VAGINAL CYSTOLITHOTOMY FOR VESICAL STONES IN WOMEN

(Report of 6 Cases)

by

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The genital tract is so closely linked embryologically, anatomically and functionally with urinary tract that certain conditions of urethra and bladder come to a greater or lesser extent within purview of the gynaecologist. As gynaecologists we are completely at home with the vaginal route, hence it was decided to treat cases of vesical stones with or without gynaecological pathology by this route instead of suprapubic cystolithotomy. The present study is a review of 6 cases of vesical stones which were diagnosed at the time of vaginal examination and subsequently confirmed by X-Ray and sound. Care was taken to exclude other calculi in the ureter and kidneys.

CASE REPORTS

Case 1

Thirty-four year old Hindu female was admitted with urge incontinence and strangury, for the last 6 months. Patient had undergone lower segment caesarean section 5 years back following which she developed uretero-cervico-vaginal fistula on left side, for which implantation of ureter into the bladder with subtotal hysterectomy was done 2 years later.

A stony hard mass was felt in the anterior fornix, and after confirming the diagnosis of vesical calculus, vaginal cystolithotomy was performed and a phosphatic calculus 5x 3x 3 cms. oblong in shape was removed. Postoperative period was uneventful.

Case 2

Twenty-five year old Hindu female was admitted with continuous dribbling of urine, and burning micturition for last 1 month. Last delivery was 2 months back when repeated catheterisation was done.

A hard mass was felt through the anterior fornix, which was confirmed to be vesical calculus. Vaginal cystolithotomy was performed and a brittle oval oxalate stone 5 x 4 x 3 cms. in diameter with multiple projections was removed. Postoperative period was uneventful.

Case 3

Fifty-two year old Muslim patient came with acute retention of urine and procidentia for last 12 years. Patient was menopausal for last 8 years.

Procidentia with marked oedema of cervix was present. There was a small stone blocking the external urethral meatus and causing acute retention of urine. The stone was pulled out with artery forcep and still patient could not pass urine. Attempt at catheterisation also failed. Urethra was sounded and another stone was felt. Patient started straining and 2 more small stones came out. Prolapse was re-

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duced and bladder was sounded when many stones were felt.

Mayo-Ward's hysterectomy with vaginal cystolithotomy was performed and 24 other faceted stones of different sizes were removed. Postoperative period was uneventful.

Case 4

Thirty-two year old Hindu female came for burning an frequency of micturition. Last was a forceps delivery 5 years back and an indwelling catheter was kept for about one week after delivering.

A big vesical calculus was felt through the anterior fornix and after confirming, vaginal cystolithotomy was performed and a phosphatic calculus 5 x 2 x 2 cms. was removed. Postoperative period was uneventful.

Case 5

Thirty year old Hindu female was admitted with pain in the lower abdomen and low grade fever. Patient had undergone vaginal sterilisation 4½ years back during which catheterisation was done.

A lemon size calculus was felt in the anterior fornix. Vaginal cystolithotomy was done and a phosphatic calculus 4 x 4 x 3 cms. was removed. Postoperative period was uneventful.

Case 6

Twenty-five year old Hindu female came for burning micturition and something coming out per vagina.

A hard very tender mass was felt in the anterior fornix. After confirming it as vesical stone, vaginal cystolithotomy was performed and a stone 5 x 4 x 3 cms. in diameter was removed. Patient developed small leak during second week, which healed spontaneously with continuous drainage of bladder for 3 weeks.

Discussion

In 4 of our 6 cases, previous history of catheterisation was obtained and it is likely that cystitis might have resulted and the debris of the inflammatory exudate may have been the cause for the nidus of the stone. In case 3 with procidentia in whom 27 multifaceted stones came out the presence of residual urine causing chronic cystitis was presumably the cause of stones. In case 1 the catgut sutures used at the time of implantation of ureter into the bladder may have dropped into the bladder during healing to form the nidus of the stone.

In conclusion we found that in the 6 cases of vaginal cystolithotomy, the operation was not difficult, the healing was good, there was no resultant V.V.F. neither fibrosis nor inadequacy of the vagina.

Acknowledgement

We thank Dr. J. V. Bhatt, Dean, L.T.M.G. Hospital, and L.T.M. Medical College, Sion, Bombay-400 022, for giving permission to quote from hospital records.

References

1. Patharajaiah, M. P.: J. Obstet., Gynaec. India, 26: 175, 1976.

See Fig. on Art Paper VII