

Urinary Calculus in Post-Hysterectomy Fistulous Opening – Case Report

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Mrs. P., 45 years old, presented in the Gynae., OPD with history of thin watery discharge P/V and recurrent UTI treated outside since her operation of abdominal hysterectomy done in a private nursing home 1½ years back for fibroid uterus. On interrogation, she confirmed having dribbling off and on since two weeks postoperatively. Her preoperative ultrasound report did not reveal any KUB pathology.

On P/V examination, a calculus of 2.5 x 1.8cm of irregular shape was felt at vault, being extruded into the vagina from a small fistulous opening. It could be delivered out of the opening recognized as a small hole at the vault admitting finger tip only. Removal of stone was followed by gush of urine in the vagina. Probably stone had partially blocked the fistulous opening preventing free flow of urine per vagina. Three swab test confirmed the high vesicovaginal fistula. Repeat ultrasound did not show any other calculus in the urinary tract. Cystoscopy revealed normal internal ureteric orifices with normal urinary efflux and a fistula of 7-8mm size in the base of bladder. Patient was fully investigated. Transabdominal transperitoneal approach was used for fistula repair using vicryl suture. Both suprapubic as well as transurethral catheters were put in. Haematuria subsided after 24 hours. Suprapubic catheter was removed after 72 hours. Transurethral drainage was done for 2 weeks. Postoperative period was uneventful. Patient was discharged after complete cure.

Calculous formation in urinary fistulas is reported in the literature. This case is being reported because the stone stuck in the fistulous opening had eluded the true diagnosis of fistula and her complaint of incontinence remained subdued for a long time.



Fig. 1: Photograph showing stone retrieved from fistulous tract