

URETHRO-VAGINAL LESION FOLLOWING  
OBSTETRIC AND GYNAECOLOGICAL SURGERY

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SUMMARY

The author reports a case of urethrovaginal fistula following a hysterectomy and bilateral oophorectomy. The patient presented with a persistent discharge from the vagina. The diagnosis was confirmed by cystoscopy and vaginoscopy. The fistula was successfully treated by a transvaginal approach.

**Introduction**—Urethrovaginal fistula is a rare complication of gynaecological surgery.

The aetiology of urethrovaginal fistula is usually due to direct injury to the urethra during a hysterectomy or oophorectomy. It may also result from a fistula between the bladder and the vagina which has formed as a result of a long-standing infection.

The clinical features of urethrovaginal fistula are a persistent discharge from the vagina.

The diagnosis is usually made by cystoscopy and vaginoscopy.

The treatment of urethrovaginal fistula is usually by a transvaginal approach.

The author reports a case of urethrovaginal fistula following a hysterectomy and bilateral oophorectomy.

The patient presented with a persistent discharge from the vagina.

The diagnosis was confirmed by cystoscopy and vaginoscopy.

The fistula was successfully treated by a transvaginal approach.

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THE ETIOLOGY OF HYPOSPADIAS

The etiology of hypospadias is a subject of considerable interest and controversy. It is generally accepted that the condition is a result of abnormal development of the urethra during the embryonic period. The most common theory is that of the "urethral groove" theory, which suggests that the urethra is normally formed by the fusion of the urethral folds. In hypospadias, this process is incomplete, resulting in a urethra that is located on the ventral surface of the penis. Other theories have suggested that the condition is caused by a defect in the migration of the urethral primordium from the cloaca to the genital region. The exact mechanism of this migration is still unknown. It is also possible that the condition is caused by a defect in the development of the mesonephros, which is the embryonic precursor of the testis. The mesonephros is normally located in the retroperitoneum and gives rise to the vas deferens. In hypospadias, the mesonephros may be abnormally located, resulting in a urethra that is located on the ventral surface of the penis. The condition is usually diagnosed at birth, but may not be recognized until later in life. The treatment of hypospadias is usually surgical, and the results are generally good. The condition is not usually associated with any other abnormalities, but it may be associated with other congenital anomalies, such as cryptorchidism and undescended testes. The condition is more common in males than in females, and is more common in certain ethnic groups, such as the Ashkenazi Jews. The condition is usually a cosmetic defect, but it may cause functional problems, such as urinary incontinence and sexual dysfunction. The condition is usually a result of abnormal development of the urethra during the embryonic period.

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