

Seminal Vesicle-Rectal Fistula : report of a case. Alami, badre
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Abstract

Seminal vesicle-rectal fistula is a very rare condition that corresponds to a communication between the seminal vesicles and either superior, middle or lower rectum. It is a very rare condition that can be seen as a complication of anterior resection for rectal cancer.

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Abstract

Seminal vesicle-rectal fistula is a very rare condition that corresponds to a communication between the seminal vesicles and either superior, middle or lower rectum. It is a very rare condition that can be seen as a complication of anterior resection for rectal cancer.

Introduction:

Seminal vesicle-rectal fistula is mainly associated with low anterior resection of the rectum and may be associated with chronic scrotal infection such as epididymitis. It is rarely of unknown etiology. very few published papers are found about this entity.

Case report

We report the case of a young male with no significant medical history that was admitted to our hospital for frequent pus discharge from the rectum found in his underwear.

Physical examination showed no specific symptoms beside secretions in his underwear with no fever.

A rectal examination was performed by the surgeon which was stained by pus fistula tract was found.

A Pelvic MRI was then performed for a better study of the pelvis and the lower digestive tract.

The MRI showed very distended seminal vesicles bilaterally with high signal on T2 weighted imaging, this dilatation was communication with the lower rectum via a small tract well demonstrated on sagittal T2 imaging corresponding to a Seminal vesicle-rectal fistula

The patient was treated with oral antibiotics and a pus biological study was sent to the lab.

Unfortunately we lost contact with the patient after that.

Figure 2 axial T2 pelvic imaging showing a fistula tract between the anterior wall of the rectum and seminal vesicles (blue arrow)

Discussion

Seminal vesicle-rectal fistula is frequently associated with ano-rectal manipulations such as surgery for lower rectal cancer or instrumental recto-genital interventions.

Seminal vesicle-rectal (SV-R) fistulation is an uncommonly reported complication and as such there is no algorithm for the management of these patients.(1,2)

SV-R fistula is an extremely rare occurrence essentially associated with low anterior resection for rectal cancer. Only 12 cases have ever been described in the literature (1,2).

On review of the literature it is widely accepted that fever and pneumaturia are the commonest presenting symptoms. Fever is described in 10 of 13 cases [3-4,5-6] and pneumaturia in 10 of 13 cases [1-7,8-2].

A fistula between the bowel and the urinary tract usually presents with pneumaturia followed by infection of the urinary tract.

It could also be due to a congenital anomaly[9-10], or more rarely a complication of a different diseases such as diverticulitis and crohn's disease [11]. Other studies report a risk of 1-4% in patients with diverticular disease [12].

At our knowledge our patient is the only case of idiopathic Seminal vesicle-rectal fistula.

Unfortunately we lost contact of the patient.

The standard treatment of these pathological communications is surgical treatment. Communication with the seminal vesicles described in this case has not yet been described in the literature anywhere. Therefore, there is no standard procedure for solving this situation.it can be conservative using antibiotics.

Conclusion :

SV-R fistula is an extremely rare phenomenon. is usually presents secondary to low anterior resection and presents with pneumaturia and fever Conservative approach with antibiotics is successful in 46% of cases and is appropriate as most patients remain clinically well. However, if a conservative approach fails, a de-functioning stoma or endoscopic fistula management.

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