Endoscopic needle knife fistulotomy technique for ileal pouch-to-pouch fistula

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 re-formation of the fistula. Complete fistulotomy was achieved, and surgical intervention for abscess drainage was avoided. The procedure took 25 minutes and was uneventful.

Endoscopy_UCTN_Code_TTT_1AQ_2AF

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

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1391867

© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

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.