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8 – FISTULAE

Hidradenitis suppurativa presenting as a polypoidal lesion at the anal verge. *Seneviratne SA, Samarasekera DN. Colorectal Dis. 2009;11:97.* Hidradenitis suppurativa is a chronic disease characterized by painful recurrent abscesses, fistulas and scarring lesions in axilla, groin, perineum and rarely mass lesions at the affected site. A case of hidradenitis suppurativa with a polypoidal growth at the anal verge is presented.

Modified York-Mason technique for repair of iatrogenic rectourinary fistula: the Montsouris experience. *Kasraeian A, Rozet F, Cathelineau X et al. J Urol. 2009;181:1178.* Rectourinary fistula is a devastating complication of rectal and genitourinary surgery. Failure in conservative management calls for surgical intervention. A series of 12 patients (after radical prostatectomy and following high intensity focused ultrasound, 6 with fecal diversion) treated by a modified York-Mason technique is presented. The urethra is not closed after fistula excision, only a multilayer, nonoverlapping closure of the anterior rectal wall being performed. Three patients required multiple York-Mason procedures. All patients reported intact fecal continence. Median hospital stay was 4 days.

Repair of giant vesicovaginal fistulas. *Ezzat M, Ezzat MM, Tran VQ, Aboseif SR. J Urol. 2009;181:1184.* To repair giant vesicovaginal fistula (35 patients, 7 with a complete loss of the urethral floor), the abdominovaginal approach using a rotational bladder flap was evaluated. patients had. Fistula etiology was secondary to obstructed labor in 25 patients, the result of iatrogenic surgical injuries in 5, sling erosion in 3 and pelvic irradiation in 2. The bladder was bisected sagittally, and a bladder flap was rotated downward and medially to fill the extensive fistula defect. An additional vascularized flap was interposed in 23 patients including gracilis muscle, omental, peritoneal or Martius flap. Fistulas were successfully repaired in 31 of 35 patients (88%). The remaining 4 patients underwent surgical correction with a second, more limited repair.

Long-term success rate after surgical treatment of anorectal and rectovaginal fistulas in Crohn's disease. *Löffler T, Welsch T, Mühl S et al. Int J Colorectal Dis. 2009;24:521.* Among 777 patients with Crohn's disease undergoing surgery (1991-2001) 147 had anorectal or rectovaginal fistula requiring 292 operations, 98% with Crohn's disease in the colon or rectum. Over long-term follow-up, 29 patients required proctectomy. Submucosal fistulas needed major surgery in only 14% of cases compared to 56% of cases with rectovaginal fistulas. After 5 years complex fistulas showed a strong trend towards a higher recurrence rate after surgery than simple submucosal fistulas. Whereas recurrences occurred over the whole observation period in the group of patients with complex fistulas, there was no further recurrence in patients with submucosal fistulas 13 months after surgery.

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