

Late Bowel ischemia and Colovaginal Fistula after Low Anterior Resection in a COVID-19 Patient

Andrea Costanzi¹, Michela Monteleone¹, Marco Confalonieri¹, Gaia Colletti^{1,2}, Colomba Frattaruolo^{1,2}, Abe Fingerhut³

¹General Surgery, San Leopoldo Mandic Hospital, ASST Lecco, Merate, Italy

²University of Milan, General Surgery Residency Program, Milan, Italy

³AIMS Academy Clinical Research Unit, Milan, Italy

Department of General Surgery, Ruijin Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai Minimally Invasive Surgery Center, Shanghai, P. R. China and Section for Surgical Research, Department of Surgery, Medical University of Graz, Austria

Abstract

The spread of SARS-CoV-2 in Italy has been rapid, with over 230.000 infections and 33.000 deaths (May 31st, 2020). The full impact of COVID19 on surgery is still unknown, as its effects on healthcare strategy, hospital infrastructure, staff, regional economy and colorectal disease progression, may not be evident before several months. No systematic reports are available about a higher incidence of COVID19 infections in patients with cancer. However, available data indicate that older people are more vulnerable, particularly when there are underlying health conditions such as chemotherapy or active cancer. Herein, we present the case of a patient with rectal cancer treated with pull-through technique low anterior rectal resection and coloanal anastomosis with protective loop ileostomy, complicated with Sars-CoV-2 infection and late (31st post-operative day) colic ischemia with colovaginal fistula. Late intestinal ischemia is a rare complication and can be secondary to several traditional factors, but certainly small vessel thrombosis related to Coronavirus disease must be taken into consideration.

Key words: Covid-19, SARS-CoV-2, rectal cancer, colorectal surgery, bowel ischemia