

Recto-cavernosal fistula after radiation for rectal cancer

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Rectourethral fistula is a rare, but documented

complication of rectal cancer. To our knowledge this is the first report of a recto-cavernosal fistula after chemo-radiotherapy for cancer of the rectum.

Key Words: rectum, corpora cavernosa, fistula

Case report

A 64-year-old man was admitted due to 2 weeks' history of scrotal and perineal pain. He was previously treated with 5 fu and cisplatinol for an epidermoid carcinoma of the anal canal that was metastatic to the lungs, liver, and bones at presentation in June 2003.

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In March 2004 he received 3000 cGY of external beam radiation therapy for local recurrence. One week prior to admission, the patient consulted for scrotal and perineal pain. He was afebrile. Serum white blood cell count (WBC) was 15000 and there were white cells in the urine. A course of oral Ciprofloxacin was prescribed to treat a presumed prostatitis. One week later he presented to the emergency room with more severe peno-scrotal pain and new onset of peno-scrotal oedema and dysuria. He was afebrile. However, peno-scrotal tenderness, erythema and oedema were noted. There was no crepitous or skin necrosis. Rectal examination revealed a firm, swollen, and tender

prostate. Serum white blood cell count was 25000. A Foley catheter was inserted and a pelvic CT scan was performed to rule out an abscess. The CT scan revealed the presence of gas in the corpus cavernosum bilaterally, see Figure 1 and 2.

The patient received intravenous piperacillin/tazobactam and metronidazole. Also debridement, drainage and marsupialization of the corpora cavernosa were performed. Fecal matter was found within the corpora cavernosa, which indicated the formation of a recto-cavernosal fistula. Surgical exploration of the corpora cavernosa revealed a rectal fistula. A suprapubic catheter was inserted and a loop colostomy was performed. The patient recovered from the infection within 36 hours of the surgery. The fistula is being treated expectantly, due to the poor overall health status of the patient.

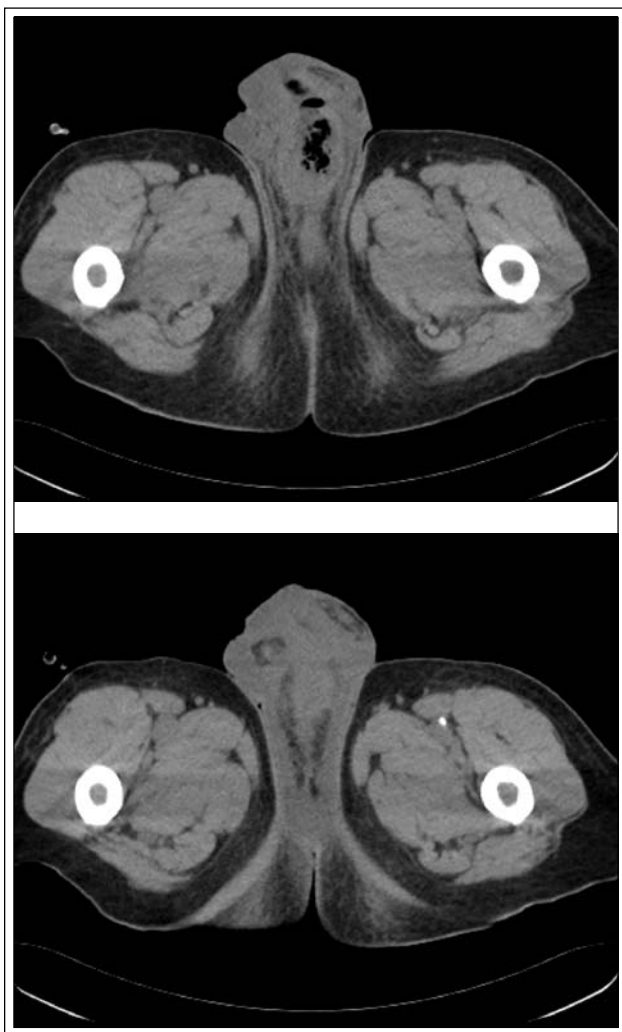


Figure 1 and 2. Shows the presence of gas in the corpora cavernosa.

Discussion

The above case demonstrates a rare clinical entity. It mimics more common entities such as infections with gas-forming bacteria or less frequent trauma during catheterization, which may be associated with presence of air within the corpora cavernosa. The association of fever, tenderness and oedema was suggestive of an infectious process and prompted the debridement, during which fecal matter was identified within the corpora and confirmed the presence of a fistula. Due to poor health of the patient no further confirmatory studies were performed. Rectourethral fistula is a rare, but documented complication of rectal cancer.¹ To our knowledge this is the first report of a recto- cavernosal fistula after chemo-radiotherapy for cancer of the rectum.

This rare entity demonstrates that extensive pelvic malignancy can result in a communication between a hollow viscus and anatomic structures that are separated by important anatomic boundaries, such as the pelvic wall. □

References

1. Diseases of the Colon & Rectum. 2000;43(5):662-667;discussion 667-668.