatrogenic) perforations of the gastrointestinal tract [1-4]. In one patient with an early vesicorectal fistula, OTSC application was successful in closing the fistula 5 days after surgery [5].

However, attempts to close chronic vesicorectal fistulas have so far been unsuccessful [4,5]. To our knowledge, this is the first report that describes the successful closure using an OTSC of a chronic vesicorectal fistula. The debridement of the re-epithelialized fistula tract is probably essential for long-term fistula closure in these patients.

Endoscopy_UCTN_Code_TTT_1AQ_2AG





▶ Video 1 Endoscopic closure of a chronic post-surgical vesicorectal fistula by application of an over-the-scope clip (OTSC).

Competing interests

None

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DOI https://doi.org/10.1055/a-0641-4865 Published online: 3.7.2018 Endoscopy 2018; 50: E272–E273 © Georg Thieme Verlag KG Stuttgart · New York

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