



Conservative management of rectovaginal fistula caused by Gellhorn pessary. A case report

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Introduction

- A rectovaginal fistula (RVF) connect the vagina and rectum, starting from the offending side and making their way to the adjacent organ; following the easiest and shortest path. They are always pathological, and causes may include childbirth injuries, inflammatory bowel disease, pelvic cancer, radiation or pelvic surgeries.
- Vaginal support devices (VSD) are used in the management of POP; their use is safe, effective and well tolerated. The success rate is between 56% and 89%.
- The VSD are foreign objects that are placed in direct contact with the vaginal wall which may cause pressure effect, therefore adequate follow-up is necessary to ensure proper fitting and integrity of the vaginal wall. This is because their use may be associated with complications such as vaginal erosions, adhesions, bleeding and very rarely formation of vesicovaginal and rectovaginal fistulae.

The case

- A 72-year-old woman presented with several years history of worsening symptomatic pelvic organ prolapse (POP), and mixed lower urinary tract symptoms (LUTS) predominantly overactive bladder symptoms (OAB).
- Examination showed stage III (POP) , Various types and sizes of VSDs were attempted, and a Gellhorn pessary was inserted, and she was comfortable with it. Thereafter ,she was advised to come back for follow up after three months.
- Unfortunately, she was not able to attend. Five months after insertion, she complained of a passage of minimal feculent vaginal discharge, vaginal and rectal examinations showed that the knob of the Gellhorn pessary migrated through the posterior vaginal wall causing a RVF which was around 0.8X0.8 cm in size and located four cm proximal the hymenal ring in the centre of the posterior vaginal wall.
- Following discussion with the woman, she opted for conservative management, where oral antibiotics, topical estrogen, and stool softeners were prescribed, and she was followed up biweekly and examination showed a reduction in the size of the RVF. After two months of the follow up, the RVF healed completely.

Discussion

- Treatment options of POP may include the use of VSD, and surgery. Current indications for pessary use include women awaiting surgical repair, treatment of recurrence of POP, or for women who have comorbidities .
- Complications can be minimized with simple vaginal hygiene and regular follow-up visits. The most frequent complications associated with the use of VSD include vesicovaginal fistula, RVF vaginal impaction and vaginal evisceration of small bowel through vagina.
- Medical treatment with antibiotics , sitz baths and stool softeners is often necessary to control the local infection. The surgical management is most frequently adopted management option.

Conclusion

There is no published international guidance for the best option of management. Conservative management in selected cases is a valid option.