V.V.F. following Coital Trauma in a case of R. K. H. Syndrome

Abha Sarkar, Gagan Mondal, R. N. Basu,
Dept of Obst and Gynae, and Dept. of Urology
I.P.G.M.E. & R. and S.S.K.M. Hospital, 244, A.J.C. Bose Road, Calcutta -20.

Smt. G.A., 50 years, H.F., Po + O, coming from a remote village of W.B. was admitted at S.S.K.M. Hospital, Calcutta with the C/o continous dribbling of urine for last 35 years.

She had her marriage at age of 15 years before onset of menarche and became the second wife of her 35 years old husband who had 5 living children from his late first wife. Her marital relation started from the very date of marriage and the shy woman would initially feel pain and discomfort during intercourse. She stated that her first menarche was after 6 months of her marriage, lasting for 3 days and her second or last menstual period was at a month's interval also lasting for 3 days, following which she started continous dribbling of urine. She used to have her usual marital relation i.e. (Vagino-vesical) intercourse for 15 years. She refused any operative treatment before. She is a widow for the last 20 years.

General exam. revealed - no abnormality in a nulliparus woman. Breast as per her age. P/V exam: - vulva - NAD, normal vaginal introitus, vaginal length - short; Post. vaginal length about 4 cm. Ant vaginal wall deficient, directly opening (3.5 cm x 2.5 cm) into bladder, where the post wall of symphysis pubis was palpable. P/R: Ut. - Not palpable.

Routine investigations were all within normal limits. Buccal mucosal Barr body - present. IVU - Both Kidneys & ureters - NAD, bladder not - properly visualised due to failure of retention of the dye in bladder. U.S.G. also described similar findings and as such uterus and adnexae were not properly visualised. Laparoscopy confirmed the two normal looking ovaries & tubes at lateral pelvic walls with a connecting transverse band/ridge covered by peritoneum of the recto-vesical pouch, no visible uterus. Hence confirmed the diagnosis of R.K.H. syndrome.

E.U.A. & Cystourethroscopy : Cervix - not visible; upper margin of V.V.F. confluent with vaginal wall. Urethra - normal. Bladder neck - normal. Both ureteric orifices - normal, about 1.25 cm. above fistulous margin, ureteric catheterisation easily done.

Per vaginal local repair was done after proper dissection & mobilisation of the moderately large (3.5 cm horizental x 2.5 cm longitudinal) fistula. Bladder wall was repaired horizontally in two layers by 'ooo' & 'oo' vicril respectively, where as vaginal wall was repaired longitudinally by 'O' vicril with a continous bladder drainage for 2 wks. by size-14 foley's catheter without inflation of the baloon. Post-operative period was uneventful. On follow up the patient is doing well without any trouble.