Biliary stent migration presenting as a recurrent pilonidal abscess with underlying rectocutaneous fistula

A 53-year-old patient was admitted to the gastroenterology department for the management of a benign biliary stricture secondary to chronic alcoholic pancreatitis. He underwent sphincterotomy and placement of a 10 Fr × 10 cm plastic biliary stent. Endoscopic follow-up 2 months later revealed spontaneous migration of the stent and no further intervention was performed.

The patient was admitted to the general surgery outpatient clinic 7 years later for the management of a recurrent pilonidal abscess. Excision of the abscess revealed a long fistulous track towards the coccyx with a plastic stent inside it (Fig. 1 a, b); the findings indicated a rectocutaneous fistula secondary to biliary stent migration. In addition, computed tomography scan showed a 1-cm defect of the sacrococcygeal junction in contact with the rectum (Fig. 2). Postoperatively, the patient was treated with antibiotics and vacuum-assisted closure therapy and went on to make an excellent recovery. His follow-up over 4 years was unremarkable.

Complications of stent placement are well known and include migration with fistula formation between a variety of organs, such as: duodenocolic fistula [1], duodenoscutal fistula [2], enterosplenic fistula [3], enteroctaneous fistula [4], and colovaginal fistula [5]. However, to the best of our knowledge recurrent abscess secondary to a rectocutaneous fistula has not been described previously.

Endoscopy_UCTN_Code_CPL_1AK_2AI

Competing interests: None
G. Mavrogenis¹, M. Lalot², Y. Hoebeke³, P. Warzée¹, P. Van Ende², A. Sibille¹

¹ Department of Gastroenterology, Site Notre-Dame, Grand Hôpital de Charleroi, Charleroi, Belgium
² Department of Anesthesiology, Site Notre-Dame, Grand Hôpital de Charleroi, Charleroi, Belgium
³ Department of General Surgery, Site Notre-Dame, Grand Hôpital de Charleroi, Charleroi, Belgium

References

5. Blake AM, Monga N, Dunn EM. Biliary stent causing colovaginal fistula: case report. JSLS 2004; 8: 73–75

Bibliography

DOI http://dx.doi.org/10.1055/s-0033-1344413
Endoscopy 2013; 45: E301–E302
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
G. Mavrogenis, MD
Grand Hôpital de Charleroi
Site Notre Dame
3 Grand Rue
Charleroi 6000
Belgium
Fax: +32-71-102779
mavrogenis@gmail.com