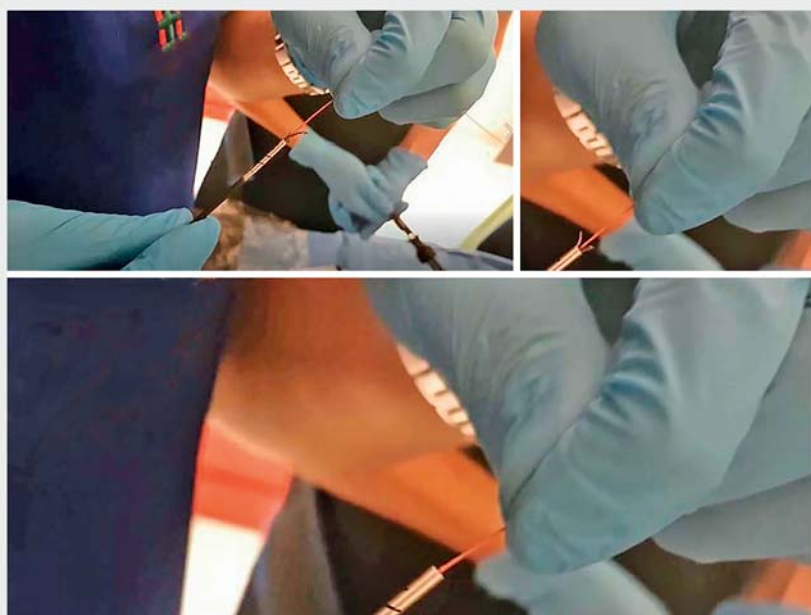


Rendezvous technique assisted by anchor device: a new trick for endoscopic treatment of fistulas in the digestive tract



► **Fig. 1** A hydrophilic guidewire passed through the fistula from the vagina to the colon and grasped with forceps.



► **Fig. 2** A colonoscope with an over-the-scope clip mounted on it was inserted into the colon and the guidewire was grasped with an anchor device.

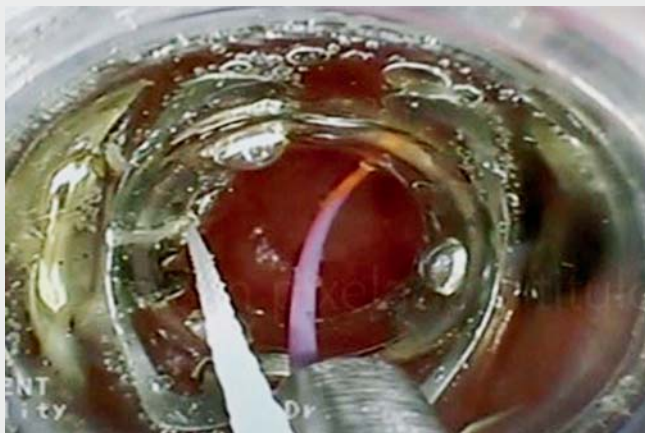


► **Fig. 3** The wire was extracted from the vaginal side while the colonoscope was advanced up to the colonic orifice of the fistula using a rendezvous technique.

philic 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-

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 hydro-



Video 1 Steps in the closure of a colonic fistula to the vagina: the fistulous tract in the sigmoid colon is difficult to identify; a guidewire is placed through the fistula from the vagina; the guidewire is grasped with an anchor device; the colonoscope is positioned at the fistulous orifice using a rendezvous technique; an over-the-scope clip is placed.

men when the fistula runs between two structures that can be endoscopically instrumented.

Endoscopy_UCTN_Code_TTT_1AQ_2AG

Competing interests

The authors declare that they have no conflict of interest.

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DOI <https://doi.org/10.1055/a-1125-5703>
Published online: 27.3.2020
Endoscopy 2020; 52: E360–E361
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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