14. COLONIC DIVERTICULOSIS COMPLICATED WITH COLOVESICAL FISTULA

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Introduction. Diverticulosis is a clinical condition in which multiple sac-like protrusions (diverticula) develop along the intestinal wall. Though diverticula may form at weak points in the walls of either the small or large intestines, the majority occur in the large intestine (most commonly the sigmoid colon). In diagnosis and treatment, important aspects are the complications of diverticulosis: diverticulitis, abscess, fistula, bleeding, bowel obstruction, free perforation or peritonitis.

Case presentation. We present a 63 year-old female patient who presented with hypogastral pain, especially in the left flank, constipation and rectal hemorrhage in small amounts. Laboratory showed RBC-3,1x 1012/l; HGB- 118 g/l; WBC-12,6x109/l; HCT-0,50 L/L; ESR-28 mm/h. Urinalysis showed RBC- 2-3 hpf; WBC- 12-14 hpf; mucus, bacteriuria +++. Cystoscopy showed a colovesical fistula (was thought of a neoplastic genesis). Irrigoscopy showed colonic diverticulosis, colovesical fistula and a subocclusional tumor like mass at the level of sigmoid colon. Biopsy was taken at rectoromanoscopy- there were no atypical cells in the histological material. On September 18th 2021, underwent surgery with block resection of recto-sigmoid intestine and a small part of urinary bladder which was attached to tumor like mass of sigmoid, a termino-terminal rectal-sigmoid anastomosis was performed, restoration of the defect of the urinary bladder. In order to avoid possible dehiscence of the anastomosis, a biluminal ileostomy was installed. After surgery, histopathological exam of tumor-like mass showed signs of an inflammatory process caused by diverticulitis. The postoperative period passed without complications. On December 20, the patient was hospitalized again for reconstructive ileo-ileal surgery and the closure of the stoma by latero-lateral anastomosis that were performed. The post-reconstruction period passed without particularities. 7 days after the operation, the patient is discharged in a satisfactory condition.

Discussion. Colovesical fistula was caused by an inflammatory process of the colonic diverticulosis. Evolutionary - it went on like a malignant tumor with concretion in the bladder. Cystoscopy and irigography also suggested a tumor with bladder enlargement. The volume of the intervention was based on the intraoperative situation (there were premises to consider this process as an inflammatory one - which was then confirmed histomorphologically); The intervention was performed shortly after hospitalization (40-44 hours), due to a partial intestinal obstruction (clinical, irigographic).

Conclusion. Complications of colonic diverticulosis such as internal colovesical fistula requires an individual curative diagnostic approach. Purulent-septic complications can be solved or prevented only by surgery, which provides for the block removal of the affected sector of the colon and bladder.