

# Utero-intestinal Fistula following Rent Repair of Rupture Uterus

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Pt. A, 30 year old, G2P1 was admitted as an emergency with c/o amenorrhea 3½ months, pain in abdomen, giddiness and vomiting since 1 day.

OH: She had IFTND, home delivery 15 years back. During puerperium she had profuse bleeding P/v for which a D&C was done. PMH was RNF LMP was 3½ mths back.

O/E G.C. was poor, anemia + + +, P-120/mt BP-100/60 mmHg. Per abd exam. revealed abd. distension, bowel sounds were absent. Uterus was not palpable. On P/V- Cervical movements were tender. There was tenderness & fullness in all fornices, uterus could not be made out separately.

A provisional diagnosis of ruptured ectopic pregnancy was made. Hence laparotomy was done. The peritoneal cavity was full of blood, a fetus of 14 weeks with placenta was lying in peritoneal cavity. There was a transverse rent of 2½" at the fundus of uterus from one round ligament to the other. B/L adenexae, bladder and intestines were intact. Rent was repaired & B/L tubectomy done.

Pt. was alright till 8th POD when she developed abd. distension and C/o passage of watery discharge per vaginum. O/E temp- 101° F PA abd. distension present, bowel sounds were absent. Per speculum showed small amt of watery fluid coming through Os. Urine output was normal. Xray plate abd. showed multiple fluid levels. Hence patient was referred to the surgeon for intestinal obstruction who treated her conservatively. Abd. distension subsided on 14th POD but she C/o passage of faecal matter per vaginum.

The surgeon decided to do a 2nd laparotomy on 18th POD. On visualization, it was found that the stitches of fundus had given way. The ileum was adherent to the fundus of uterus at the site of rent repair. Surrounding tissues were edematous. Omentum was also adherent over it. So final diagnosis of uteroileal fistula was made. Ileal segment with fistulous connection was excised. End to End anastomosis & subtotal hysterectomy was done. Patient made an uneventful recovery.