Diverticulitis Manifesting as Transverse Colocutaneous Fistula: Report of a Case and Review of Literature*

U. Prabhakar Rao, M.D., P. S. Venkitachalam, M.S. (Surg) F.R.C.S. (C), Gerald L. Posner, M.D., Elena T. Estuita, M.D.

Rao UP, Venkitachalam PS, Posner GL, Estuita ET. Diverticulitis manifesting as transverse colocutaneous fistula: report of a case and review of literature. Dis colon Rectum 1980;23:44–48. A case of spontaneous colocutaneous fistula arising from the transverse colon is reported and the literature is reviewed. [Key words: Fistula, colocutaneous; Colon, transverse; Diverticulitis]

Spontaneous colocutaneous fistula is an unusual clinical entity. We could not identify, from the literature, any previously reported cases of diverticulitis manifesting as a spontaneous colocutaneous fistula arising from the transverse colon. Of 202 pathologically confirmed cases of diverticulitis, from the Mayo Clinic, the diverticulitis was located in the transverse colon in only one case.

A case of spontaneous colocutaneous fistula arising from the transverse colon is reported and the literature is reviewed.

Report of a Case

A 66-year-old insulin-dependent diabetic woman was hospitalized with a fecal fistula of the anterior abdominal wall of three days' duration. One week prior to admission she had noticed a small lump on the anterior abdominal wall which became painful and tender and finally ruptured with feculent discharge. Twenty-eight years previously, the patient had had an appendectomy. Ten days postoperatively she required surgery for wound dehiscence, resulting in a large midline ventral hernia. In 1973 and in 1977, she had two episodes of feculent drainage from the site of the present fistula which healed after two months and one month, respectively, with conservative management.

On examination, the patient was afebrile and in no distress. A small fistula (Fig. 1) was seen just above and lateral to the umbilicus with feculent discharge and a 2-cm excoriation around the fistula. There was a large ventral hernia in this region and loops of intestine could easily be felt underneath the skin of the anterior abdominal wall. The findings of rectal examination and sigmoidoscopy were normal.

Sinography was performed and demonstrated a fistula arising from the transverse colon (Fig. 2). A barium enema was performed which confirmed the site of the fistula and showed extensive diverticulosis of the entire colon and showed the fistula track with barium collecting in the ostomy bag which was placed over the fistula (Fig. 3). Results of GI series and small-intestinal x-rays were completely normal with no evidence of inflammatory bowel disease.

Pancolonoscopy was performed which showed multiple large wide-mouthed diverticula in the region of the fistula (Fig. 4). There were no other mucosal abnormalities in the entire colon. The fis-
tula site, as expected, was not identified endoscopically, but insufflated air could be seen escaping into the ostomy bag when the tip of the colonoscope was positioned in the midtransverse colon.

At laparotomy diffuse diverticulosis of the entire colon was confirmed. The pericolic fat at the fistula site was inflamed, fibrotic and adherent to the parietal peritoneum and skin. The entire fistulous tract was excised. Due to the extent of the diverticulosis, site of fistula and the presence of ventral hernia a subtotal colectomy with ileoproctostomy was performed. The large ventral hernia was repaired. The postoperative period was totally uneventful.

Pathologic Studies

The resected specimen showed inflammation at the base of the diverticulum which fistulized (Fig. 5 a, b, c, d). Histopathologic examination of the fistula revealed only diverticulitis with no evidence of Crohn's disease and no suture material at the site of the fistula (Fig. 6). The other diverticula, found throughout the colon, were not inflamed.

Discussion

This diabetic patient had no acute symptoms but had a large ventral hernia with adhesions which facilitated this unusual manifestation.