

Chronic rectovaginal fistula after hysterectomy: Conservative treatment with fibrin glue and metal clips.

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Abstract:

Background and aim: The formation of rectovaginal fistulas vaginali is a rare complication of gynecologic surgery. We describe a case of chronic iatrogenic fistula, not susceptible to closure with Over The Scope Clip (OTSC), and treated conservatively with fibrin glue and metal clips

Material and methods: Patient 46 year-old underwent open hysterectomy for uterine fibromatosis. 72 hours after the surgery she developed fever and air/fecal vaginal discharge: a computed tomography (CT) scan confirmed suspicion of fistula formation, and flexible endoscopy documented a large defect of the intestinal wall at the level of the recto-sigmoid junction, greater than 2 cm, with intense inflammatory aspects (Fig. 1). Subsequently a diverting colostomy was constructed, but after two months she continued to complain of gas and scarce fecal material leaking from the vagina; an endoscopic examination showed, appreciable only when the instrument is in rear view, the persistence of fistula orifice with fibrotic appearance (Fig. 2). Multiple metal clips were placed, but the patient reported pain during the procedure, probably due to the close proximity to the vaginal wall (Fig. 3). One month later the fistula was still present (Fig. 4) and the patient complained of passage of gas from the vagina. Because of the previous pain and the difficult operating position it was decided not to plan the placement of OTSC, but we opted for the infiltration of fibrin glue (TISSEL 2 ml - Baxter AG) with sandwich technique in the margins of the fistula (total: 6 ml) and subsequent application of metal clips (Figs. 5, 6, 7). The patient had moderate pain during the procedure, regressed spontaneously after a few hours

Results: One month later the patient was completely asymptomatic and not complaining about any vaginal discharge. She was then examined

endoscopically to document definitive resolution and closure of the fistula, with the formation of a pseudo-diverticulum (Fig. 8). The colostomy was closed, and six months later the patient continues to be asymptomatic. Conclusions: Fibrin glue plus metal clips may be an alternative to OTSC in the endoscopic conservative treatment for anastomotic leakage or fistulas (Figure Presented).