

Gastrocolic fistula: an unusual presentation of colon cancer



► **Fig. 1** Gastrointestinal endoscopy revealed a large fistula with ulcerated mucosa at the level of the greater curvature.



► **Fig. 2** Abdominal computed tomography scan revealed a circumferential parietal thickening at the level of the transverse colon, irregular and malignant in appearance with a fistulous path to the stomach and first jejunal loops.

An 80-year-old man with a prior history of hypertension attended the emergency room with a history of abdominal pain, nausea, and coffee ground vomitus with a feculent odor. Prior to this admission, he had nonspecific abdominal discomfort with an objective weight loss of 44 pounds in the last year.

A computed tomography (CT) scan of the abdomen with oral and intravenous contrast done in the emergency room showed an irregular circumferential parietal thickening at the level of the trans-



► **Video 1** Upper endoscopy revealed a large fistula with ulcerated mucosa at the level of the posterior area of the greater curvature.

verse colon, malignant in appearance with a fistulous path to the stomach and first jejunal loops (► **Fig. 1**).

Given his general condition, with marked general repercussions, surgical treatment of the complication was performed with laparoscopic exploration and colostomy in the proximal loop of the tumor. After the complication was managed, an upper endoscopy was performed and revealed a large fistula with an ulcerated mucosa at the level of the posterior area of the greater curvature of the body with a necrotic background. The fistulous orifice was entered without being able to recognize colonic mucosa. Biopsies were taken (► **Fig. 2**, ► **Video 1**). Pathology showed a poorly differentiated adenocarcinoma of the colon as the etiology of the fistula.

After surgery, the patient progressed well, without vomiting, and tolerated oral food intake. Discharge was granted and treatment with oral chemotherapy and follow-up with medical oncology and palliative care were started.

Due to its close proximity to the greater curvature of the stomach, an invasive adenocarcinoma of the transverse colon can present with a gastrocolic fistula. Symptoms tend to be nonspecific, but most patients present with a triad of diarrhea, weight loss, and feculent vomiting [1]. A diagnosis can be made with imaging studies like a CT scan and barium enema. Endoscopic studies allow for direct visualization and the opportunity to obtain biopsies [2]. For a better prognosis, a physician may design an individual operation plan based on the patient's condition.

Endoscopy_UCTN_Code_CCL_1AD_2AB

Competing interests

The authors declare that they have no conflict of interest.

The authors

Rodrigo Dorelo  **Adrián Canavesi, Joaquín Berrueta, Marcos Leites**

Clínica de Gastroenterología, Universidad de la República, Montevideo, Uruguay

Corresponding author

Rodrigo Dorelo, MD

Clínica de Gastroenterología, Universidad de la República, Av. Italia S/n CP, 11600, Montevideo, Uruguay
digo.castaldelli@gmail.com

References

- [1] Forshaw MJ, Dastur JK, Murali K et al. Long-term survival from gastrocolic fistula secondary to adenocarcinoma of the transverse colon. *World J Surg Oncol* 2005; 3: 9
- [2] Tavenor T, Smith S, Sullivan S. Gastrocolic fistula: a review of 15 cases and an update of the literature. *J Clin Gastroenterol* 1993; 16: 189–911

Bibliography

Endoscopy 2021; 53: E444–E445

DOI 10.1055/a-1337-2103

ISSN 0013-726X

published online 27.1.2021

© 2021. Thieme. All rights reserved.

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



Endoscopy E-Videos is a free access online section, reporting on interesting cases and new

techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at

<https://mc.manuscriptcentral.com/e-videos>