

# SUCCESSFUL PREGNANCY FOLLOWING COLONIC TRANSPLANTATION OF URETERS

(A Case Report)

by

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Successful pregnancy following local repair of Vesico-Vaginal fistula is not rare in our country but pregnancy following colonic transplantation is rarely found in literature though the senior author managed 2 such cases before. Here we report the case of a young woman who delivered by caesarean section a nearly full term baby after the bilateral colonic transplantation of ureters due to repeated failure of local repair of vesico-vaginal fistula.

## CASE REPORT

Sm. D. M. 20 yrs. P<sub>1</sub> + 0 Hindu, housewife' admitted on 9-2-76 in S.S.K.M. Hospital as a booked case.

### Menstrual History

Menarche—12 years, Past Cycles—regular 28 ± 2, 4-6 days, flow—average L.M.P.—9th Jaistha (23-5-75). She was amenorrhic from her first childbirth till her urinary incontinence was cured by colonic transplantation.

### Obstetrical History

P<sub>1</sub> + 0 last childbirth — 5 years back full term pregnancy, prolonged obstructed labour for 2 days, vaginal delivery of a stillborn baby.

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Urinary leakage since 10th day of puerperium. E.D.D.—1st March, 1976.

### History of past illness

Patient developed vesico-vaginal fistula since her last child birth. Local repair of V.V.F. was attempted twice without success due to hopeless destruction of bladder base. At last colonic transplantation of both ureters were done in December, 1973 when her recovery was uneventful. She gradually developed complete control of rectal and anal sphincters. Her normal menstrual cycle returned back in the month following this transplantation operation.

### General examination

General condition—fair, average built, short, stature, height—148 cm. Anaemia—plus, oedema—nil, B.P.—110/70 mm of Hg.

### Systemic examination

Nothing abnormal was detected.

### Local examination (per abdomen):

A longitudinal scar, lower abdominal right paramedian, about 10 cm. was present. Uterus—34 weeks size. Head floating. F.H.S.—144/min. regular.

On vaginal examination—Os—closed, cervix—tubular and posteriorly directed. A high fistula in bladder (3 cm. X 3 cm.) adherent to symphysis pubis by fibrous band was found by the examining vaginal finger.

### Treatment and Operation notes

Routine antenatal care in hospital bed continued and L.S.C.S. was done on 21-2-1975 at 38 + weeks of gestation for slight uterine

pain. Living female baby 2.450 kg. with apgar score 9 was born. After completing the suturing of the uterus, the uterus was brought out of abdominal cavity and right ureter was found dilated about 1.9 cm. ( $\frac{3}{8}$ "') in diameter and left was also found dilated about 1.5 cm. in diameter.

#### Post-operative period

Absolutely uneventful recovery.

#### Investigations

**Pre-operative (10-2-76):** Hb. 9 gm%; W.B.C. —15,200/cmm; Count Poly. 80, lympho. 17 eosino 2, mono. 1.

Blood sugar (fasting) 76 mgm%, blood urea —25 mgm%, blood sodium—134 mEq/litre, blood chloride 102 mEq/litre.

**Post-operative (23-2-76):** Blood urea—21 mgm%, blood sodium—135 mEq/litre, blood potassium—6.4 mEq/litre.

1-3-76: Blood urea—20 mgm%.

#### Intravenous pyelography (5-3-76)

"Both kidneys are functioning normally with normal appearance of pelvi-calycial pattern. No evidence of any radiopaque calculi seen in K.U.B. region. Lower end of ureters not visualised properly. Localised collection of dye in colon is visualised."

#### Discussion

Colonic transplantation of ureter in cases of urinary incontinence for obstetric

fistula is a subject of wide discussion. Opinion varies as there is a great chance of metabolic disturbances due to hyperchloraemic acidosis and ascending infection of urinary tract with all its complications.

Failure of repeated local repair due to massive destruction of vesico-vaginal tissue was the pressing situation for urinary diversion in our present case where a very young primi was acutely keen for a living child. Satisfactory progress of pregnancy without much complication in the antenatal bed of the hospital helped to continue the pregnancy upto 38 + weeks. Lower segment caesarean section with earliest sign of onset of labour rewarded us with a healthy baby. Thus bilateral ureteric transplantation really rewarded the patient as her both kidneys also well tolerated the test of pregnancy.

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