

EP14.40 Transvaginal ultrasound findings in colouterine fistula due to colonic diverticulitis: a case report

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Abstract

Colouterine fistula is a rare complication of diverticulitis, with an incidence of 2-3% of all fistulas caused by diverticulitis.

A 77 years old female patient referred 1 month of constant abdominal pain with diarrhea, normal gynecological examination and elevated inflammatory parameters. CT scan showed a 5,5 cm pelvic collection with complicated diverticulitis and suspected colouterine fistula. TVUS revealed a 36 x 29 x 30 mm. miometrial heterogeneous collection in upper posterior uterine wall communicating into a pelvic collection of 19 mm, without communication into the endometrium. A two stage surgery with subtotal hysterectomy and bilateral adnexectomy plus sigmoidectomy, anterior rectal resection and terminal colostomy confirmed previous findings. The patient was discharged 15 days after in good condition.

Conclusion

Colouterine fistula is a rare complication of diverticulitis. Guidelines recommend surgical resection of the diseased sigmoid, with hysterectomy when uterine involvement is present. The two-stage approach used here aligns with international standards, confirming surgery as the treatment of choice.



Figure 1. Miometrial collection (36 x 29 x 30 mm).



Figure 2. Uterus.



Figure 3. Sigmoid colon and rectum