

CASE REPORT**25. Left Colo-renal Fistula in an Elderly Female: Case Report**Juan J. Velez-Posada¹, Wilson S. Peñafiel-Pallares¹¹Universidad de las Americas, School of Medicine, Quito Ecuador

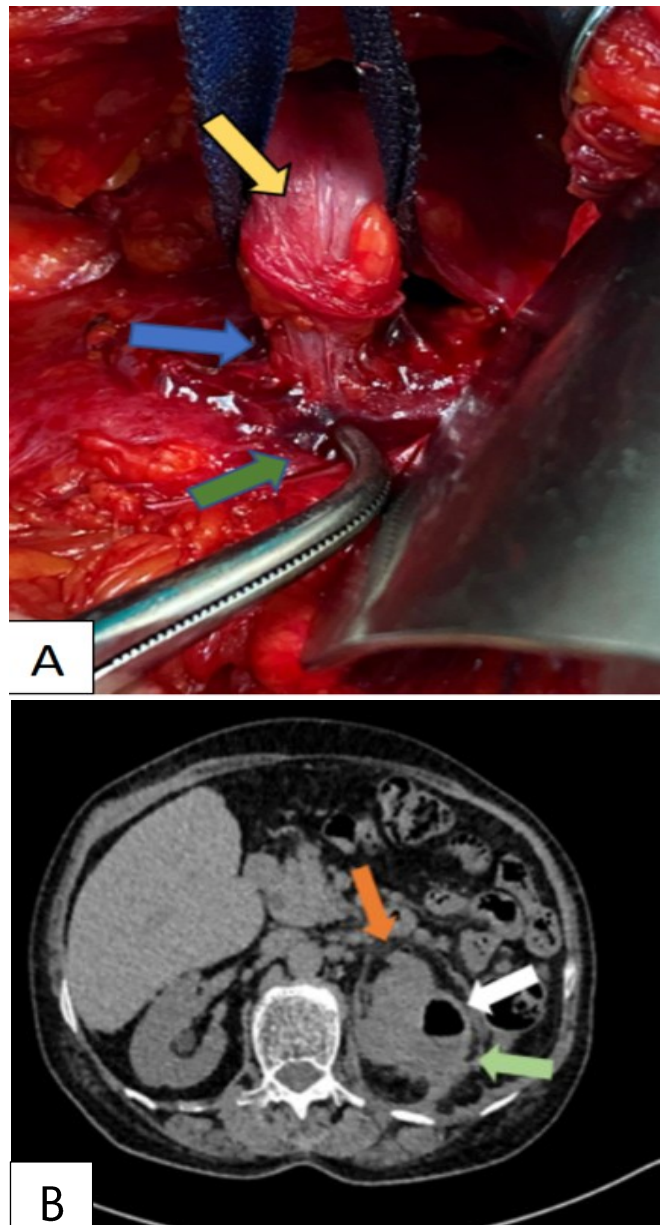
▶ <https://www.youtube.com/watch?v=hJIdJ1w8oM&list=PLhqNq3xJClbafO0Y5bvBcgMmXpgzJxd44&index=5&t=12182s>

Background: Colo-renal fistulas are rare entities, with very few cases reported worldwide and no established prevalence. Left-sided fistulas are the most frequent reno-intestinal communications. They usually result from chronic inflammation, diverticular disease, or necrotic processes. However, colo-renal fistulas caused by an abscessed renal cyst are exceptionally uncommon. This case highlights a rare presentation in an elderly female and underscores the importance of considering fistulous complications in patients with complicated renal cysts.

The Case: An 82-year-old female, history of high blood pressure, diverticulitis, left renal cyst classified as Bosniak II F–III was admitted for a scheduled cystectomy. She presented with progressive low back pain, asthenia, unintentional weight loss, pneumaturia, fecaluria and sustained a fall from standing height during hospitalization. No additional medical history was noted. Follow-up abdominal CT revealed findings suggestive of emphysematous pyelonephritis, an infected left renal cyst, and a small communicating tract between the left kidney and the splenic flexure of the colon. Exploratory left lumbotomy confirmed the colo-renal fistula. The patient was managed by a fistulectomy, and drainage of the abscessed renal cyst was performed, followed by placement of a Jackson-Pratt drain. Postoperative recovery was favorable, with resolution of pain and no recurrence at 6 months-follow-up.

Conclusion: This case illustrates an unusual cause of colo-renal fistula, secondary to rupture and infection of a renal cyst after trauma. Given its rarity and nonspecific presentation, early suspicion based on imaging and clinical findings is critical. Management requires a multidisciplinary surgical approach in a tertiary care setting. To our knowledge, this is one of the few reported cases of a colo-renal fistula associated with an abscessed renal cyst, contributing to the limited body of literature on this rare condition.

Figure 1. Intraoperative Photograph: Dissection and Visualization of the Right Vagus Nerve.



Legend: (A) Left renal cyst with purulent content already drained, left colonic-renal fistula (blue arrow), splenic flexure of the colon (yellow arrow), and left renal cyst (green arrow). (B) Axial uro-CT demonstrating air surrounding the left renal parenchyma (white arrow), inflammation of Gerota's fascia (orange arrow) and pararenal tissue (green arrow), as well as multiple diverticular-appearing masses in the colon. The left kidney appears enlarged and emphysematous, with associated inflammatory process involving Gerota's fascia, the lateroconal fascia, and Zuckerkind's fascia.

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