

Abstract:

Introduction: The most common complications of ileal conduit urinary diversion are renal insufficiency, stomal problems, bowel problems, urinary tract infections, ureteral obstruction and urinary calculi. A much less common complication is fistula formation between the conduit and adjacent bowel.

Case Presentation: We report a 75 y/o female with a history of urothelial carcinoma status post neoadjuvant chemotherapy and anterior pelvic exenteration with ileal conduit urinary diversion. The patient presented 15 months post-operatively with recurrent urinary tract infections. Following repeated workup and imaging, a fistula involving the conduit, small intestine, and appendix was identified. We present this case for further review.

Conclusion: Despite appropriate recovery, the patient developed a complex fistula involving the ileal conduit that was discovered more than 1 year after her initial surgical procedure. This occurred in the absence of tumor recurrence. Consequent to MVAC neoadjuvant chemotherapy, the timing of radical cystectomy is debated. However, the ideal timing of cystectomy after neoadjuvant chemotherapy must be optimized for both tumor control and post-operative healing.