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Title: YOUSEFF SYNDROME

INTRODUCTION

Vesicouterine fistula is a rare condition account for 1-4% of genitourinary fistulas. It is an abnormal connection between the bladder and the uterus. They are primarily a complication of lower segment caesarean section.

AIMS / OBJECTIVES

To investigate the prevalence and charecteristics of Yousuf syndrome in a specific population
To develop diagnostic criteria and treatment guidelines for Yousuf syndrome.

MATERIALS / METHODS

A 35 years old P1L1A2 with 2 previous LSCS came with complaints of pain in left lower abdomen since 2 years and cyclical hematuria on and off associated with increased frequency of micturition since 10 years.
Menstrual H/O- AOM- 12years,cycles 4-5 days/25-30days/regular/normalflow/spasmodic dysmenorrhoea+.ML -20year Obstetric H/O P2L2A1[2previous LSCS] Past H/O- Patient had H/O injury to the bladder 17 years back during the time of C-section for which suprapubic drain placed and removed after 20days.Patient resumed her menstrual cycles 6weeks postpartum and from then she noticed cyclical hematuria. Family H/O-No significant family history noted. Personal H/O-Takes mixed diet, bowel/bladder habits regular, sleep & appetite normal. General examination- moderately built and nourished, vitals- stable. On Physical examination- per abdomen-soft, caesarean scar+, per speculum- cervix highup, pap taken, bimanual examination- uterus AV, 10weeks, mobile, FF NFT.

RESULTS

Pap–inflammatory smear, USG abdomen&pelvis-UT bulky, MRI PELVIS-fistulous connection between the urinary bladder & endocervical canal at utero-cervical junction for a length of 5-6mm.
Hysteroscopy-revealed thickened endometrium, Cystoscopy-revealed a 2cmx1cm fistulous tract b/w the uterus and posterior bladder wall 2cm above the trigone.
Operative procedure- the fistula was repaired by total abdominal hysterectomy, excision of fistulous tract, bladder repair done in 2 layers with boari flap followed by DJ stenting of left ureter.

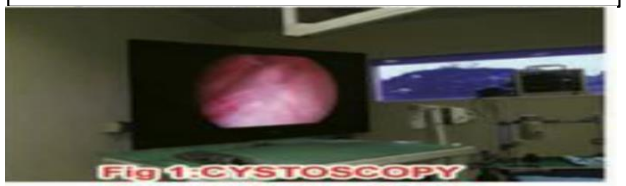
Fig 1:CYSTOSCOPY demonstrating fistula


Fig 2: MRI PELVIS showing contrast filling bladder,ureter,uterus and fistulous tract.


Fig 3: Intraoperative picture demonstrating the fistulous connection between bladder and uterus.

DISCUSSION

A vesicouterine fistula presenting with vesical menstruation & urinary continence was first reported in 1935. When the defect is above the level of internal os, women is continent but the menstrual flow is diverted to the bladder causing hematuria.This phenomenon of cyclic hematuria, apparent amenorrhoea, urinary continence referred to as Youseff syndrome. Youseff coined the term MENOURIA for vesical menstruation.The vesicouterine fistulas also occur following high forceps delivery, curettage, myomectomy, uterine rupture due to obstructed labour.

CONCLUSION

Complete pre operative emptying and adequate intra operative reflection of bladder from the uterus, with timely recognition and repair if any injury to the bladder, minimizes such complications.

REFERENCE

Youssef AF. “Menouria” following lower segment caesarean section: a syndrome. Am J Obstet Gynecol. 1957;73:759–767.