A 19-year-old woman with refractory pan-ulcerative colitis, diagnosed in 2004, underwent a total proctocolectomy in 2006, followed by a two-stage ileoanal pull-through procedure. Severe pouchitis led to a two-stage J-pouch reconstruction in 2012. In June 2014, magnetic resonance enterography showed a pre-sacral abscess, which was drained percutaneously. We performed a pouchoscopy with a GIF-H190 endoscope (Olympus, Tokyo, Japan) in an outpatient setting. After the administration of conscious sedation, inspection of the pouch showed a defect draining purulent material at the distal pouch along the anastomotic line (Fig. 1). Suspecting an anastomotic sinus or fistulous track, we used a 0.035-inch guidewire with a flexible tip (Boston Scientific, Natick, Massachusetts, USA) to investigate (Fig. 2 and Fig. 3). A 3-cm-long pouch-to-pouch fistula was detected. A 1.8-mm needle knife (Boston Scientific) was used with electrocautery to cut across the fistulous track wall – now a septum separating the fistula from the pouch (Video 1). Three endoscopic hemoclips were placed along the opened fistula track to prevent reformation of the fistula. Complete fistulotomy was achieved, and surgical intervention for abscess drainage was avoided. The procedure took 25 minutes and was uneventful.

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Competing interests: None

Vivian Chidi1, Bo Shen2
1 Division of Gastroenterology, Hepatology and Nutrition, Vanderbilt University Medical Center, Nashville, Tennessee, USA
2 Department of Gastroenterology and Hepatology, Cleveland Clinic Foundation, Cleveland, Ohio, USA

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Corresponding author
Bo Shen, MD
Digestive Disease Institute
Cleveland Clinic
9500 Euclid Avenue
Cleveland, OH 44195
USA
Fax: +1-216-444-6305
shenb@ccf.org

Video 1
Endoscopic use of the needle knife to open the pouch-to-pouch fistula.

Fig. 1 Purulent material draining from the fistula opening at the anastomotic line of the ileal pouch in a 19-year-old patient with a pre-sacral abscess.

Fig. 2 Insertion of the probe into the fistula opening.

Fig. 3 Use of the guidewire to investigate the fistula track.