

Diverticular colovesical fistulae. Laparoscopic tip

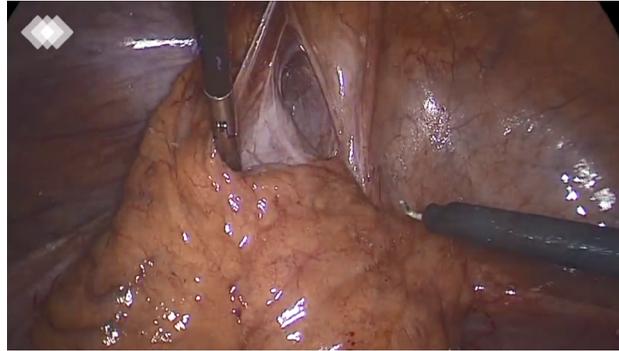
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Video published in: <https://www.youtube.com/watch?v=sVEPCmMUpig>

ABSTRACT

Background: Colon diverticular disease is a highly prevalent disease in Argentina. Its initial presentation as uncomplicated fistulas is not frequent without a history of previous diverticulitis episodes.

Objective: To present technical details of laparoscopic resection surgery of a colovesical fistula of diverticular origin.

Material and methods: A 63-year-old male with hypogastric pain without defecation disturbances or previous surgeries is presented. No history of diverticulitis. An abdominal ultrasound and computed tomography were performed, showing air in the bladder. The urine culture was positive for *Escherichia Coli* and the barium enema detected a small fistulous path between the sigmoid colon and the bladder. Laparoscopic resection was decided.

Results: A laparoscopic sigmoid colectomy with identification of the fistulous tract to the bladder isolated and sectioned between polymer ligation clips was performed. It was completed with a primary colorectal anastomosis and the placement of a bladder catheter that was removed after 15 days. Postoperative parameters were favorable with discharge at 72 hours.

Conclusion: Colovesical fistula is a complication of diverticular disease, although its debut without episodes of previous diverticulitis is rare. Resolution with ligation of the fistulous tract with polymer clips and section, associated with colonic resection by laparoscopic approach is a good option to avoid bladder sutures. This procedure resulted safe and effective.

Key words: Diverticular Disease; Bladder Fistula; Laparoscopy

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