Endoscopic closure of duodenocolic fistula by using an over-the-scope clip

A 61-year-old woman was admitted to the hospital because of persistent vomiting and diarrhea for the past year. In esophagogastroduodenoscopy performed for the etiology of these symptoms, a fistula was seen in the descending part of the duodenum without any erosion and ulceration. The fistula mouth was about 8 mm wide, and endoscopy was used to view the transverse colon from the fistula mouth (▶Fig. 1). Colonoscopy revealed the fistula mouth in the hepatic flexure and diverticulum nearby (▶Fig. 2). No additional pathology such as tumors or ulcers was seen in the duodenum and colon. During esophagogastroduodenoscopy, the fistula on the descending part of the duodenum was closed by performing suction and using an over-the-scope (OTS) clip (12/6t; Ovesco Endoscopy AG, Tubingen, Germany) (▶Fig. 3; ▶Video 1). When the fistula mouth was checked with colonoscopy, it was observed to be closed (▶Fig. 4). Oral intake started the day after the procedure and there were no problems. As a result, in selected cases, an OTS clip is an effective and safe method in full-thickness closure of transmural defects such as duodenocolic fistula [1–4].

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Competing interests

The authors declare that they have no conflict of interest.

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▶Fig. 1 Esophagogastroduodenoscopy and fistula in the descending part of the duodenum.
▶Fig. 3 Final view of the duodenocolic fistula after placement of the over-the-scope clip (12/6t).
▶Fig. 2 Colonoscopy and fistula mouth in the hepatic flexure.
▶Fig. 4 Colonoscopy and closed view of the fistula mouth in the hepatic flexure.

▶Video 1 Duodenocolic fistula treated with over-the-scope clip (12/6t).
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