

中文題目：一個少見的泌尿道感染的成因- 直腸膀胱瘻管

英文題目：A rare etiology of urinary tract infection- colovesical fistula

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## Introduction

Urinary tract infection (UTI) was a common infectious disease. The typical presentations of lower UTI were dysuria, frequency, urgency and suprapubic pain. We presented a rare etiology of UTI caused by colovesical fistula.

## Case presentation

A 83 years old female had the following underlying disease of Hypertension, apical hypertrophic cardiomyopathy, and paroxysmal atrial fibrillation. She suffered from suprapubic pain with tenderness and urinary frequency since 2021/08. Laboratory data disclosed leukocytosis with pyuria in urine routine. Empirical antibiotics was used under the impression of cystitis. However, persistent supra pubic pain was still noted. Abdominal computerized tomography (CT) showed suspicious sigmoid colitis and cystitis with air densities, and colovesical fistula was diagnosed. Foley was inserted and fecal material was noted at foley bag. Cystoscopy showed turbid urine with suspicious polyps over trigone. Colonoscopy with indigo carmine spraying were done at sigmoid colon and rectum under supine and tolling position. No indigo carmine was noted at foley bag. Laparoscopy showed severe adhesion between sigmoid colon and urinary bladder. Colovesical fistula was identified by patent blue solution filling in the urinary bladder. Therefore, closure of fistula was performed, and she was discharged smoothly after operation.

## Discussion

Colovesical fistula was a rare cause of UTI. The etiologies of colovesical fistula include diverticulitis (65-79%), cancer (10-12%), Crohn's colitis (5-7%) [1] The diagnostic tools of Colovesical fistula contain cystoscopy, colonoscopy, CT scan, and Barium enema [1] The definite treatment of colovesical fistula was surgical intervention. Traditional operation or laparoscopic operation were both effective for treatment of colovesical fistula.

## Conclusion

Physician should be cautious of possible colovesical fistula in patients with resistant UTI with persistent suprapubic pain.

## Reference

1. Golabek T, Szymanska A, Szopinski T, et al. Enterovesical fistulae: aetiology, imaging, and management. *Gastroenterol Res Pract* 2013; 2013:617967. .



Fig 1: Colovesical fistula on abdominal CT

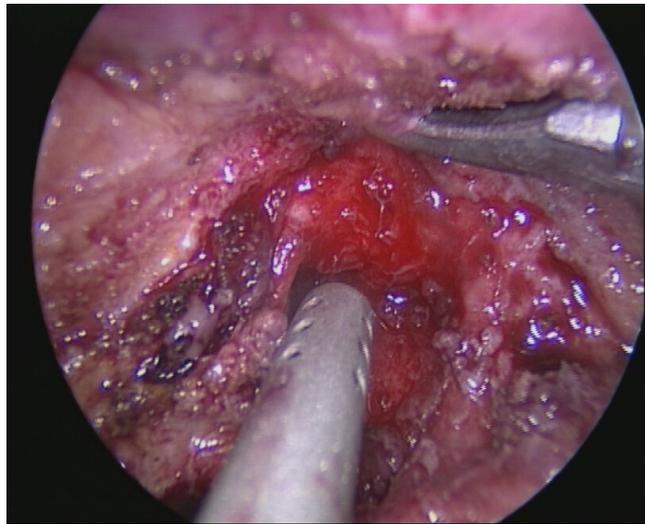


Fig 2: Colovesical fistula during Laparoscopy