

## MENOURIA AND VESICO-VAGINAL STONE CASE REPORT

by

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The term menouria was coined by Youssef to describe the most important presenting sign of a syndrome, vesical menstruation due to vesico-uterine fistula and characterised by patency of the cervical canal, absence of vaginal bleeding and absence of urinary incontinence. Thirteen cases have so far been recorded in the literature and only three cases have been reported from India.

A rare case of menouria and vesico-vaginal stone arising as a result of colpocleisis performed 27 years ago for the treatment of V.V.F. is reported for its rarity and associated pathology.

### CASE REPORT

A 40 years old woman was admitted for burning micturition and difficulty in passing urine of 6 years duration. On further interrogation she gave the history that she has been menstruating per urethra since 1947. Past history revealed that she had difficult labour in 1946 which was conducted outside the hospital resulting in V.V.F. four months later the patient was operated for colpocleisis and she has been free from urinary incontinence, but is menstruating per urethra since then. She did not feel any extra discomfort due to the passage of menstrual blood per urethra. Four years later patient was operated for burning micturition and according to the patient a stone was removed from the bladder suprapubically. However, no details of the operation are available.

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General examination of the patient did not reveal any abnormality. Abdominal examination showed a vertical suprapubic scar and vaginal examination showed complete closure of the vagina. Rectal examination revealed a hard tender mass, 5 cm. in size, bulging into the rectum which was bimanually palpable. Examination under anaesthesia showed the uterus to be of small size and to be separate from the mass in the lower part of the vagina. Examination of the urine showed large number of pus cells, and R.B.C. *Escherichia coli* were cultured from the urine. Blood urea nitrogen was 18 mg% and other non-protein nitrogenous materials were within normal limits. X-Ray of the abdomen showed a vesical stone with an extension into the vaginal pouch. Contrast study with the air injected into the bladder outlined the size of the vesico-vaginal fistula around the stone (Fig. 1). Excretory urography did not reveal any abnormality of the upper urinary tract. A diagnosis of vesico-vaginal fistula with a vesico-vaginal stone and menouria due to colpocleisis was made. The patient was operated with a midline suprapubic incision. The bladder was found to be small and contracted. The vesico-vaginal stone could be extracted only in pieces after difficult mobilisation suprapubically (Fig. 2). Further exploration of the bladder showed a big fistulous communication of 5 cm diameter between the bladder and the lower half of the vagina. The edges of the fistula were fibrosed and tightly adherent to the surrounding structures. The proximal part of the vaginal was also fibrosed and contracted. Uterus was small in size (Fig. 3). As the repair of the fistulous communication was not possible, abdominal hysterectomy was performed, and the upper part of the vagina was closed with the lower part being left undisturbed. The patient had an uneventful postoperative period and was discharged with an advice to empty the bladder at frequent intervals so as to avoid stagnation of the urine, in the vaginal pouch. The stone was composed of triple phosphates.

*Discussion*

Hysterectomy was performed in the present case in addition to the removal of the vesico-vaginal stones for two reasons; primarily to remove a potentially malignant organ serving no useful purpose and secondly to free the patient from menouria about which the patient was not bothered very much. No attempt was made to repair the V.V.F. because was technically very difficult to repair due to distorted anatomy and if the repair is

unsuccessful the patient is likely to be become incontinent.

*Summary*

A single case of vesico vaginal fistula treated by colpocesis 27 years ago and who came with symptoms of vesical calculus is reported. On investigation the patient was found to be suffering from menouria and vesico vaginal stone. The pathogenesis and line of treatment adopted is discussed alongwith a short review of literature.

*See Figs. on Art Paper III*