

## A RARE CASE OF VESICO UTERINE FISTULA FOLLOWING CESAREAN SECTION

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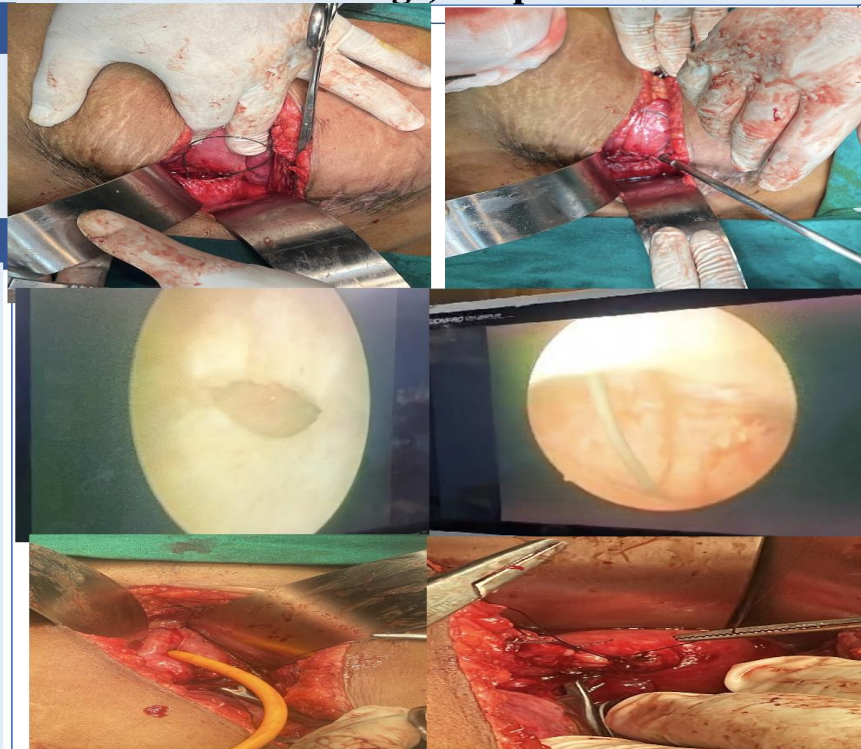
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### INTRODUCTION

Vesicouterine fistula is the least common type of urogenital fistula accounting for 1-4% of urogenital fistulas. It occurs following lower segment caesarean section and the incidence is increasing following increasing incidence of caesarean deliveries.

### CASE REPORT

A patient, Mrs. X, aged 26 yrs, P2L2 following Em LSCS (Indication – obstructed labour) 3 months back, came with complaints of urinary incontinence since 3 months. She has undergone LSCS 3 months back following prolonged labour with IUD at Taluk Govt hospital. The patient was catheterized for 3 months for conservative management of fistula. h/o cystoscopy with b/l DJ stenting, DJ stent was removed after 10 days. Diagnostic cystoscopy with hysteroscopy with Laprotomy and Vesico uterine fistula repair was done. On Cystoscopy Fistula was seen above and medial to right VUJ, Guide wire was passed into the fistulous opening. Hysteroscopy was done and guide wire was noticed entering from the anterior wall of the uterus in the lower segment. Midline infraumbilical laparotomy was done, infraumbilical laparotomy incision taken and abdomen was opened in layers. By sharp dissection bladder was separated from the uterus. Fistulous tract identified between the posterior bladder wall and anterior uterine wall in the lower segment. Fistulous tract excised. Bladder edges were freshened and SPC placed. Bladder was closed, uterus was closed in 2 layers. Omentum interposed between bladder and uterus. Patient stood the procedure well. SPC was removed after 14 days. PUC was removed after 21 days.



### BIBLIOGRAPHY

1. Youssef, Abdel Fattah (1957-04-01). "Menouria" following lower segment cesarean section". American Journal of Obstetrics and Gynecology.
2. Shanmugasundaram, R.; Gopalakrishnan, Ganesh; Kekre, Nitin S. (2008). "Youssef's syndrome: Is there a better way to diagnose?". Indian Journal of Urology.

### DISCUSSION

- Injury to the lower urinary tract is an uncommon but significant complication associated with Cesarean delivery
- The causes of peripartum bladder and uterine injury resulting in fistula formation are nearly always iatrogenic.
- Risk factors include delivery in the late first or second stages of labor wherein injury may arise because of difficulty or inadequate reflection of the bladder from the lower uterine segment.
- Other risk factors include severe dystocia, forceps delivery, manual removal of the placenta, placenta percreta, uterine rupture and previous Cesarean section

### CONCLUSION

Vesico uterine fistulas represent a rare type of genito-urinary complication. However, in the last decade due to increased number of c sections, an increasing trend has been reported.

In cases of small fistulae identified postpartum, free drainage and antibiotics coverage may result in spontaneous closure. Where conservative treatment fails or in the presence of a large fistula, surgical closure is required.