

A CASE OF UTERO-INTESTINAL FISTULA

by

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A case of utero-intestinal fistula in a third para is reported because of its rarity.

CASE REPORT

28 years old third para was admitted in the wards of Government Raja Mirasdar Hospital on 26-9-80, being referred by a private practitioner as a case of pyometra and the patient complained of foul-smelling, yellow vaginal discharge of 3 days duration.

She underwent a caesarean section on 19-8-80 i.e. 38 days before admission for threatened rupture, in a private nursing home and a live baby was delivered. After suturing the caesarean incision, when the posterior aspect of the uterus was inspected, a small silent rupture rent about 1" long was found and same was sutured. In the post-operative period, she had high swinging temperature and developed unhealthy vaginal discharge from the 5th post-operative day. She was treated as a case of sepsis with antibiotics and as the patient did not improve, she was referred to the teaching institution for further management.

She was married for 5 years and had 2 full term normal deliveries prior to this delivery.

On Administration

The abdominal scar was healthy and abdomen was soft without distension. On vaginal

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examination an open os, with slightly tender 16 weeks size uterus was left and yellow faecal material was flowing through the os.

After hydrating her and controlling her temperature, a laparotomy was undertaken on 29-9-80. Under general anesthesia, abdomen was opened through the previous incision. Loops of small intestines were found to be adherent to the old sutured rent in the posterior aspect of the uterus and also over the caesarean section scar. When the bowel adhesions were released carefully there was a small hole in the ileum 0.5 cm diameter, about 25 cms. from the ileo-caecal junction from which faecal matter was pouring into the uterus. The area of uterine scar was badly infected. The bladder was carefully dissected and pushed down. Total hysterectomy with left salpingo-oophorectomy in the adhesions. With the help of the general surgeon, the ileal fistula was closed.

Postoperatively, that patient and temperature for 5 days which was controlled with antibiotics and intravenous metronidazole. She made an uneventful recovery and was discharged home well on the 12th day.

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