A 53-year-old patient was admitted to the gastroenterology department for the management of a benign biliary stricture secondary to chronic alcoholic pancreatitis. He underwent sphincterotomy and placement of a 10 Fr × 10 cm plastic biliary stent. Endoscopic follow-up 2 months later revealed spontaneous migration of the stent and no further intervention was performed.

The patient was admitted to the general surgery outpatient clinic 7 years later for the management of a recurrent pilonidal abscess. Excision of the abscess revealed a long fistulous track towards the coccyx with a plastic stent inside it (Fig. 1 a, b); the findings indicated a rectocutaneous fistula secondary to biliary stent migration. In addition, computed tomography scan showed a 1-cm defect of the sacrococcygeal junction in contact with the rectum (Fig. 2). Postoperatively, the patient was treated with antibiotics and vacuum-assisted closure therapy and went on to make an excellent recovery. His follow-up over 4 years was unremarkable.

Complications of stent placement are well known and include migration with fistula formation between a variety of organs, such as: duodenocolic fistula [1], duodenoscutal fistula [2], enterosplenic fistula [3], enterocutaneous fistula [4], and colovaginal fistula [5]. However, to the best of our knowledge recurrent abscess secondary to a rectocutaneous fistula has not been described previously.
G. Mavrogenis¹, M. Lalot², Y. Hoebeke³, P. Warzée¹, P. Van Ende², A. Sibille¹

¹ Department of Gastroenterology, Site Notre Dame, Grand Hôpital de Charleroi, Charleroi, Belgium
² Department of Anesthesiology, Site Notre Dame, Grand Hôpital de Charleroi, Charleroi, Belgium
³ Department of General Surgery, Site Notre Dame, Grand Hôpital de Charleroi, Charleroi, Belgium

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Corresponding author
G. Mavrogenis, MD
Grand Hôpital de Charleroi
Site Notre Dame
3 Grand Rue
Charleroi 6000
Belgium
Fax: +32-71-102779
mavrogenis@gmail.com