



## Image of the month

## Enterovesical fistula secondary to migrated transpapillary stent<sup>☆</sup>



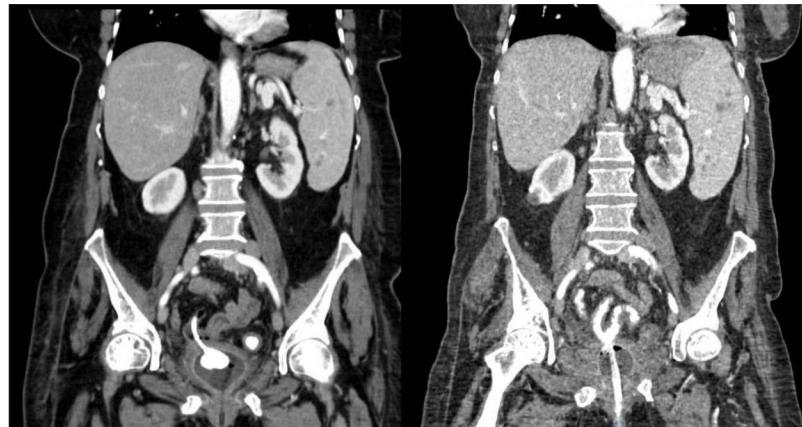
### Fístula enterovesical por migración de endoprótesis biliar transpapilar

Granada Jiménez-Riera,\* Dario Martínez-Baena, José Manuel Lorente-Herce,  
Pablo Parra-Membrives

Unidad de Gestión Clínica de Cirugía General y Digestiva, Hospital Universitario Virgen de Valme, Sevilla, Spain



**Fig. 1**



**Fig. 2**

The patient is an 83-year-old woman with a history of endometrial cancer treated with hysterectomy, double adnexectomy and brachytherapy; radiation cystitis and enteritis; incisional hernia repair; cholecystectomy and plastic biliary stent placement for choledocholithiasis (2009) (not withdrawn due to incomplete follow-up); and recurrent urinary tract infections. Presently, she consulted for fecaluria and abdominal pain. Radiography showed an elongated radiopaque image and a rounded radiopaque image in the pelvis. Computed tomography detected cystolithiasis and a tubular structure connecting the ileum and the bladder. After administration of intravesical contrast and filling of the ileum, an enterovesical fistula was demonstrated due to stent migration. We performed intestinal resection and partial cystectomy without incident ([Figs. 1 and 2](#)).

\* Please cite this article as: Jiménez-Riera G, Martínez-Baena D, Lorente-Herce JM, Parra-Membrives P. Fístula enterovesical por migración de endoprótesis biliar transpapilar. Cir Esp. 2022;100:104.

<sup>☆</sup> Corresponding author.

E-mail address: [granadajimenez@gmail.com](mailto:granadajimenez@gmail.com) (G. Jiménez-Riera).