

Demonstration of a sigmoid colon fistula using CT with gastrografin enema

Lei Shi, Guo-Liang Shao

Department of Radiology, Zhejiang Cancer Hospital, Hang Zhou, People's Republic of China

ABSTRACT

Intestinal fistula is one of the serious complications after surgery. The strategies of treatment are different according to the location, size, and number of intestinal fistula. We present a case of sigmoid colon fistula which occurred after surgery and chemotherapy for ovarian cancer. In this case, CT with gastrografin enema showed the exact location of the fistula.

KEY WORDS

Intestinal fistula; computer tomography; enema

Quant Imaging Med Surg 2012;2:63-64. DOI: 10.3978/j.issn.2223-4292.2012.01.05

A 53-year-old woman was diagnosed with ovarian cancer, then underwent the hysterectomy plus lateral adnexectomy and received postoperative chemotherapy. One month later, the patient experienced abdominal pain and low fever. At the local clinics, the patient was diagnosed with intestinal obstruction based on abdominal X-ray, and was prescribed immediately for fast and gastrointestinal decompression. One day later, with an abdominal X-ray re-examination, the feature of intestinal obstruction disappeared. However, the patient's abdominal pain aggravated, and body temperature was 39 °C. Localized tenderness and rebound tenderness on left lower abdomen were noted during physical examination. Plain CT showed the encapsulated effusion in left pelvic cavity. Patient was transferred to one tertiary hospital and underwent punctured drainage of encapsulated effusion under ultrasound guidance. According to the medical history, symptoms and medical examinations, the patient was diagnosed with intestinal fistula. Gastrointestinal series didn't show small intestinal fistula. Plain CT with gastrografin enema showed that fistula was located in the back

wall of sigmoid colon, which was confirmed by surgery. The patient had partialcolectomy for treatment.

No potential conflict of interest.

Corresponding to: Lei Shi, MD. Department of Radiology, Zhejiang Cancer Hospital, No.38 Guangji Rd, HangZhou, 310022, China. Tel: (0086)15988872208. Email: shilei_mr@hotmail.com.

Submitted Jan 19, 2012. Accepted for publication Jan 26, 2012.

Available at <http://www.amepc.org/qims>

ISSN: 2223-4292 © AME Publishing Company. All rights reserved.



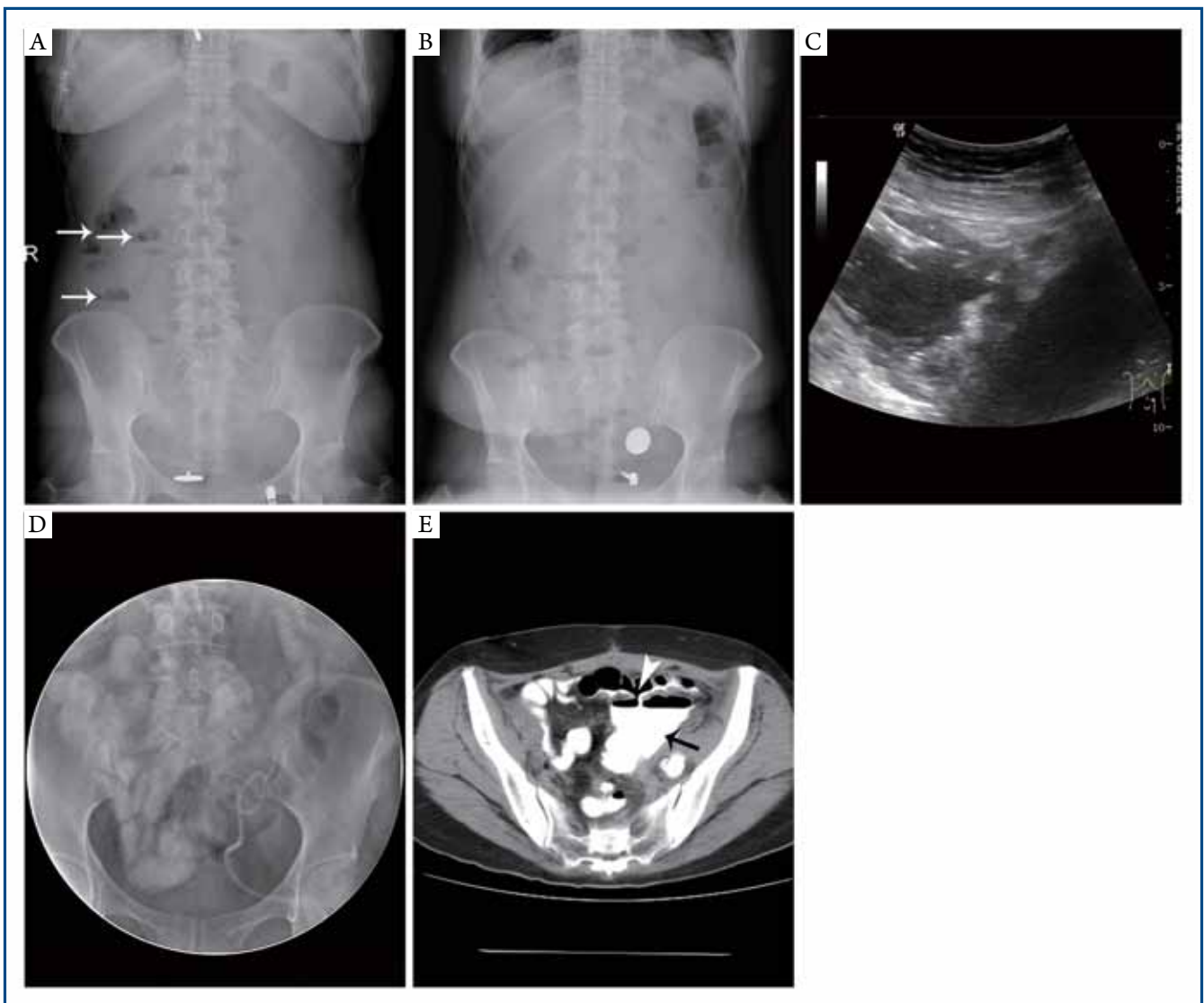


Figure 1. A 53-year-old female with sigmoid colon fistula. A: Abdominal X-ray shows multiple air fluid levels (white arrows) in right middle abdomen. B: Abdominal X-ray re-examination one day later does not show obvious abnormality. C: Ultrasound shows multiple anechoic cysts with irregular wall in left lower abdomen. D: Gastrointestinal series does not show obvious feature of small intestinal fistula. E: Plain CT with gastrografin enema shows the encapsulated effusion (black arrow) in left pelvic cavity and a fistula at the back wall of the sigmoid colon (arrow head).

Cite this article as: Shi L, Shao GL. Demonstration of a sigmoid colon fistula using CT with gastrografin enema. *Quant Imaging Med Surg* 2012;2:63-64. DOI: 10.3978/j.issn.2223-4292.2012.01.05

