Materials and Methods

13 cases of fistulas were examined using intravenous urography, cystography, barium enema, US, CT and MR, depending on the case.

The underlying disease was tumour in 5 cases, Crohn's disease in 3 cases, diverticulitis in 3 cases and radiation in 2 cases.

Results & Discussion

In the conventional radiography methods that involved contrast agents, the fistulous tract frequently failed to fill, mainly because many fistulas were small, tortuous and obliquely oriented.

Ultrasound revealed the part of fistula in the urine bladder in all cases.

CT proved superior in detecting the fistulous tract, and it also provided additional information regarding the etiology of the fistula and the extent of extraluminal disease.

Rapid, heavily T2-weighted MR imaging also proved useful in the evaluation of occult fistulas.

Conclusion

Although a history of passing urine, feces, foul smelling air or discharge through an unfamiliar orifice usually indicates the presence of an intrapelvic fistula, actual demonstration of the fistulous tract and identification of its underlying cause may prove rather difficult and usually requires more than one imaging method.