

Entero-Vesical Fistula Revealed by Recurrent Urinary Tract Infection

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Introduction

Entero-vesical fistulas are defined by the existence of an abnormal pathway that communicates the bladder with the intestine.

It is most often the consequence of an inflammatory and infectious process of digestive origin and occurs during sigmoid diverticulitis and Crohn's disease.

More rarely, these entero-vesical fistulas can be of radica, tumoral, post-traumatic or iatrogenic origin.

Pneumaturia and fecaluria represent the pathognomonic clinical signs of urodigestive fistulas, but they are present in only 50% of cases.

Because of high pressure in the intestine, the fistula most often works from the intestine to the bladder except when there is an obstacle on the lower urinary tract, as was the case with our patient.

Keywords: Fistula; Diverticulitis; Cystography; Urinary infection

Clinical Image

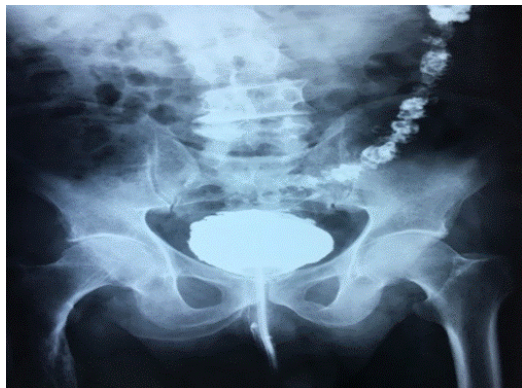


Figure 1: Frontal view of retrograde urethrocytography showing opacification of the sigmoid and descending colon.



Figure 2: Profile view of retrograde urethrocytography showing opacification of colon until half of his transverse portion.



Figure 3: Sagittal computed tomography scan showing retro vesical collection with close contact with sigmoid colon and bladder thickening its posterior wall (Arrow).



Figure 4: Transversal computed tomography scan showing circumferential bladder wall thickening because of urinary obstruction.



Figure 5: Transversal computed tomography scan showing majoration of bladder wall thickening nearby its contact with sigmoid colon. (arrow←) Presence of uncomplicated colonic diverticula (arrow↑).

The patient was put on medical treatment for his obstructive urinary symptomatology with good evolution.