

# TOO LATE TO PREVENT FISTULA

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## What do you know?

Following the current guidelines, in recent years we have found the indication for sigmoid resection after acute diverticulitis less frequently (1)

### Background

In our infirmary we get the impression that parallel to this development the number of highly complicating diverticulitis, which manifests itself with colcutaneous, colovesical or colovaginal fistulas, but also in the acute ileus, increases. We therefore wonder whether at best the more restrictive indication for surgery could be partly responsible for the increase in these complex disease processes.

### Method

For the period from January 2015 to December 2018, we retrospectively selected all patients from our database hospitalized for acute diverticulitis in our extended primary care hospital and calculate the percentage of patients presenting with a fistula on the basis of chronic diverticulitis.

### Conclusion

The high rate of fistulas of acute complicated colonic diverticulitis seems to be relatively high. It seems to be a tendency of increasing fistula rates in recent publications. Although the data is sparse and varied, it could be that a well-considered, more generous indication for sigmoid resection after multiple acute diverticulitis could reduce the rate of these highly complicated chronic diverticulitis.



Figure 1: CT Scan, sigma-vesical fistula,  
Figure 2: Intraoperative finding, colovesical fistula

### Result

During the observation period, a total of 392 patients with acute diverticulitis of the colon were hospitalized. 271 (69%) patients receive conservative treatment, while the remaining 121 (31%) patients receive surgical treatment. Of these, 82 (68%) undergo elective rectosigmoid resection and 39 patients (32%) required emergency surgery.

15 patients (3.7 % of all patients, 12.4% of operated patients 121) had fistula: 9 (23.1%) colovesical fistulas, 2 (5.1%) colovaginal fistulas, and 4 (10.3%) colcutaneous fistulas. The average age was 70 years m (9) > w (6). In 10 of the emergency operated with fistula patients (66%) diverticulosis was already known. The duration of the symptoms up to the emergency hospitalization is about 2 years.

In the literature we find comparable numbers regarding the forms of therapy. However, in the literature there are only few data and varied on the epidemiology of diverticulitis-related colonic fistulas. Publication 2003 show rate of 1% fistula in all patients presenting with diverticulitis (2) and a rate of approximately 8% in the patients with surgical resection (6). Regarding to this rates our rates of fistulas seem to be higher. But on the other hand there are studies with fistulas rates from 2 up to 23% in recent publications 2010-2018 (3,4,5,7).

### Literature

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