ORIGINAL RESEARCH PAPER
Volume-9 | Issue-4 | April-2020 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

IATROGENIC URETEROCOLIC FISTULA - A CASE REPORT

Urology

Dr. Akash Shah* Department of Urology, B.J.Medical College, Civil Hospital, Ahmedabad. *Corresponding Author
Abhinav Veerwal Department of Urology, B.J.Medical College, Civil Hospital, Ahmedabad.
Dr. Ankit Goel Department of Urology, B.J.Medical College, Civil Hospital, Ahmedabad.
Dr. Shrenik Shah Department of Urology, B.J.Medical College, Civil Hospital, Ahmedabad

ABSTRACT

Ureterocolic fistulae are a rare phenomenon and are most commonly seen secondary to diverticular disease.These are usually diagnosed on barium enema and Nephrostogram and Triple phase contrast enhanced Computer Tomomgraphy. Most of the times, more than one investigation is needed to confirm the findings. We present a case of iatrogenically-induced ureterocolic fistula, diagnosed on Nephrostogram and CECT.They are not many case reported of Iatrogenic ureterocolic fistual due to gynacological surgery been reported.A hogh index of suspicion will allow early diagnosis and proper line of management

KEYWORDS

Ureterocilic Fistula,Hysterectomy

INTRODUCTION

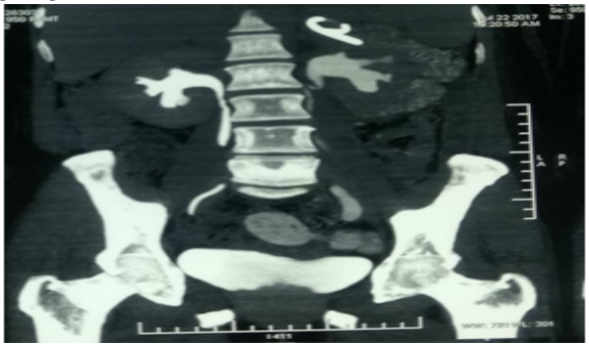
Ureterocolic fistulae are rare and may occur as a result of iatrogenic injury. Diverticular disease causing spontaneous ureterocolic fistulae has been reported but the majority of cases occur due to impacted ureteric calculi Predisposing factors include inflammation, radiation, surgical trauma and neoplastic processes. Diagnosis is made via abdominal imaging or intraoperative retrograde studies. Management is usually surgical.

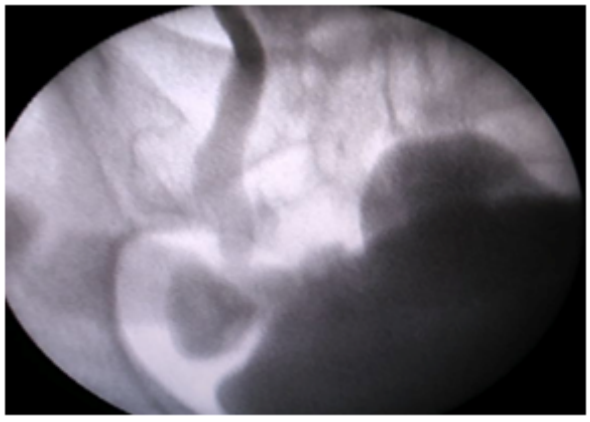
We present a case of postoperative ureterocolic fistula developed after post hystrectomy and describe our experience with diagnosis and treatment, aiming to contribute useful data for clinical practice.

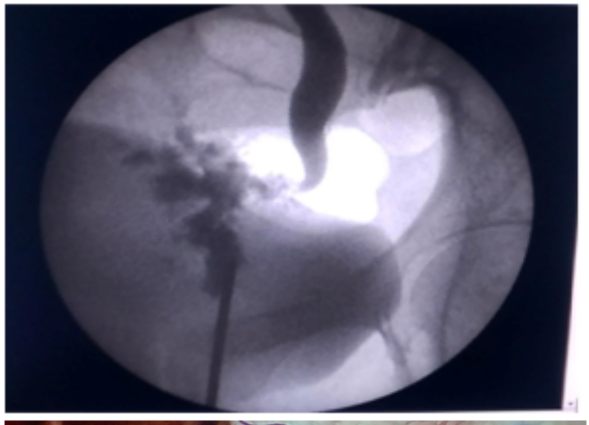
CASE

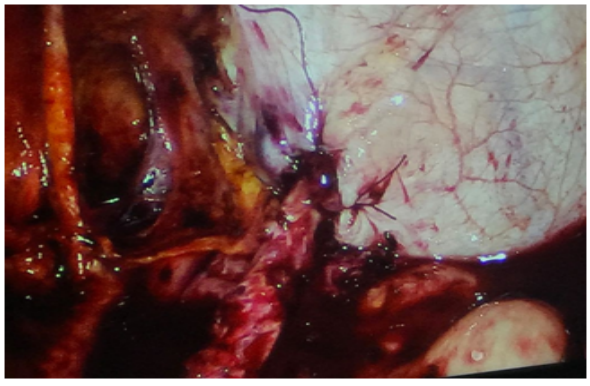
38 years female who underwent abdominal hystrectomy 8 months back for DUB reffered to our institution 3 month back with progressive left abdominal pain and fever since last five days and altered bowel habits since 15 days with increased frequency and loose stools. On Admission patient was febrile with temperature of 39 C and left flank and abdominal pain. Her white blood cell count was 16,000 cells/ mm Creatinine was 1.53 mg/dl. Ultrasonography was suggestive of left moderate hydronephrosis. With above clinical scenario we had decided and tried ureteroscopy but due to complete block at lower ureter we have inserted left percutaneous nephrostomy. Patient was started with antibiotic and rersuscitated. successfully. After 7 days we had done nephrostogram and retrograde pyelogram. Finding suggestive of lower Ureteric stricture on RGP and Nephrostogram s/o Ureterocolic fistula with long segement between two end of ureter. We have given antibiotics and kept patient on regular follow up for 2 month. CECT abdomen and new nephrostogram done which was suggestive of distal ureter seen communicating with sigmoid colon through irregular tract opening in anteriolateral wall of rectum on Lt Side at 2 O' clock position suggestive of Uretero-colic fistula.

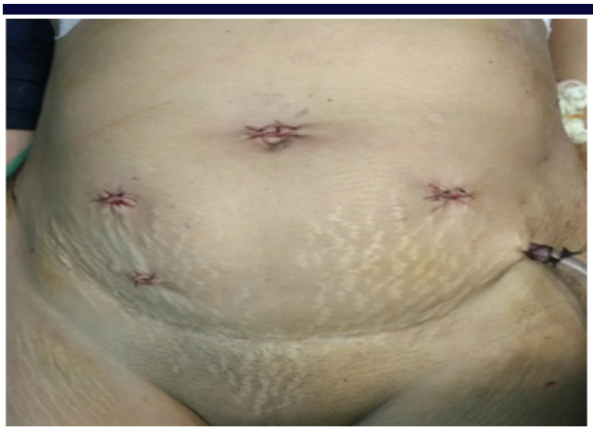
Patient undervent **Laparoscopic left ureteric reimplantation with primary closure of the sigmoid colon** Intraoperative and immediate post operative course was uneventful.











DISCUSSION

Postoperative ureterocolic fistula is exceptionally rare and can develop in any surgeries involving pelvis and dissection near ureter however post hystrectomy ureteric complication in form of ureteric stricture or partial to complete transaction are common but development of coloureteric fistula is a very rare complication. The identification and subsequent management of this rare postoperative ureterocolic fistula emphasizes the importance of adequate preoperative evaluation, including the preoperative placement of ureteral stents to facilitate identification of the ureters, minimize inadvertent ureteral injury and use minimal invasive surgery at possible, high suspicion in diagnosis and meticlous management of the same.

CONCLUSION

Early high suspicion in such cases will allow surgeons in defining proper line of management and early intervention. Also use of preoperative ureteral stents and use of minimal invasive technique might help in lessening the complications

REFERENCES

1. Flood HD, Jones B, Grainger R. Ureterocolic fistula: a unique complication of extracorporeal shock wave lithotripsy. J Urol 1992;147:122–4
2. Patil KP, Shetty SD, Anandan N, Ibrahim A. Ureterocolic fistula due to impacted ureteric stone. Br J Urol 1992;70:332–3
3. Lee WK, Chang SD, Roche CJ, Duddalwar VA, Rowley VA, McLoughlin MG. Spontaneous ureterocolic fistula secondary to calculous pyohydroureteronephrosis. Br J Radiol. 2005; 78:954-5