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Title: PATENT URACHAL FISTULA IN A PREGNANT FEMALE – A RARE CASE REPORT

INTRODUCTION: The urachus is a vestigial anatomic structure. The term patent urachal fistula describes an abnormality of the umbilical cord that arises when normal embryologic tissue that connects the developing bladder to the umbilical cord fails to involute.

OBJECTIVES: This poster presents a review of the clinical features, diagnostic approaches and management of patent urachal fistula in a pregnant female.

CASE REPORT: A 24-year-old female Primigravida with 35 weeks of amenorrhea came with complains of watery discharge on and off from her umbilicus since childhood, which surged in the last 3 months at Bapuji Hospital Davangere. She reported that the discharge is clear (straw-colored) with urine odor, and non blood-tinged.

On Examination: Patient showed a good general condition, with a gravid uterus with a fundus at 34cm from the pubic symphysis. Fetal heart rate (FHR) was present. We observed umbilical discharge with clear to yellow fluid draining with ammonical odor, when we performed midline compression of the lower abdomen.

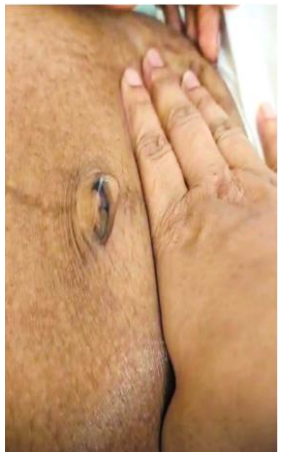

Fig.1: Examination

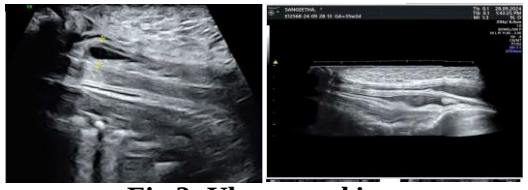

Fig.2: Ultrasound image

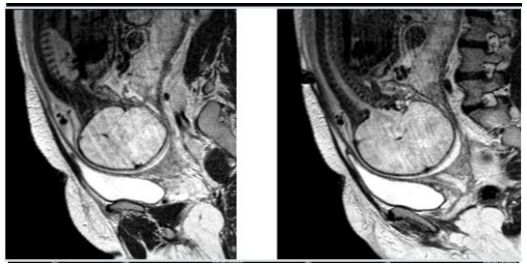

Fig.3: MRI T2 Saggital section

Investigations: She was submitted to ultrasound study and Magnetic resonance imaging of the pelvis and abdomen was performed, evidencing bladder compression by the gravid uterus, with an elongated cystic formation communicating the bladder dome with the umbilicus, with no presence of calcifications or solid formations in image examination.

Management: Pregnancy was continued till term and was planned for normal vaginal delivery after consulting the urologist. Antibiotic prophylaxis was given for one week after term. In case of any difficulty in vaginal delivery cesarean section was planned along with removal of fistula by the urologist. Patient delivered vaginally a S/L/T male baby without any complications. Urologist suggested removal of the patent urachus in its entirety, including the portion of the bladder it attaches to laproscopically after 6 months post delivery. Regular post natal checkups were recommended.

DISCUSSION: Urachal anomalies are a rare entity seen in only 1 per 5000 live births with a male preponderance of 3:1. Of the overall urachal anomalies patent urachus is seen in only 1%.[1] The urachus is a fibrous remnant of the allantois, a canal that drains the urinary bladder of the fetus that joins and runs within the umbilical cord. In adults, patent urachus cases show a high incidence of malignancy most common being invasive adenocarcinoma with mucinous features and present in advance stages.[2,3] It is strongly recommended the removal of all remaining urachal evidence in childhood, given the difficulty of predicting the possibility of malignancy and the low mortality of surgical excision.[4]

CONCLUSION: Meticulous handling of such rare cases is required. Therefore, an accurate assessment of the characteristics of the urachal abnormality, location, correct imaging and management in pregnancy with urologist's involvement is crucial for the better outcome of the mother and her newborn. Post natal care and counseling is of utmost importance.

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