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Successful closure of a chronic vesico-rectal fistula after radical prostatectomy with an Over-The-Scope Clip (OTSC)

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Case report

A vesico-rectal fistula after prostatectomy is a nightmare for the urologist. Treatment is challenging, invasive and often unsuccessful. Endoscopic treatment by the use of an Over-The-Scope Clip (OTSC) may be an elegant alternative for the closure of these fistulas, even if they persist for several months after initial surgery.

We report a case of a 62-year old man with a vesico-rectal fistula originating from the urethrovesical anastomosis after laparoscopic radical prostatectomy. A micturating cystourethrogram 7 weeks after surgery showed the presence of the fistula (fig. 1), that was at first treated conservatively because of minimal complaints. However, the fistula persisted and was confirmed by endoscopy (fig. 2a, 2b).

Five months after surgery, fistula closure with an Over-The-Scope Clip (OTSC, Ovesco®) was performed. First, the fistula tract was visualized and debridement of the re-epithelialized fistula tract took place. Then an OTSC was placed over the rectal orifice of the fistula, while checking regularly - by moving the urethral catheter - for patency of the urethra (fig. 3, 4). Immediately after the procedure, symptoms of pneumaturia and rectal urine loss disappeared and the patient remained symptom-free until now, 18 months after the treatment. Endoscopy at 12 months demonstrated that the OTSC had disappeared and showed a scar as a result of the treatment, but no sign of a residual fistula.

OTSC closure is an effective treatment for acute (iatrogenic) perforations of the gastrointestinal tract [1-4]. In one case of an early vesico-rectal fistula, OTSC application

has been successful in closing the fistula 5 days after surgery [5]. However, attempts to close chronic vesico-rectal fistulas have so far been unsuccessful [4, 5]. To our knowledge, this is the first report to describe successful OTSC-closure of a chronic vesico-rectal fistula. The debridement of the re-epithelialized fistula tract is probably essential for long-term fistula closure in these patients.

References

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Video legend

Endoscopic closure of a chronic post-surgical vesico-rectal fistula by OTSC

Figure legends

Figure 1. Cystography showing rectal contrast after filling the bladder with contrast media, due to the vesico-rectal fistula

Figure 2a, 2b: Visualization of the epithelialized vesico-rectal fistula before (2a) and after (2b) the instillation of indigo carmine in the urine bladder via the transurethral catheter

Figure 3: after debridement of the fistula, the rectal fistula orifice was drawn into the cap of the OTSC system by applying gentle suctioning

Figure 4: retroflex image of the rectum after OTSC placement

Video text:

Indigo carmine instillation into the bladder

Fistula 5 months after radical prostatectomy

Debridement of fistula tract with brush

Argon plasma coagulation of the epithelialized fistula opening

Over The Scope Clip (OVESCO) visible around cap

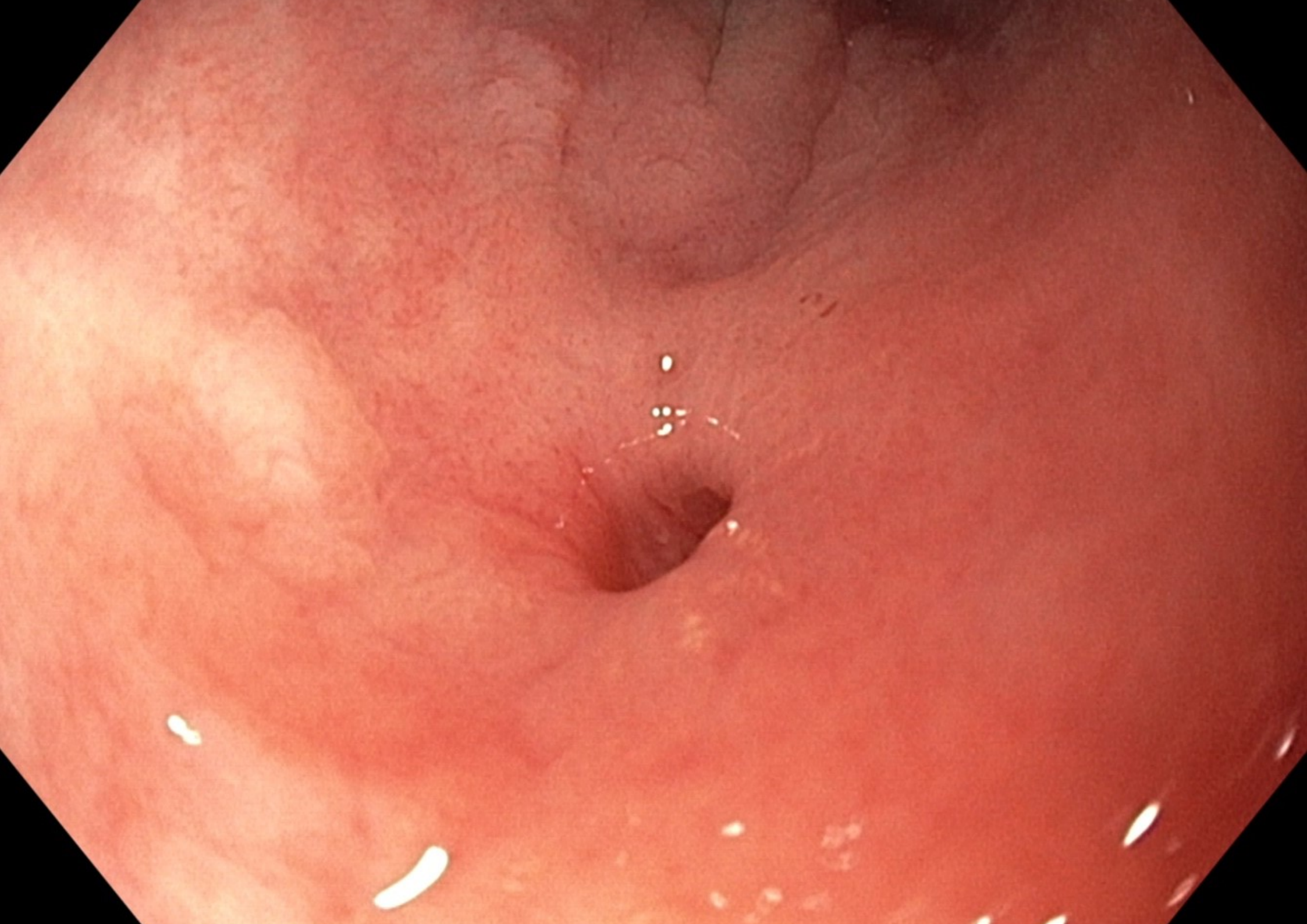
Aspiration of rectal wall at fistula opening

OVESCO clip deployed

Repeat indigo carmine instillation into the bladder

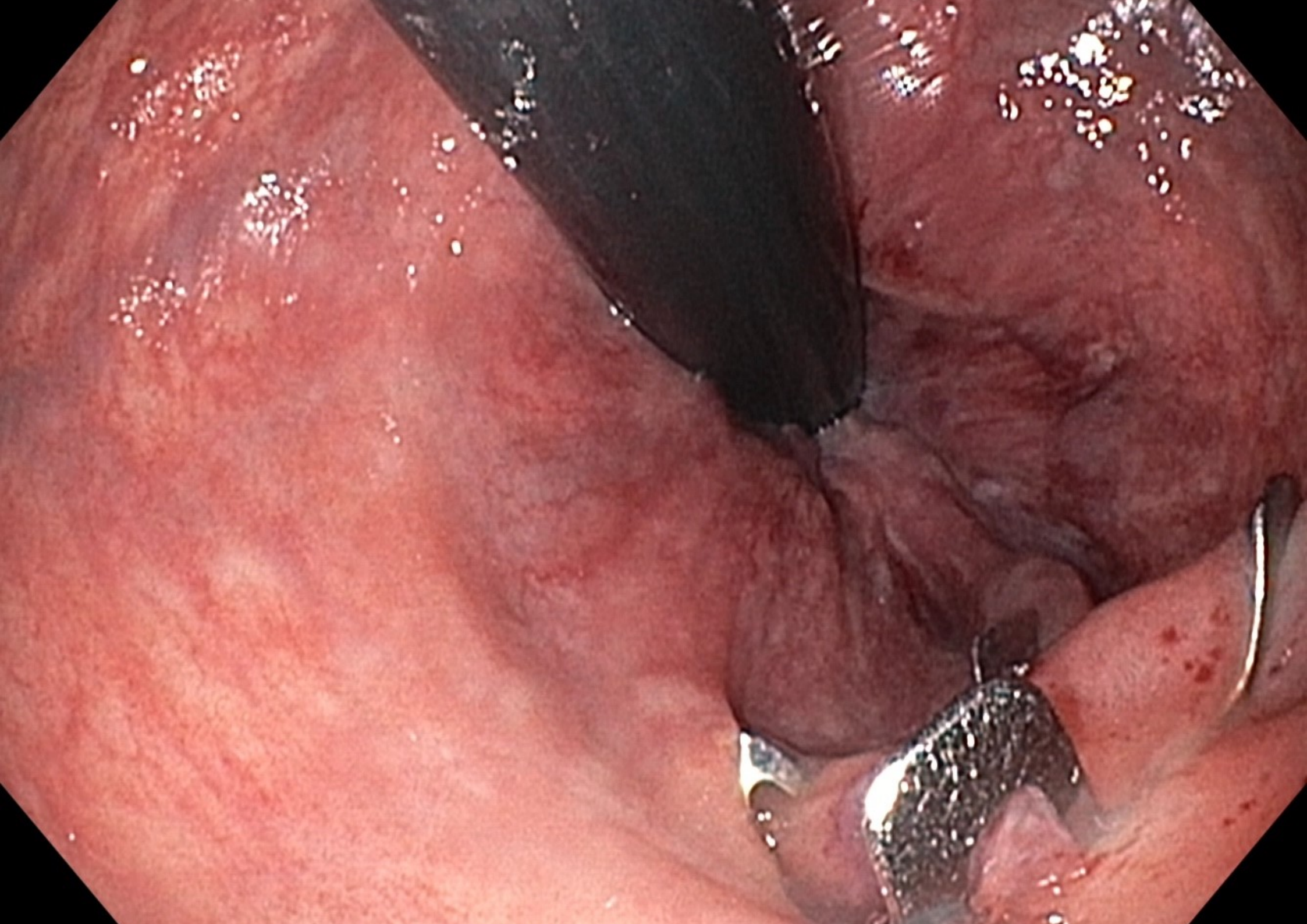
Inspection of the rectum 12 months post procedure











Fistula 5
months after
radical
prostatectomy

