UTERO-CUTANEOUS FISTULA

(A Case Report)

by

UMA GOYAL

and

RANJANA SHUKLA

Introduction

Menstrual fistula as such are rare. Utero-cutaneous fistula described so far only meant utero-abdominal fistula, where the opening was seen in the abdominal wall. They are usually result of classical/ lower segment caesarean section. Here we are presenting a rare variety of utero-cutaneous fistula where fistulous tract was opening in the perineum. No such case is reported so far in the literature.

CASE HISTORY

Mrs.. R., 18 years, $P_1 + 0$ was admitted on 21-8-1982 for fistulous opening discharging pus and blood during menses since last 2 years and 8 months.

H/P She had difficult vaginal delivery conducted by dai at home 3 years back. Three months after delivery she developed perineal abscess which was incised by dai at home, after that she developed this fistula. Pus discharge was a persistant complaint for which she was operated twice once in village and second time at district hospital 1 year back. After that operation she started menstruating regularly from the fistulous opening along with vaginal bleeding.

Local Examination—External genitalia normal.

From: Department of Obstetrics and Gynaecology, Lady Hardinge Medical College and Smt. Sucheta Kripalani Hospital, New Delhi-110 001.

Accepted for publication on 30-8-83.

A puckered scar tissue 3″ x 2″ with a sinus opening at the centre on the left side of perineum near the anus (Fig. 1).

Cervix directed forward, uterus retroverted normal size mobile. Scarring of the right fornix and marked scarring of the left fornix. Pouch of Douglas free.

Methylene blue injected through fistula came out through cervix Sinogram—A fistulous track starting from the ischeorectal region curving in the pelvis and opening on the right side of the cervix below the level of the internal os. Uterine cavity visualised (Fig. 2).

Hysterosalpingogram—A fistulous track opening into the right side of the cervix below the level of the internal os. Uterine cavity normal. Both tubes visualized no spill. I.V.P. normal, No evidence of obstruction.

Treatment

Laparotomy was done on 20-10-1983. Utero-vesical pouch was opened. On right side part of posterior layer of peritoneum was also separated. Bladder was pushed downward and cervix was clearly visualised. After that interrupted stitches with chromic catgut were put on the right lateral side of the cervix, and isthmus. Exact fistulous opening was not visualised, because of marked scarring. Postoperative period was uneventful. She was put on oral pill from third day.

Stitches were removed on 8th day. Patient was discharged on 10th day and was advised to continue oral pill continuously for three months for postponement of menses.

Follow up—She came for check up on 11-1-1983. She stopped oral pills in the first week of January 1983 and started menstruation 3 days after stopping the pill. It was the fourth day of menses. This time she only had vaginal bleeding and no bleeding through fistulous opening. Pus discharge from fistulous opening was present.

Patient reported second time for check up on 7-2-1983 when again was having menstruation. This time also only vaginal bleeding was observed and no bleeding through fistula. Hysterosalpingography was decided but could not be done as she did not report for it.

See Figs. on Art Paper V

International Conference on Traditional Medicine will be held at Madras, Tamil Nadu, India from 23rd to 25th January 1986, at Hotel Adayar Park, sponsored by Siddha Medical Board, Government of Tamil Nadu. For informations, contact Conference Secretary General, International Conference on Traditional Medicine, Directorate of Indian Medicine, Arumbakkam, Madras-600 106, India (or) The Official Organizers "May & Bel Training & Marketing Services, 14, Sait Colony First Street, Egmore, Madras-600 008, India".