Endoscopic management of Enterocutaneous fistulae- A New Innovation

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Case presentation

• 68yr old male presents with chronic non healing low output fistulae of about 6months duration.
• PSH-Multiple abdominal surgeries, Right hemicolecotomy for polyps (2009), I&D Anterior abdominal wall abscess (03/2012)
• PMH-HTN, CAD, Glaucoma, RA
• Medications-Metoprolol, Simvastatin, ASA, Diovan, Protonix
• Allergy- NKDA
Physical examination

• T= 98.2 BP 120/65 PR 78
• Abdomen- soft, NT/ND. Chronic draining fistula anterior abdominal wall
• Chest- CTA Bilat
• CVS-S1S2, no murmur
• Labs: CBC 7/10.4/34.6/330
• BMP 140/4.1/101/28/9/0.98/124
• Coagulation 11.1/21.5/1
Management

- Endoscopic clipping of colocutaneous fistula
Postoperative course

• Uneventful
• Discharged POD #1
• 6 weeks f/up- healed fistula confirmed on BE
• RTC-1year