

Post Ceasarian Uterocutaneous Fistula – A Rare Clinical Entity

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Case Report

Patient A, 30 year old young lady Cr. No. 273037 presented on 22nd September 1999 with h/o persistence of discharge from abdominal wound following her 3rd LSCS which she underwent 3 months ago and bleeding per vagina since 10 days.

Her obstetric history was G5P3A2. General physical examination was fairly normal. Abdominal examination revealed a vertical lower midline scar with a discharging sinus in its upper part. Pelvic examination showed normal cervix and vagina while uterus had restricted mobility. Bleeding through cervix was apparent.

On CT scan the contrast injected into sinus tract was seen leading into uterine cavity and thence into cervix

and vagina. Some thickening of upper portion of vaginal wall was noted (Photograph 1)

Patient was explored on 24th September 1999. Operative findings were – a normal sized uterus pushed high up till umbilicus and adherent to abdominal wall and urinary bladder with normal tubes and ovaries. A fistulous tract was present going oblique on to anterior surface of uterus and opening into uterine cavity.

Total abdominal hysterectomy with excision of fistulous tract was done leaving behind both the ovaries. Histopathology of specimen showed normal uterus

The patient did well and was discharged on 10th postoperative day.



Photograph 1 : CT Scan . Contrast injected into the sinus is seen in the uterine cavity

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