Successful closure of a chronic vesicorectal fistula after radical prostatectomy with an over-the-scope clip

A vesicorectal fistula after prostatectomy is a nightmare for the urologist. Treatment is challenging, invasive, and often unsuccessful. Endoscopic treatment using an over-the-scope clip (OTSC) may be an elegant alternative for the closure of such fistulas, even if they persist for several months after initial surgery.

We report the case of a 62-year-old man with a vesicorectal 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), which was treated conservatively at first because of minimal complaints. However, the fistula persisted and was confirmed by endoscopy (Fig. 2).

Fistula closure was performed 5 months after surgery using an OTSC (Ovesco). First, the fistula tract was visualized and debridement of the re-epithelialized fistula tract took place. An OTSC was then placed over the rectal orifice of the fistula, while regular checks were made – by moving the urethral catheter – for patency of the urethra (Fig. 3; Video 1).

Immediately after the procedure, the symptoms of pneumaturia and rectal urine loss disappeared and the patient has remained symptom-free until now, 18 months after the treatment. Endoscopy at 12 months demonstrated that the OTSC had disappeared and a scar was present as a result of the treatment, but there was no sign of a residual fistula.

OTSC closure is an effective treatment for acute (iatrogenic) perforations of the gastrointestinal tract [1–4]. In one patient with an early vesicorectal fistula, OTSC application was successful in closing the fistula 5 days after surgery [5]. However, attempts to close chronic vesicorectal fistulas have so far been unsuccessful [4, 5]. To our knowledge, this is the first report that describes the successful closure using an OTSC of a chronic vesicorectal fistula. The debridement of the re-epithelialized fistula tract is probably essential for long-term fistula closure in these patients.

Endoscopy_UCTN_Code_TTT_1AQ_2AG
Competing interests

None

The authors

Alexandra M. J. Langers1, Rob F. M. Bevers2, Jurjen J. Boonstra1, James C. H. Hardwick1
1 Departments of Gastroenterology and Hepatology, Leiden University Medical Centre, Leiden, The Netherlands
2 Department of Urology, Leiden University Medical Centre, Leiden, The Netherlands

Corresponding author

Alexandra M. J. Langers, MD, PhD
Department of Gastroenterology and Hepatology, Leiden University Medical Centre, PO Box 9600, 2300 RC Leiden, The Netherlands
Fax: +31-71-5248115
a.m.j.langers@lumc.nl

References