

INCONTINENCE OF URINE (CONGENITAL)

(A Case Report)

by

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Introduction

Congenital urologic defects resulting or may result in incontinence of urine are ectopia vesicae, an aberrant ureter opening at the vault of vagina or in the vestibule, severe degrees of hypospadias, epispadias, an incompetent internal urethral sphincter, urethral diverticulum and persistent urogenital sinus.

Case Report

Patient, P. aged 18 years, unmarried was admitted on 9-12-80 with the complaint of continuous dribbling of urine since birth. Patient had sought treatment for the same and got admitted twice in hospitals of Punjab without any relief. Patient had no other complaint.

Menstrual History

Age of menarche 12 years. Menstrual cycles 3-4/30 days regular, moderate, painless, D.L.M.P. 28-11-80.

General physical and systemic Examinations were normal. N.A.D.

Local Examination

The whole vulva was soddened due to continuous dribbling of urine. Perineum was deficient. Urethral opening was patulous. It admitted one finger loosely. Internal urethral sphincter admitted tip of finger only (under anaesthesia at the time of operation, the internal urethral sphincter admitted a finger loosely). There were two vaginal orifices, each one lead to a cervix and a uterus, fornices were clear. It was diagnosed as vagina duplex, uterus didelphys with incompetent urethra.

Investigations

H.B., B.T. C.T., T.L.C., D.L.C., E.S.R., complete urine exam., urine for culture and sensitivity, blood urea, serum proteins, fasting blood sugar, screening chest, medical check up, I.V.P., were done. All reports were within normal limits. Cysto-urethrogram showed decreased capacity of the urinary bladder, funnelling of vesico-urethral angle without micturition effort and dilated urethra (Figs. 1 and 2).

Management

Local care of the part was done with caladryl lotion. On 13-12-80 under spinal anaesthesia, excision of vaginal septum with urethroplasty and posterior colpo-perineorrhaphy was done. During dissection, it was noticed that urethra was not a tough structure as it should be. It was felt as if there was no demarcation between the bladder and the urethra. Both structures appeared to be a single pouch with slight constriction at the level of decussating fibres of pubococcygeus muscle (Fig. 3). Post-operative period was uneventful. On 26-12-80, catheter was removed and after that patient was able to pass urine herself. She was advised to empty her bladder frequently. After removal of catheter, at night when she used to get up for urination, one or two drops of urine used to dribble, but that also improved within two to three days. On 29-12-80 patient was discharged with treatment and advice to continue perineal exercises. After that patient reported twice in the department once for slight burning of micturition and other time was very grateful for the complete relief she had after operation.

Discussion

The present case had developmental defects of both the urinary and genital

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tract. At the time of operation urethra and urinary bladder were just one pouch with slight constriction at the level of decussating fibres of levator ani (pubococcygeus muscle). Vaginal septum was broad. It might have added to incontinence of urine by pulling the posterior urethral wall.

Wharton, 1946 reported a case in which urethra was big to such an extent that it was utilized regularly for copulation.

Chakravarti and Chowdhury, 1979, while investigating a series of cases of mullerian duct malformations, found 15 cases with urologic defects and out of these 5 had abnormal size and situation of external urinary meatus and in 1 case

urethra was so much dilated that it looked like a patent vagina.

Summary

A case of congenital incontinence of urine due to incompetent urethra is reported. This was associated with vagina duplex and uterus didelphys. The broad vaginal septum might have added to incontinence of urine by its pull on the posterior urethral wall.

Reference

1. Chakravarti, B. N. and Chowdhury, N. N. Roy: *J. Obstet. Gynec. India.* 29: 495, 1979.
2. Wharton, L. R.: *Progress in Gynec Vol. II*, Edited by Joe. V. Sturgis William. Heinemann Ltd, London, p. 495, 1946.

See Figs. on Art Paper I