Successful endoscopic treatment of an appendicocutaneous fistula using endoloops

An appendicocutaneous fistula is a rare complication of appendectomy [1]. Moreover, the fistula can persist [2]. A 52-year-old man presented to our department with a 3-month history of purulent abdominal wall sinus that developed after appendectomy 3 months ago. Abdominal wall radiography revealed an abdominal wall fistula connecting with the ileocecal region (▶ Fig.1). Under colonoscopy, we identified the swollen and purulent appendix stump with black stitching residue (▶ Video 1). After repeated washing of the appendix stump (▶ Video 1), milky pus remained around the stitching residue (▶ Fig.2). Using grasping forceps, we easily removed the stitching residue (▶ Video 1). Saline solution with methylene blue was injected from the ostium of the abdominal wall fistula, and the inlet of the fistula was detected at the appendix stump (▶ Fig.3). Normal saline was then injected repeatedly from the abdominal outlet of the sinus to wash the fistula (▶ Video 1). After washing, we released a nylon ring into the ileocecal region (▶ Video 1). Eight clips were used to fasten the nylon ring around the inlet of the fistula at the appendix stump (▶ Video 1). We then...
tightly and released the nylon ring (▶ Fig. 4). Methylene blue dye was again injected from the abdominal wall sinus outlet (▶ Video 1); the dye was refluxed back, and the ileocecal region did not show methylene blue. We found two outlets of the fistula (▶ Video 1). Two drainage tubes were placed at the outlets (▶ Video 1). Two weeks later, we noted that the inlet and the outlets of the fistula were healing (▶ Fig. 5). The use of endoscopic endoloops is a new strategy to promote healing of an appendicocutaneous fistula without surgery.

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Competing interests
The authors declare that they have no conflict of interest.

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