

Unusual Presentation of Uterovesical Fistula

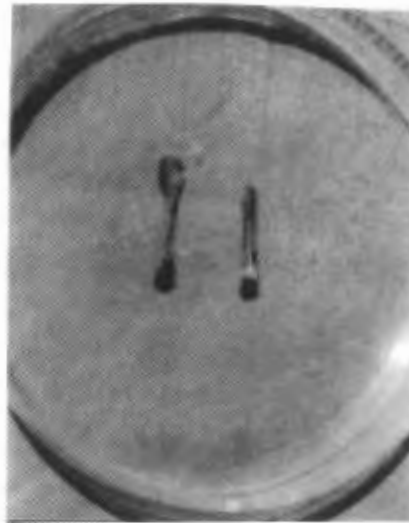
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Abortion and complications following legal and illegal abortion are not uncommon. But, this case has drawn attention due to its unique feature and presentation.

Mrs. B. S. 48 years old presented with complaints of irregular heavy flow during menstruation and burning in micturition off & on since 17 years. She was P₄L₄A₁. Her abortion was 17 years back following her last delivery. Following abortion, she had history of irregular and heavy menstrual flow, intermenstrual bleeding, passage of thick white discharge per urethra in last phase of micturition & burning micturition off & on.

For the above problem D&C was done 2 years back, but had no relief. She then approached Medical college.

She was elderly, obese and her general examination was within normal limit except mild pallor. Per abdominal examination was normal, per speculum revealed old healed tear at 6 o'clock position on cervix. Per vaginal examination revealed uterus anteverted, 8 weeks size of pregnant uterus, mild scarring in right fornix. Provisional diagnosis was FUH, so dilation and curettage was done. Histopathology showed endometrium in proliferative phase. Patient was posted for major surgery. Presence of fistula was never suspected. Intraoperative finding revealed bladder was hypertrophic and adherent to lower uterine segment and while separating the bladder in centre a hole of 1 cm x 1 cm of size with fibrous margins was



visualized connecting uterus to bladder through which two fetal bones could be removed (Fig. 1). Edges of the fistula were freshened and bladder was repaired. On interrogation later expressed passage of specules of fetal bones and white discharge per urethra, before admission to hospital.

Total abdominal hysterectomy with left sided salpingoophorectomy was done. Postoperative period was uneventful.

Histopathology report showed cervicitis with adenomyosis, left tube and ovary were unremarkable.