UNUSUAL CASE OF GENITO-URINARY FISTULA (URETHRO-LABIAL FISTULA)

by

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Urinary fistula in women is by no means uncommon in India. Today successful repair of urinary fistula is the rule rather than exception and every attempt should be made to make these women to lead a normal life and to be a useful member of the society.

Of all the types of genito-urinary fistulae, urethro-labia fistula is by far the rarest and this uncommon fistula has not been described in the literature reviewed so far.

CASE REPORT

S.S.W., 50 years old Hindu female was admitted on 24-2-71 complaining of passing urine through a separate hole by the side of the urethral meatus during micturition for the last six months.

Obstetrical history: The patient was married 30 years back and had four full term normal deliveries—all living. Last child birth was 12 years back.

Menstrual Histry: Her previous menstrual cycles were regular and she had attained menopause 3 years back.

Patient had 3rd degree uterine prolapse and had vaginal hysterectomy with repair by one of the authors in the hospital on 21-12-70, and the patient was discharged on 9-1-71. Postoperative period was uneventful. During this admission patient did not disclose about the above complaint, though twice the urine had come out involuntarily in spite of continuous drainage of the bladder.

There was no past history of syphilis, tuberculosis, gonorrhoea or any history of injury to the vulva.

On Examination her general condition was fair, pulse 72/per minute, B.P. 130/80 mm of Hg; afebrile. No lymphadenopathy. Abdominal, cardiovascular and respiratory systems were normal.

Local examination revealed three small holes on the right labium majus communicating with each other and only separated by bridges of skin. No dribbling of urine seen but urine was seen coming out in spurts through these holes, when patient was asked to micturate.

Diagnosis of urethro-labial fistula was confirmed by passing the catheter through the fistula medially and by methylene blue test. Methylene blue was only coming out in spurts through urethro-labial fistula while micturating.

INVESTIGATIONS

..Haemoglobin was 8.6 gms%, TLC-9200, DLC-poly, 68%, lympho-32%, Blood urea-26 mg/100 c.c., Blood sugar. Fasting 90 mg/100 c.c., postprandial 120/100 c.c., Urine Albumin, nil, sugar, nil, microscopic-N.A.D.

Blood K.T.—Negative.

Micturating cystogram could not be done due to technical difficulty.

On 6-3-71 repair of fistula was done by excising the fistulous tract and by closing the opening in the urethra. Tissue was sent for histopathology and the report was chronic non-specific inflammation. Continuous catheterisation maintained for 8

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days. Skin stitches removed on 13-3-71 and patient was discharged on 19-3-71.

Discussion

Urethro-labial fistula is an uncommon entity. It could easily be missed by the patient since the patient has complete continence of micturition. It can also be missed by gynaecologist, since the patient does not complain of this as such and the fistula gets hidden by loose folds of skin on the labium majus. No aetiological factor could be detected, though it may be congenital, inflammatory, traumatic or neoplastic. In this case the aetiological factor may be inflammatory. Another point of interest in this case was that during previous vaginal hysterectomy with repair done by one of the authors did not reveal this abnormal condition.

Summary

An unusual case of urethro-labial fistula is reported. This fistula was most probably of inflammatory origin, though there was no specific history forthcoming.

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