

44-year-old woman with 3 month
history of lower abdominal pain
and recurrent urinary tract
infections

Grace Nichols, MS3

CT with IV contrast



CT with IV contrast



CT with IV contrast



CT with IV contrast



CT with IV contrast



CT with IV contrast



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A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

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Colovesical Fistula

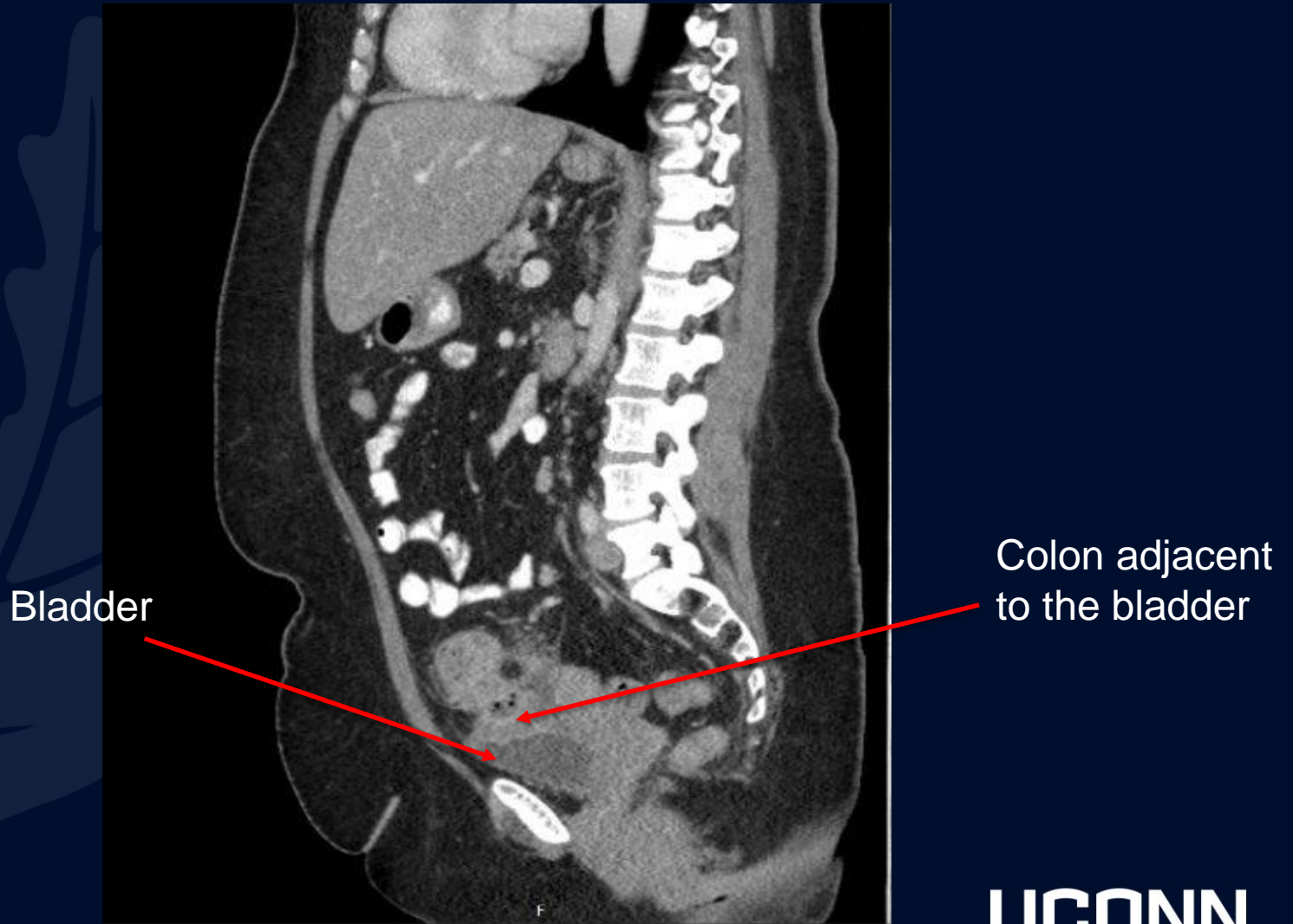
CT with IV contrast



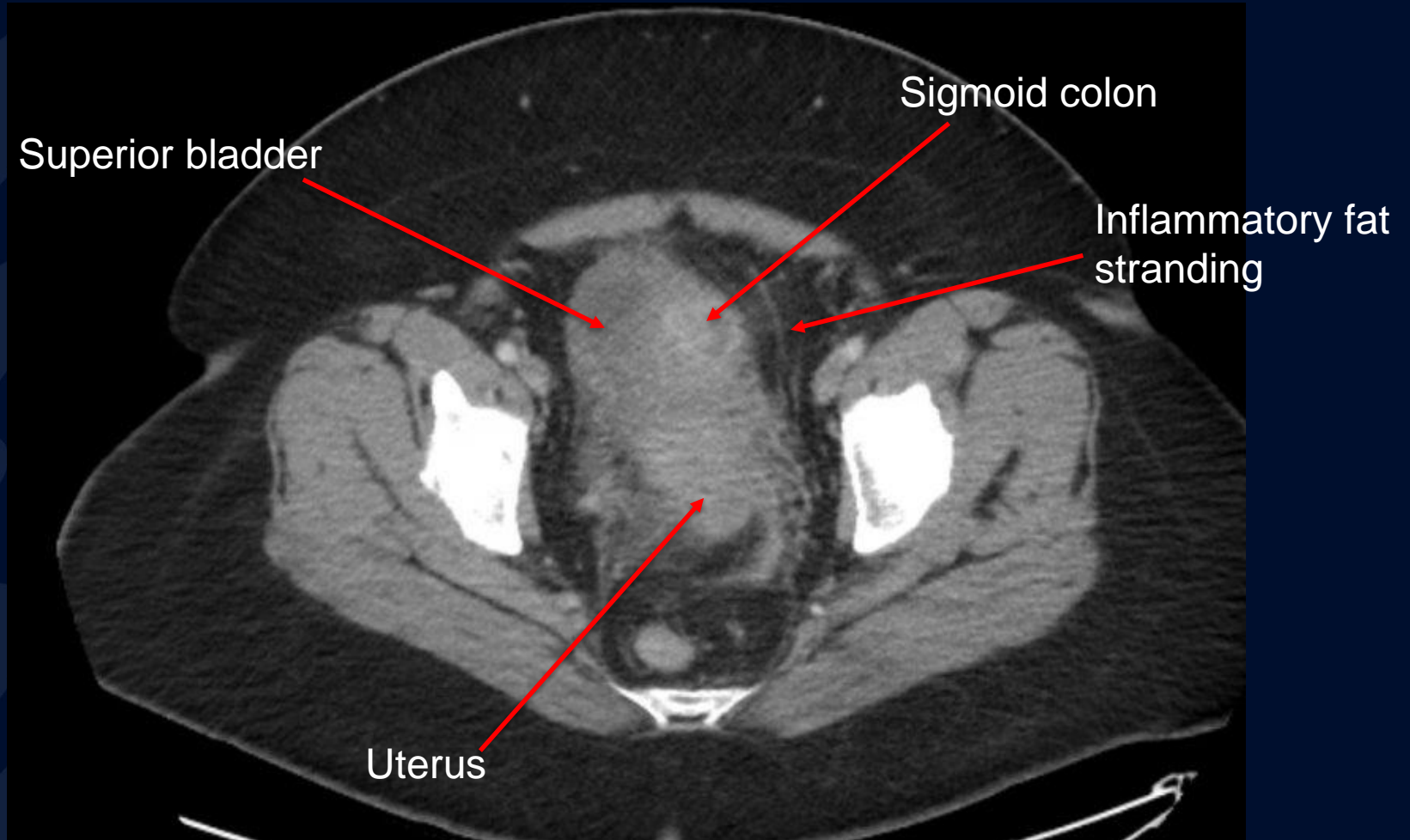
Bladder

Inflammatory fat stranding

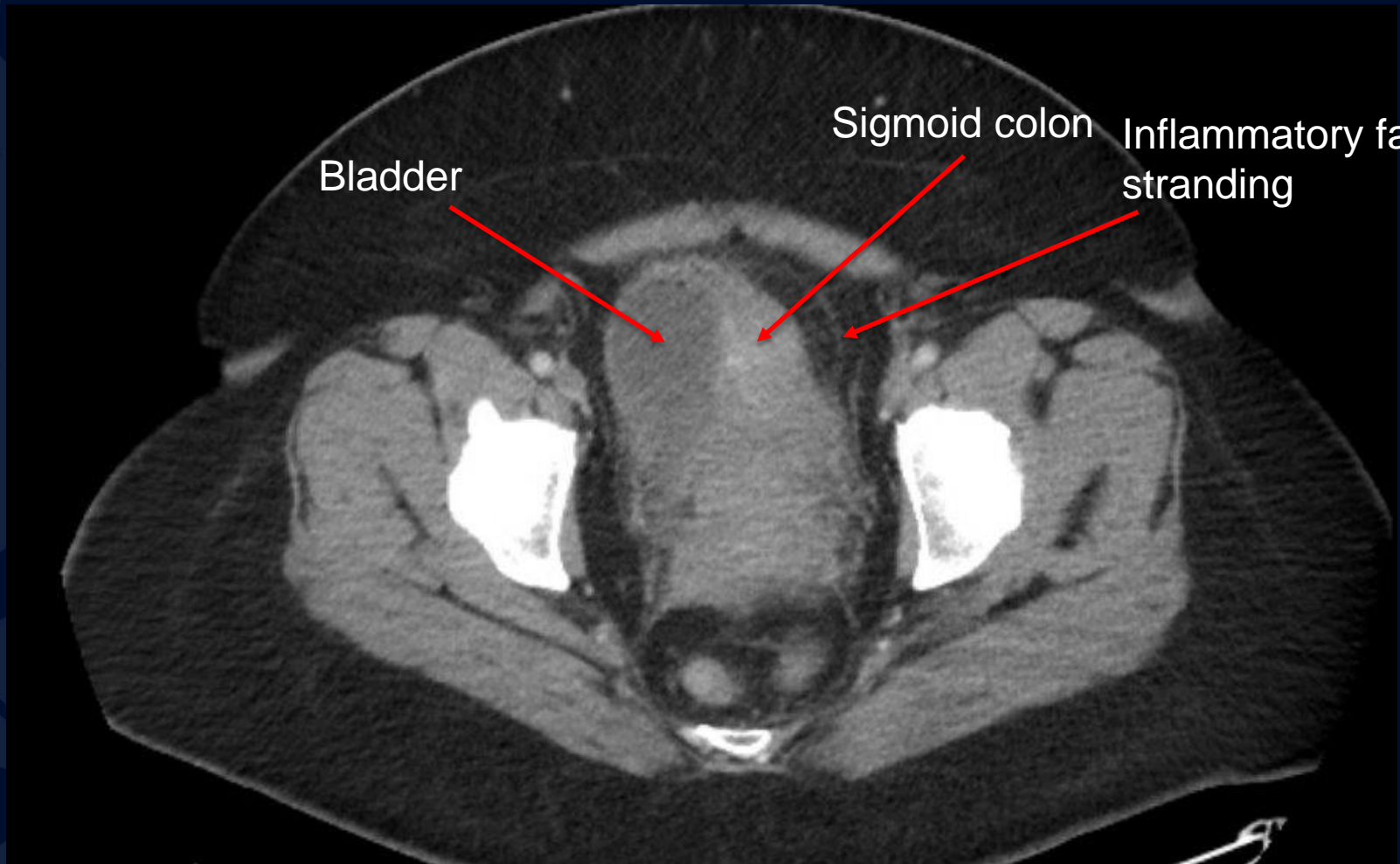
CT with IV contrast



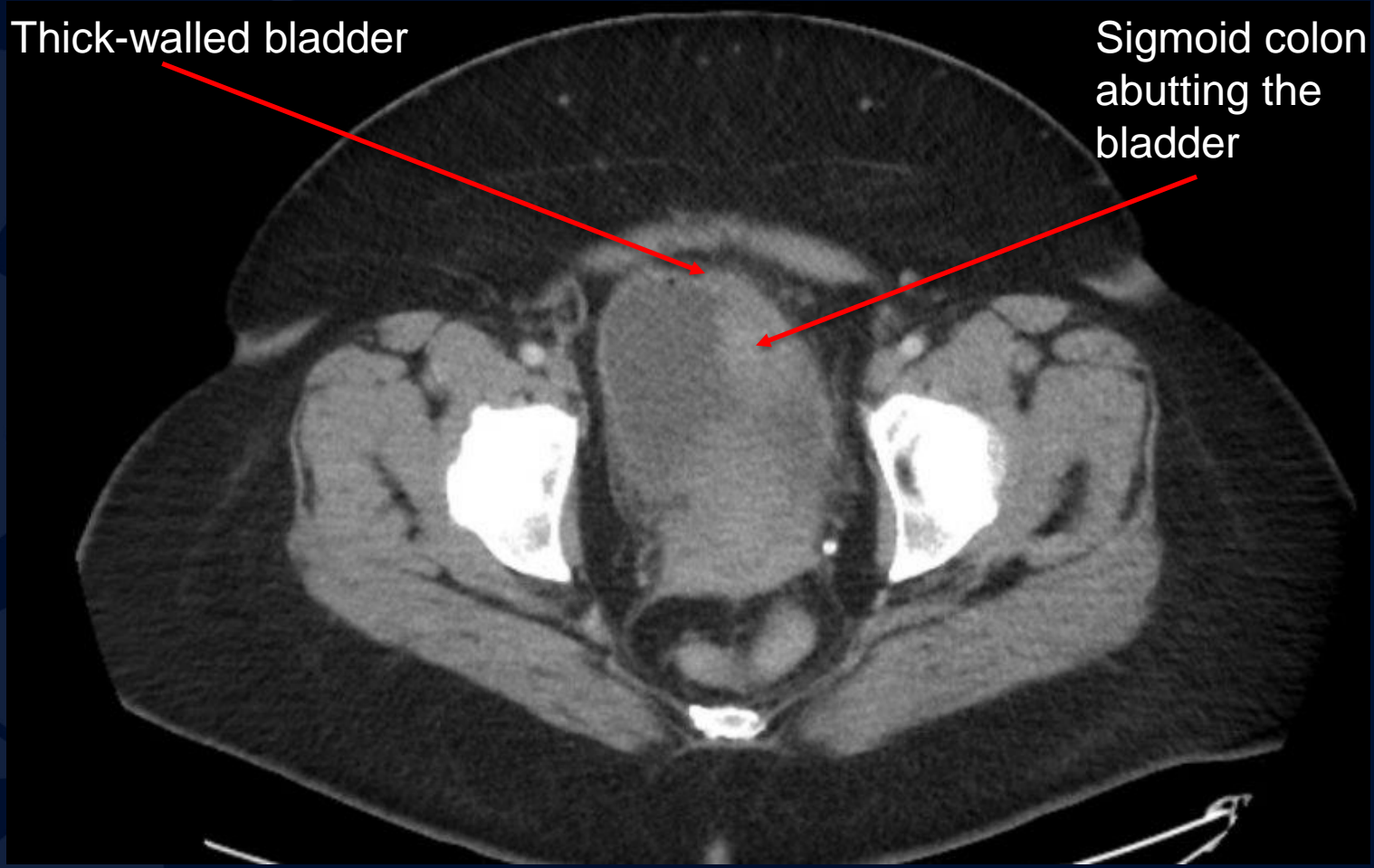
CT with IV contrast



CT with IV contrast



CT with IV contrast



Colovesical fistula

- An abnormal connection between the colon and the bladder, often due to chronic inflammation
- Incidence largely unknown, but found in 1 in 3,000 hospital admissions
- More common in men than women (2:1 – 3:1 ratio)
- Most common causes include:
 - Diverticulitis (65-79%)
 - Malignancy (10-20%)
 - Crohn's disease (5-7%)
- Common symptoms include pneumaturia, fecaluria, dysuria, and suprapubic pain

Colovesical fistula

Imaging

- CT scan with oral or rectal contrast
 - IV contrast not preferred as it is excreted renally which may make it difficult to determine the origin of contrast found within the bladder

Work-up

- Colonoscopy to determine underlying etiology of fistula
- If malignancy is suspected, cystoscopy performed to rule out bladder invasion or mass

Colovesical fistula

Treatment

- Surgical repair
 - If malignancy suspected or confirmed, en block resection with regional lymphadenectomy is completed
- If infection present, treat with antibiotics
 - Metronidazole, amoxicillin-clavulanic acid
- Urinary catheter inserted at the time of surgery, and removed around post-op day 7

References

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