Rendezvous technique assisted by anchor device: a new trick for endoscopic treatment of fistulas in the digestive tract

A 50-year-old woman with a past history of total abdominal hysterectomy presented with pneumaturia. Barium enema showed a fistulous tract between the vagina and the sigmoid colon. It was not possible to identify the fistulous tract during a colonoscopy; however, the tract of the fistula could be seen by placing a gastroscope into the vagina. Methylene blue was instilled through the tract but the entrance to the tract in the colon was still not clearly identified. A hydrophilic guidewire was therefore passed through the fistula from the vagina to the colon and grasped with a forceps (Fig. 1). A colonoscope with an over-the-scope clip (OTSC) mounted onto it was used to grasp the guidewire with an anchor device (Fig. 2) and, using a rendezvous technique, we extracted the guidewire from the vaginal side as the colonoscope was advanced up to the colonic orifice of the fistula (Fig. 3). Finally, the OTSC clip was released (Video 1). Following this procedure, the patient had complete remission of her symptoms.

The OTSC device was initially designed as a mechanical method of achieving hemostasis and for the closure of small continuity solutions within the digestive tract [1]. This device provides a more lasting effect than a conventional clip owing to its higher compression force [2]. The OTSC is a useful tool in the management of digestive tract continuity solutions, although its effectiveness is greater in acute perforations and leaks [3]. On occasions, it can be difficult to identify a fistulous orifice within the digestive tract, meaning it is not possible to place an OTSC. In such cases, the instillation of methylene blue can serve as a guide to locate the colonic orifice of the fistulous tract [4]; however, this technique is not always effective. We describe an interesting alternative technique for the location of a fistulous orifice in the colonic lu-
men when the fistula runs between two structures that can be endoscopically instrumented.

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Competing interests

The authors declare that they have no conflict of interest.

References


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