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.

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

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Video 1

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