

# MENOURIA—FOLLOWING LOWER SEGMENT CAESAREAN SECTION

## (A Case Report)

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Menouria—cyclical vesical menstruation is an ill-recognised and a rare phenomenon reported in low uterovesical fistula. Strangely enough there is no reverse flow of urine per vaginum. Menstrual flow per vaginum is completely absent in these cases. It has been found that the free blood in the bladder during menstruation does not cause any significant urinary tract complaints.

### CASE REPORT

Patient K., 35 years old, gravida 4, para 3 was admitted on 18th February, 1980 for a third caesarean section as an emergency in labour. She had one spontaneous abortion for 3 months of gestation followed by curettage 4 years back following her 2nd caesarean section. Lower segment caesarean section with tube ligation was done on her. Operative procedure was unnoteworthy.

On the evening of first post-operative day patient reported dribbling of urine. Dribbling

started immediately after operation. Continuous drainage of bladder with Foley's catheter for 3 weeks was done. Dribbling of urine stopped from 4th day onwards and remained so till the patient was discharged from the hospital. She had normal bladder control at the time of discharge. She reported back on resumption of her first menstruation that she was having menouria and did not pass any blood per vaginum. She had menouria in her subsequent menstrual cycles.

She was examined 3 months after the operation. Uterine sound could be passed easily into a normal sized mobile uterus. No fistulous tract could be detected. Excretory urography done showed normally functioning kidneys with normal outlining of urinary bladder with no outlining of fistulous tract.

Hystero-graphy showed a very narrow fistulous tract between the lower part of uterus and the bladder through which the dye leaked into the bladder (Fig. 1a). Cystoscopy revealed a longitudinal slit like opening of the size 0.75 cm on the posterior wall of bladder above the interureteric bar.

Patient has been put on the oestrogen progestogen combination pill to make her amenorrhoeic. After four months of the therapy the pill was withdrawn when she had vaginal menstruation along with passage of some blood per urine. She is now on cyclical pill therapy which is giving satisfactory results i.e. regular vaginal menstruation.

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See Fig. on Art Paper IV