RECTO-VESICAL FISTULA FOLLOWING RADICAL PROSTATECTOMY

Nischith D’Souza¹, Mujeeburahiman², Altaf Khan³, Ashish Verma⁴, Vinayaka Ursemane Shivashekare⁵

¹Associate Professor, Department of Urology, Yenepoya Medical College and Hospital.
²Professor, Department of Urology, Yenepoya Medical College and Hospital.
³Associate Professor, Department of Urology, Yenepoya Medical College and Hospital.
⁴Associate Professor, Department of Radiology, Yenepoya Medical College and Hospital.
⁵Associate Professor, Department of Urology, Yenepoya Medical College and Hospital.

ABSTRACT

Rectovesical fistula is a rare, but well documented, complication of radical prostatectomy surgery. It can easily be identified either on cystoscopy or contrast enema, where the dye can be seen entering the urinary bladder from the anomalous connection. Usually in a case of rectovesical fistula, on administering a contrast enema, only the rectum and bladder are visualized. Here we present a case of post radical prostatectomy rectovesical fistula, where after administering the dye into the rectum, it went up to the renal pelvis bilaterally.

KEYWORDS

Recto-vesical Fistula, Retrograde Pyelogram, Radical Prostatectomy.


INTRODUCTION

Rectovesical fistula is a rare, but well documented, complication of radical prostatectomy surgery or radiation therapy, which is commonly done for patients with clinically organ confined prostate cancer. A rectovesical fistula is an abnormal opening between the rectum and the bladder that results in faecaluria, pneumaturia, and drainage of urine per anus. It is seen in about 1% of cases undergoing the procedure.⁶⁻²⁻[2] Management involves urinary or faecal diversion in the hope of spontaneous closure.³, but most of the patients require surgical closure even after such diversions.

CASE REPORT

A 54 year old underwent radical prostatectomy for localized adenocarcinoma of prostate. Surgical procedure went as planned with no major intraoperative complications. On postoperative day 10, he developed urine leak through the rectum. Contemplating a rectovesical fistula, a diversion colostomy was done and he was subsequently discharged with a per-urethral catheter. However, he continued to leak urine per rectum after catheter removal at 3 months.

Contrast enema showed dye in the descending colon visualized up to the level of diversion colostomy. It also revealed dye entering into the bladder and up to the renal pelvis bilaterally [Figure], which looked like a retrograde pyelogram. The contrast was also seen going out through the Foley’s catheter [Figure].

Cystoscopy revealed a large rectovesical fistula of 1.5 cm length at the bladder neck, extending from 6 to 8 o’clock position. Both ureteric orifices were refluxing type and bladder was also of reduced capacity.

DISCUSSION

Rectovesical fistulas despite being rare, significantly impair the quality of life such patients. There are various techniques for their diagnosis and management, but have not been standardised yet. The clinical presentation of rectovesical fistula depends on the size of the fistula. Patients usually complain of faecaluria and/or pneumaturia and also watery stool. Faecaluria seems to be a poor prognostic sign.² Whatever the clinical symptoms, but for documentation, contrast enema or retrograde urethrocystography are good investigations. Cystoscopy, colonoscopy or MRI can also help in locating the exact site and size of the fistula.¹²⁻³

Though, traditionally, the management has been urinary or faecal diversion in the hope of spontaneous closure.³⁻⁰ most of the patients still require surgical closure despite the diversions.¹¹⁻²⁻[4] Newer modalities include fibrin sealant injection or glue which has shown an approximately 70% success rate in treatment of rectovesical fistulas.⁴⁻¹⁻²⁻³

In our patient, the dye going up to the renal pelvis, resembling a retrograde pyelogram can be explained by the small capacity bladder and the refluxing ureteral orifice, mostly developed as a result of fibrosis and scarring of the bladder after surgery.
REFERENCES


