CASE REPORT

URETHROVAGINAL FISTULA: A RARE COMPLICATION SECONDARY TO IMPACTED FOREIGN BODY IN VAGINA

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We report a case of urethrovaginal fistula following impacted foreign body in vagina. Fistula was suspected on the basis of history and examination and was later on confirmed by voiding cystourethrogram. Cystourethroscopy was done and the fistula was repaired transvaginally in layers. We are reporting this case because of its rarity

Keywords: Urethrovaginal fistula; Impacted foreign body; Voiding cystourethrogram

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INTRODUCTION

About 3.5 million women are living all over the world with genitourinary fistula.[1] Iatrogenic injury following gynaecological surgery remains the most common cause of urogenital fistulae in the developed countries while in developing countries, unfortunately, obstructed labour remains the major cause of urogenital fistula.[2] Vaginal foreign bodies are a rare cause of urogenital fistulae.[3] Foreign bodies causing urogenital fistulae include plastic caps of aerosol bottles, forgotten ring pessaries and misplaced intrauterine contraceptive devices.[4] Our case is of a urethrovaginal fistula formation after impacted plastic cap of aerosol bottle in a young unmarried girl.

CASE REPORT

A 17-year-old, single female, presented with complaints of urinary incontinence and foul-smelling vaginal discharge for the last 2 months. She gave a suspicious history of fall in bathroom at home two months back, with trauma to vagina. On examination, patient's trousers were soaked with urine, there was purulent discharge at the introitus and excoriation of inner aspect of thighs. Urine analysis and culture were sent along with culture of vaginal discharge. Urine analysis revealed numerous pus cells but there was no growth on urine culture report. Culture report of vaginal discharge showed mixed organisms. All other baseline investigations were within normal limits. Ultrasound pelvis was performed which revealed an anechoic shadowing in cervical and vaginal area with multiple echogenic foci, causing posterior acoustic shadowing. Uterus and ovaries were normal in size. (Figure-1)

On the basis of ultrasound findings, presence of a foreign body was suspected in the vagina and examination of the patient under anaesthesia (EUA) was planned. On EUA, urine was coming out from vagina. A 5×6 cm metallic foreign body (cap of a deodorant) was removed from the vagina with difficulty (Figure-2). A 2×2 cm urethrovaginal fistula was seen in anterior wall of vagina.

Following a multidisciplinary approach in the management, the opinion of the urologist was sought. He advised a voiding cystourethrogram which confirmed the diagnosis of a urethrovaginal fistula. A psychiatric evaluation was also performed and the patient was found to have severe depression and was started on antidepressants.

Surgical repair of the fistula was planned by the urologist. Cystourethroscopy was performed and repair of the fistula was carried out transvaginal in two layers with patient in jack-knife position. (Figure-3). Perioperative cover of 3rd generation cephalosporin was administrated intravenously. Post-operatively, a Foley catheter was kept for two weeks. Patient's urinary leakage settled immediately after surgery. She remained dry and her catheter was removed two weeks after the surgical repair. Patient was advised to come for follow up in the urology OPD. Follow up after six weeks of repair showed no leakage of urine. The psychiatric consultation of the patient was organized in the follow up period.

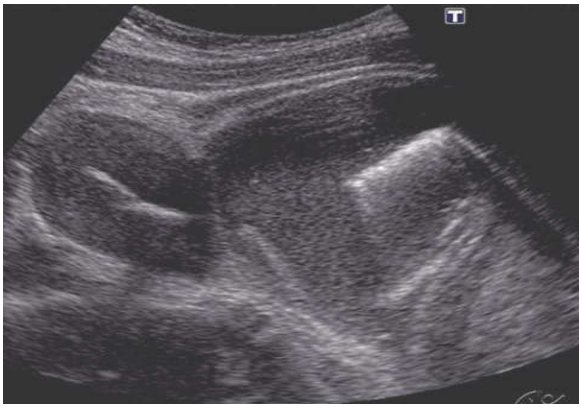

Figure-1: Anechoic shadowing in cervical and vaginal area

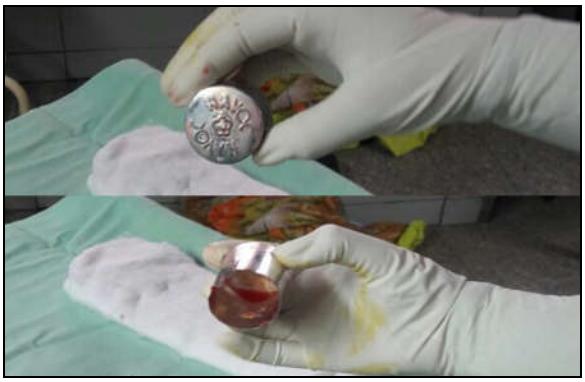

Figure-2: Cap of deodorant removed from vagina

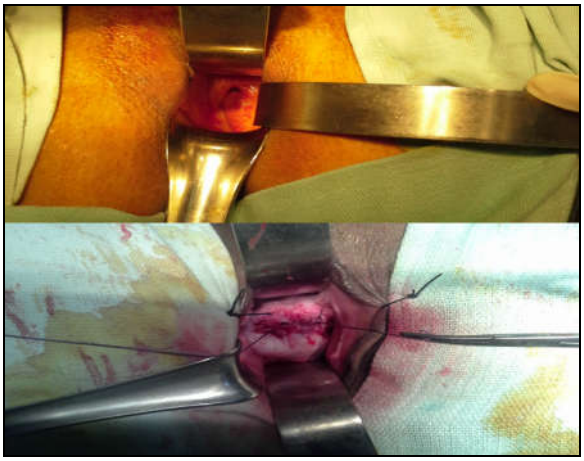

Figure-3: Transvaginal repair of urethrovaginal fistula

DISCUSSION

Urogenital fistula either due to obstetric or iatrogenic cause poses a great challenge to women as well as her health care provider.[5] Fistulae devastate the life of women to such an extent that they are often expelled from their homes and become isolated from their families and communities.[6] In United States, fistula formation is most commonly due to prior gynecological surgery and only rarely with severe pressure necrosis as a result of obstructed labor.[6]

Donaldson J F *et al* reported in their study 44 cases of urogenital fistula secondary to foreign bodies. At least nine were in girls aged ≤18 years. Average presentation was 15 months (Range 2 months to 35 years) after foreign body insertion. Most cases were managed by transvaginal surgical repair.[3]

In our case, the young girl belonged to an illiterate family with low socio-economic background. She wanted to study further but due to male dominance and undue restrictions by her elder brother, she went into severe depression and developed psychosexual disorder.

She self-inserted the plastic cap of aerosol bottle which she was unable to remove later on. She remained silent until she developed symptoms of fistula viz., the continuous dribbling of urine and informed her mother and reported to hospital. She initially denied but later on after taking her into confidence, she elaborated the whole situation.

CONCLUSION

Due to lack of awareness in seeking mental health services in our society, young girls develop such psychosexual disorders leading to lifelong morbidities which they are unaware of. The multidisciplinary management of this young girl cured her, thus alleviating the misery of constant urine leakage. Our aim should be the provision of standard mental health services especially to young girls so they can be saved from such psychosexual disorders and lifelong morbidities.

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