Transvaginal Coloanal Anastomosis after Rectal Resection for the Treatment of a Rectovaginal Fistula Induced by Radiation

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Abstract

Although decreasing in number, radiation induced rectovaginal fistulas are caused by some radiation injuries and chronic ischemic lesions. Most of the experienced authors recommend anterior rectal resection with coloanal anastomosis accessed through the abdominal-perineum area for high fistula. We present a patient with a fistula that developed 23 years after hysterectomy and radiotherapy. In this case we performed an abdominal-transvaginal rectal resection with transverse coloplasty pouch, coloanal anastomosis and protection ileostomy three months after a terminal sigmoidostomy. The dissection of the distal rectum by posteriour colpotomy and coloanal transvaginal anastomosis is a technical variant that may prove advantageous compared to the procedures featured in the literature as solutions by rectal resection for rectovaginal fistula.

Key words: rectovaginal fistula, radiation injuries, rectal resection, coloanal transvaginal anastomosis

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