

English Abstract Session

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[E5] English Abstract Session 5 Benign Disease & Early Cancer

Moderator: Fumio Ishida (Digestive disease center, Showa Medical University Northern Yokohama Hospital), Ravi Kiran (Global Center for Colorectal Surgery/IBD, Columbia University Medical Center)

[E5-2] Factor related to mortality in colovesical fistula patients

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Aim The study aimed to analyze the factors related to mortality in patients with colovesical fistula (CVF), focusing on the impact of underlying causes, severity of symptoms, and surgical approaches.

Methods

A retrospective review was conducted on CVF cases over a 20-year period. Clinical and demographic data were analyzed using statistical tests, including the Student's t-test, Mann-Whitney U test, Chi-squared test, and Fisher's exact test ($p < 0.05$ was considered significant). Disease severity was assessed with the Sequential Organ Failure Assessment (SOFA) score. Surgical treatments included one-stage operations, multistage operations, and palliative ostomies.

Results

Diverticulitis was the most common etiology (42.5%), followed by colorectal cancer (31.5%) and radiation (12.7%). Mortality was linked to colorectal cancer and radiation cases, with septic shock and SOFA scores above 7 being significant risk factors.

No mortality occurred in the one-stage operation group, especially among patients with diverticulitis. In contrast, the palliative ostomy group showed the highest mortality rates (41.9%).

Multistage operations and ostomies were more common in severe cases with high SOFA scores or complex etiologies.

Conclusion

One-stage operations are safe and effective for CVF caused by diverticulitis, particularly in male patients. Mortality risk is elevated in cases involving colorectal cancer and radiation, especially with SOFA scores >7 . For severely ill patients, palliative ostomy or staged operations should be prioritized to enhance safety.