



# A Colocutaneous Colovesical Fistula in a 24-Year-Old Male due to Diverticulitis with Abscess



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## Figures



**Figure 1.** Axial CT image of colovesicular fistula tract.

## References

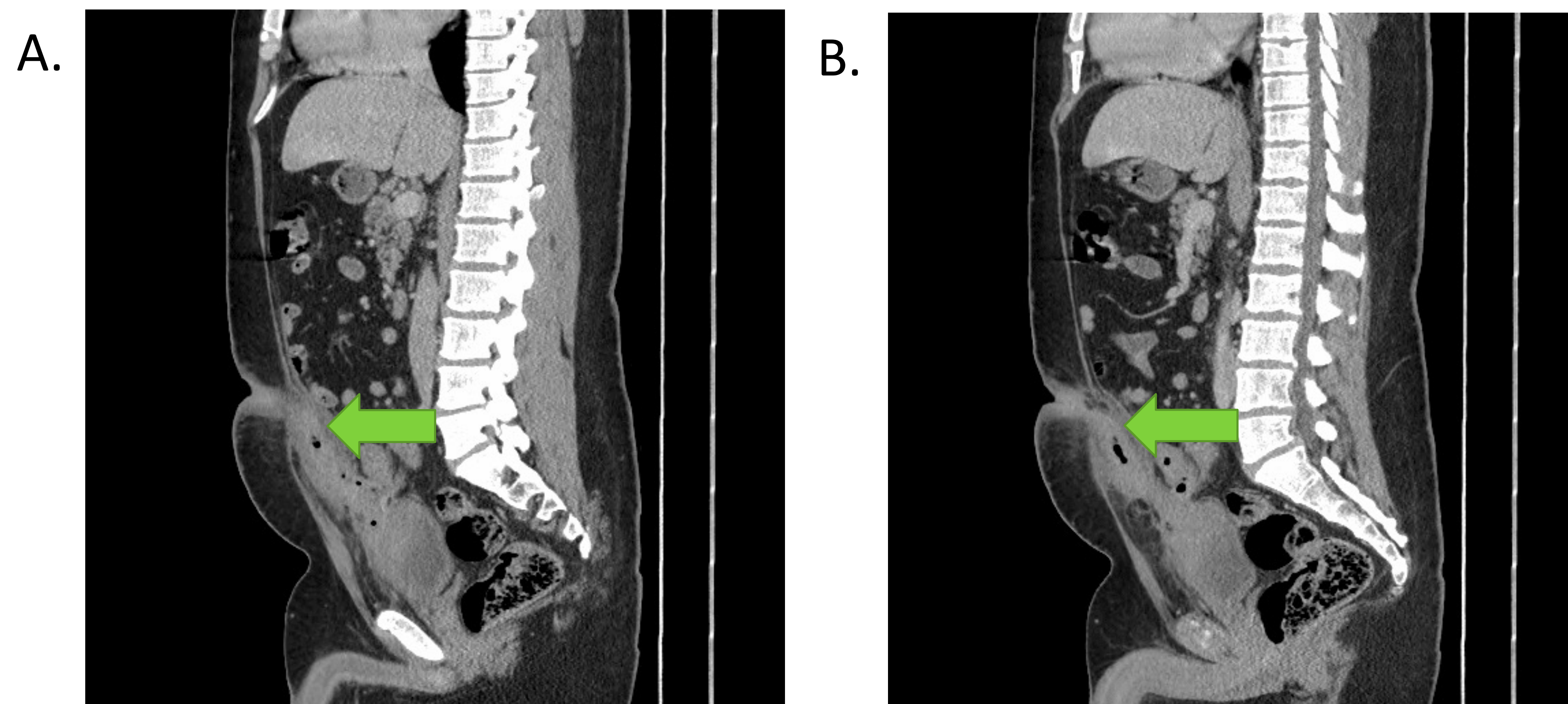
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## Abstract

**CONTEXT:** Diverticulitis is a common cause of morbidity in western countries and will usually present in females during their 6<sup>th</sup> decade of life. Patients are primarily diagnosed with CT of the abdomen and pelvis where diverticulitis of the sigmoid colon is the most common abnormal finding, however abscesses and fistulae are less frequently present and constitute a complicated case of diverticulitis. Management of diverticular abscesses is primarily with percutaneous drainage if feasible, however fistulae may necessitate surgical intervention in many cases. Colovesicular fistulae are the most common fistula related to diverticular disease however colocutaneous fistulae are a much less frequent occurrence in this setting. Our objective is to present an uncommon case of diverticulitis in a 24-year-old male complicated by an abscess and colocutaneous fistula.

**CASE SUMMARY:** We have detailed an extremely rare case of a 24-year-old Hispanic male presenting with acute diverticulitis complicated by an abscess in the anterior peritoneal cavity as well as simultaneous colovesicular and umbilical colocutaneous fistulae. This patient was managed successfully with open segmental resection, end colostomy diversion, and foley catheter drainage at a community-based teaching hospital.

## Figures



**Figure 2.** A./B. Sagittal CT images of colocutaneous fistula tract involving the anterior abdominal wall and anterior bladder.

## Case Report

### Pre Op Course:

- FM a 24-year-old Hispanic male presented to the ED with two weeks of periumbilical abdominal pain and several days of brown purulent drainage from his umbilicus.
- CT A/P indicated sigmoid diverticulitis, abscess of the anterior abdominal wall, with likely fistula tract involving the anterior abdominal wall and the bladder.
- Recent admission to an outside hospital two years ago for acute diverticulitis with percutaneous drainage of an abdominal abscess.
- On examination he was hemodynamically stable, afebrile, and COVID positive with no leukocytosis on admission.
- IV Zosyn, NPO.

### OR Procedure:

- Cystoscopy with placement of bilateral renal stents. Large phlegmon of the anterior bladder wall.
- Laparoscopic entrance with conversion to a midline laparotomy after encountering a complex inflammatory of the sigmoid colon which was adherent to the anterior abdominal wall and bladder.
- Blunt dissection of mass with resection of involved sigmoid colon.
- Methylene blue was instilled into the bladder via a foley catheter, and none was visualized in the abdomen.
- A penrose drain was then placed through remaining umbilical fistula tract.
- Appendectomy
- Abdominal closure with colostomy maturation

### Post Op Course:

- Discharged post op day 6 with foley catheter and penrose drain.
- Removal of foley and penrose.
- Outpatient colonoscopy.
- Successful colostomy reversal.