

REPAIR OF CERVICO VAGINAL FISTULA DURING PREGNANCY

(A Case Report)

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Cervico vaginal fistula is an extremely rare complication of labour. It results from the birth of the baby through the wall of a sacculated cervix instead of through the external os under the effect of strong uterine contractions in cases where external os is too rigid to dilate.

Case Report

Smt. K.S. aged 20 years attended for antenatal check-up on 19-7-82. She was 7 months pregnant and complained of heaviness in vagina with feeling of expulsion of child even on walking.

She had a premature still birth at 28 weeks gestation following an accident. On abdominal examination, the height of fundus was of 28 weeks size which corresponded with the period of gestation. Foetal movements and foetal heart sound were present. On pelvic examination, the external os was closed with short soft cervix. A rent was detected on the posterior aspect of the cervix at its junction with the vault of vagina. Speculum examination reveal-

ed an old bucket-like tear of the cervix at the isthmus. The rent was about one inch in diameter and the foetal membranes were peeping through it.

The patient was admitted in hospital and was put on complete bed rest with foot end raised. After all routine investigations it was decided to repair the rent. Duvadilan drip was started (20 mg in a pint of 5% Dextrose 20 drops per minute). Under general anaesthesia the rent was properly visualized. A circular incision was put around the rent in the isthmus. Margins of the rent were freshened and then stitched together by interrupted sutures in two layers, first with chronic catgut No. 1 and the second with prolene 1/0. The patient was kept on duvadilan drip (20 mg in a pint of 5% Dextrose 20 drops per minute) for two days with raised foot end of the bed. On third and fourth post-operative day duvadilan intramuscular injections were given (10 mg I.M. 8 hourly) and on 5th day oral duvadilan was started in divided doses (10 mg tab. thrice daily) for 15 days. Postoperative antibiotics and sedations were given.

On 10th October '82, elective caesarean section was performed. A live female child was delivered. The repaired rent was palpated and it was found intact and healthy. On 8th post-operative day all stitches were removed and she was discharged on 10th post-operative day.

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Accepted for publication on 18-1-83.