

A CASE REPORT OF VESICOUTERINE FISTULA

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Introduction

Vesicouterine fistula may be defined as an abnormal communication between the bladder and uterine cavity above the level of internal os. It is the least common of all urogenital fistulae. The injury usually occurs during the performance of a lower segment caesarean section through a transverse incision.

Case Report

Mrs. C. 22 years old, G₃P₂, was unbooked case. Exact date of last menstrual period was not known and was admitted for vaginal bleeding for 3 days and burning micturition for 2 days.

Patient was having lactational amenorrhoea for 2 years. Previously her cycles were regular.

Patient was afebrile, pulse was 80 per minute, regular, B.P. 110/70 mm of Hg and there was no edema of feet. Chest and CVS were normal. Abdominal examination revealed a midline sub-umbilical scar. Height of uterus was 22 weeks

and fetal parts were palpable. Fetal movements were present.

On speculum examination cervix was healthy.

Two days after admission patient went into labour and aborted spontaneously after 8 hours. The uterine scar was explored digitally. A small rent with fibrosed edges 1 cm in diameter was felt anteriorly just left to the midline in lower uterine segment. A provisional diagnosis of uterine scar rupture was made and laparotomy was decided.

Operative findings

At laparotomy, the uterovascular peritoneum was opened. Bladder was pushed down. Scar of previous caesarean section was found to be intact. Rent felt per vaginum could not be visualized. Possibility of vesicouterine fistula was suspected which was confirmed by methylene blue test. To repair the fistula the bladder was pushed down further and fistula connecting the bladder and uterine cavity was exposed. It was 2 cm above the level of internal os and about 1.5 cm above and lateral to left ureteric orifice. Scar tissue around the fistula was excised. Rent in the bladder and uterus were stitched separately in layers. Methylene blue test was done again and no leakage was observed. Abdomen was closed in layers. Foley's catheter was kept for 14 days. She was discharged on 20th post-operative day.

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Accepted for publication on 27-2-86.*