

Rectovesical fistula treated by glue injection plus endoclipping technique

A 74-year-old man was referred to our department for endoscopic evaluation and treatment of a rectovesical fistula. He had undergone prostatectomy for early prostate cancer 2 weeks previously. Post-operatively, he had developed pneumaturia and dysuria; computed tomography (CT) had revealed a rectovesical fistula.

At colonoscopy, a well-circumscribed opening of a fistula tract was seen in the anterior rectal wall, located 2 cm beyond the linea dentata (▶ Fig. 1). The edges of the fistula were cauterized with argon plasma coagulation to stimulate an inflammatory reaction and local collagen synthesis. A 2-mL syringe containing 1 mL n-2-butyl cyanoacrylate (Histoacryl; B. Braun, Melsungen, Germany) and 1 mL Lipiodol was prepared and the glue/Lipiodol mix was injected via a 23-G variceal needle in aliquots of 0.5 mL at four sites of the wall of the fistula, followed by a flush of Lipiodol equivalent in volume to the dead space of the needle. The margins of the fistula orifice were brought into contact and closed with endoclips (HX-600-900; Olympus, Athens, Greece; ▶ Fig. 2). After endoscopic intervention, the patient was treated with parenteral nutrition and antibiotics. His symptoms completely resolved and he was discharged 7 days after the procedure. A follow-up endoscopy performed 1 month later revealed that the lesion was well healed (▶ Fig. 3). He remains asymptomatic 6 months post-procedure. Rectal injury after radical prostatectomy with subsequent formation of rectovesical fistula has an incidence of 1–11% [1]. York–Mason, modified York–Mason and less invasive repair methods, which include laparoscopic and robotic-assisted techniques, have been reported as successful treatment modalities for rectovesical fistulas [2,3].

We wish to emphasize the use of the combination of endoclips plus n-2-butyl cyanoacrylate injection in the treatment of gastrointestinal fistulas. To our knowledge, the present case is the first report of a rectovesical fistula that was success-

fully treated with injection of glue plus endoclipping.

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Competing interests: None

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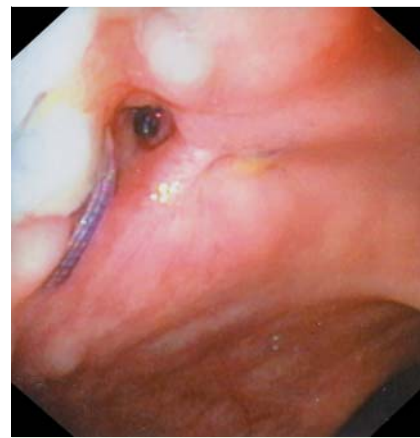


Fig. 1 Endoscopic view of the orifice of a fistula located in the anterior rectal wall 2 cm from the linea dentata.



Fig. 2 View during the endoscopic procedure to close the fistula using a glue injection plus endoclipping showing complete closure of the orifice of the fistula with the use of six endoclips.

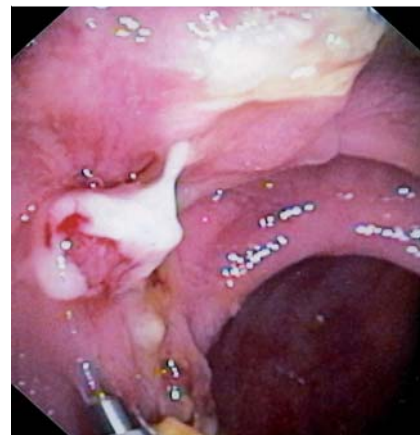


Fig. 3 View during an endoscopy performed 1 month later showing that the fistula is well healed and that some residual clips remain in place.