Colovesical/Colovaginal Fistula –

In modern times, the most common causes of vesicoenteric fistulas include diverticulitis, malignancy, Crohn’s disease, and trauma. Among the possible forms of vesicoenteric fistulas, colovesical fistula is the most common and is most frequently associated with diverticular disease, although colorectal cancer may result in this as well. As previously mentioned, colovesical fistulas occur more frequently in men due to the protection of the bladder by the uterus in women. Colovaginal fistulas are increasingly common in women with previous hysterectomy. Colovesical fistulas tend to go undiagnosed for long periods of time, and patients may be treated for recurrent urinary tract infections for months before an official diagnosis is made. When it is made, the diagnosis is typically clinical, with diagnostic studies performed in order to evaluate the bowel disease and look for possible malignancy.

Cystoscopy in the early stages of a fistula may show localized edema and congestion. With time, findings may include bullous edema and mucosal hyperplasia, in addition to mucus or fecal material in the bladder. Cystoscopy also allows biopsy of the fistula to rule out malignancy and other causes in the differential of fistulas. There appears to be some disagreement between urology and general surgery texts as to the value of cystoscopy in identifying colovesical fistulas. General surgery texts state that a fistulous opening is rarely seen on cystoscopy and that CT with intraluminal contrast has become the more sensitive test for diagnosing colovesical fistulas. Furthermore, charcoal, oral contrast, chromium-151, or indocyanine green Chromagen dye administered orally and found in the urine provide confirmation for the presence of a fistula.

References: