A Case of Recurrent Urinary Tract Infections Secondary to Vaginovesicular and Vaginorectal Fistula

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INTRODUCTION

- Enterovesical fistulas are a rare disease with an annular incidence of 0.5 per 100,000
- The most common clinical presentations of enterovesicular fistulas are urinary tract infection
- We present a rare case of a chemotherapy-induced vagionvesicular and vagionrectal fistula

CASE

- Our patient is a 78 year old female with a history of squamous cell anal cancer status post chemotherapy, cervical cancer status post total abdominal hysterectomy and recurrent E. coli urinary tract infections who presented with three weeks of painless, bright red blood per rectum without associated abdominal pain, nausea or vomiting
- The patient's last colonoscopy was 6 years prior which had revealed a hyperplastic polyp. In the ED, she was found to have a hemoglobin of 7.2 with an MCV of 92.8

IMAGING

Figure 1. Sagittal image of the right paramedian aspect of the pelvis shows two prominent locules of air within the vaginal vault and the decompressed urinary bladder. There are subtle curvilinear tracts of air extending from these locules.

CASE CONT.

- An abdominal CT scan revealed an ill-defining hyperattenuating material with single focus of gas between urinary bladder and rectum with concern for a possible colovesicular fistula. A CT Cystogram was unable to be obtained as the patient denied a foley placement
- A CT abdomen/pelvis with oral and rectal contrast revealed nodular hyperdense material anterior to the rectum and along the posterior margin of the presumed urinary bladder confirming a colovesicular fistula
- The patient was transferred to a tertiary care center for colorectal surgery

DISCUSSION

- A radiation-induced fistula is a chronic and serious condition with a significant impact on quality of life
- To our knowledge, this is the first case that reveals both a vaginovesicular and vaginorectal fistula secondary to chemotherapy treatement of squamous cell anal cancer