

Conservative Management of a Uterocutaneous Fistula Following Emergency Caesarean Section

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Background

A 26-year-old primigravida underwent an emergency caesarean section for failure to progress, complicated by wound infection and abscess formation. Past medical history included asthma and a pituitary adenoma managed with cabergoline prior to pregnancy.

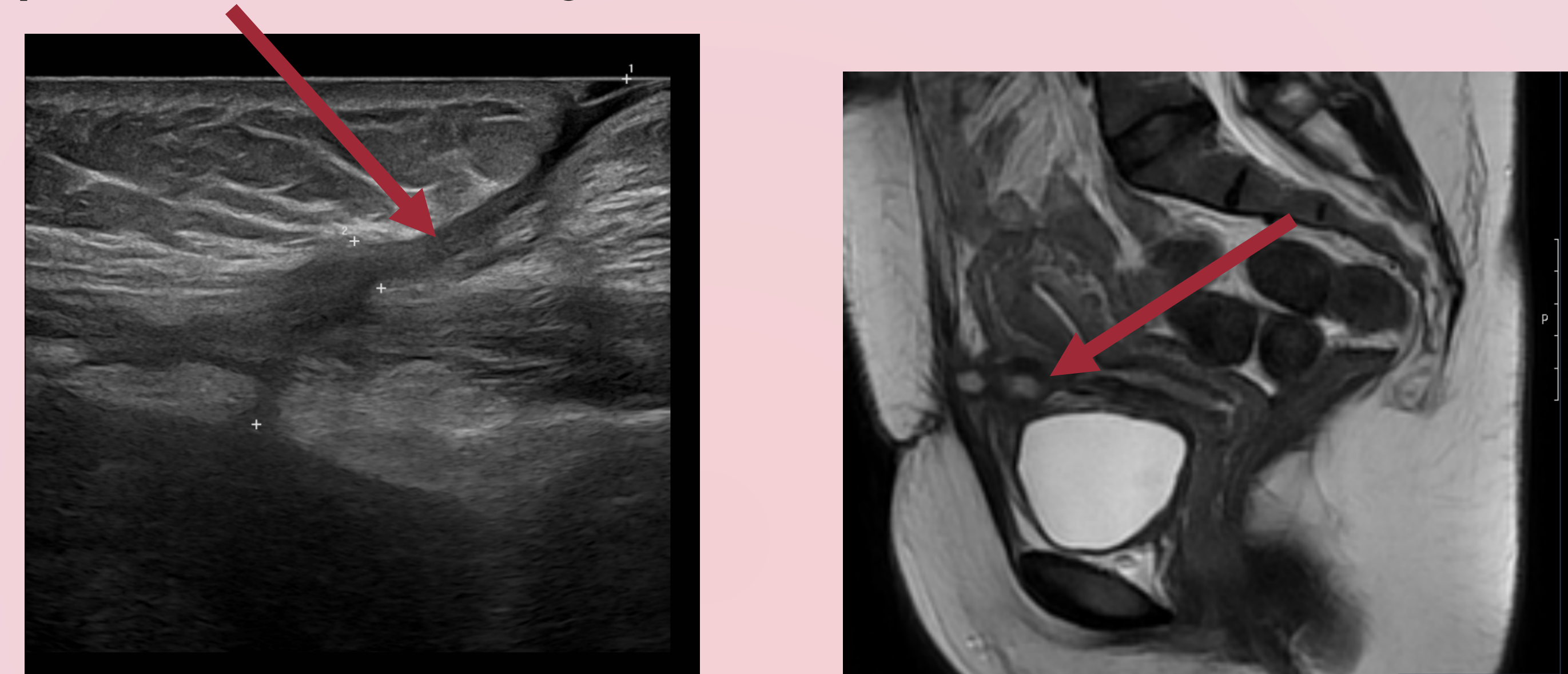
At
8 - 10
weeks

At eight weeks post partum, she presented with fever and ongoing wound infection. Examination revealed a 2 cm gaping wound discharging pus. She was treated with intravenous broad-spectrum antibiotics and discharged home once stable.

Two weeks later, she returned with persistent pain and discharge. Wound cultures identified ESBL-producing bacteria.

At
3 months

An ultrasound raised suspicion of a hypoechoic tract between the uterus and skin, and MRI confirmed a 12mm uterocutaneous fistula in the middle of the scar, close to the bladder with possible tethering.

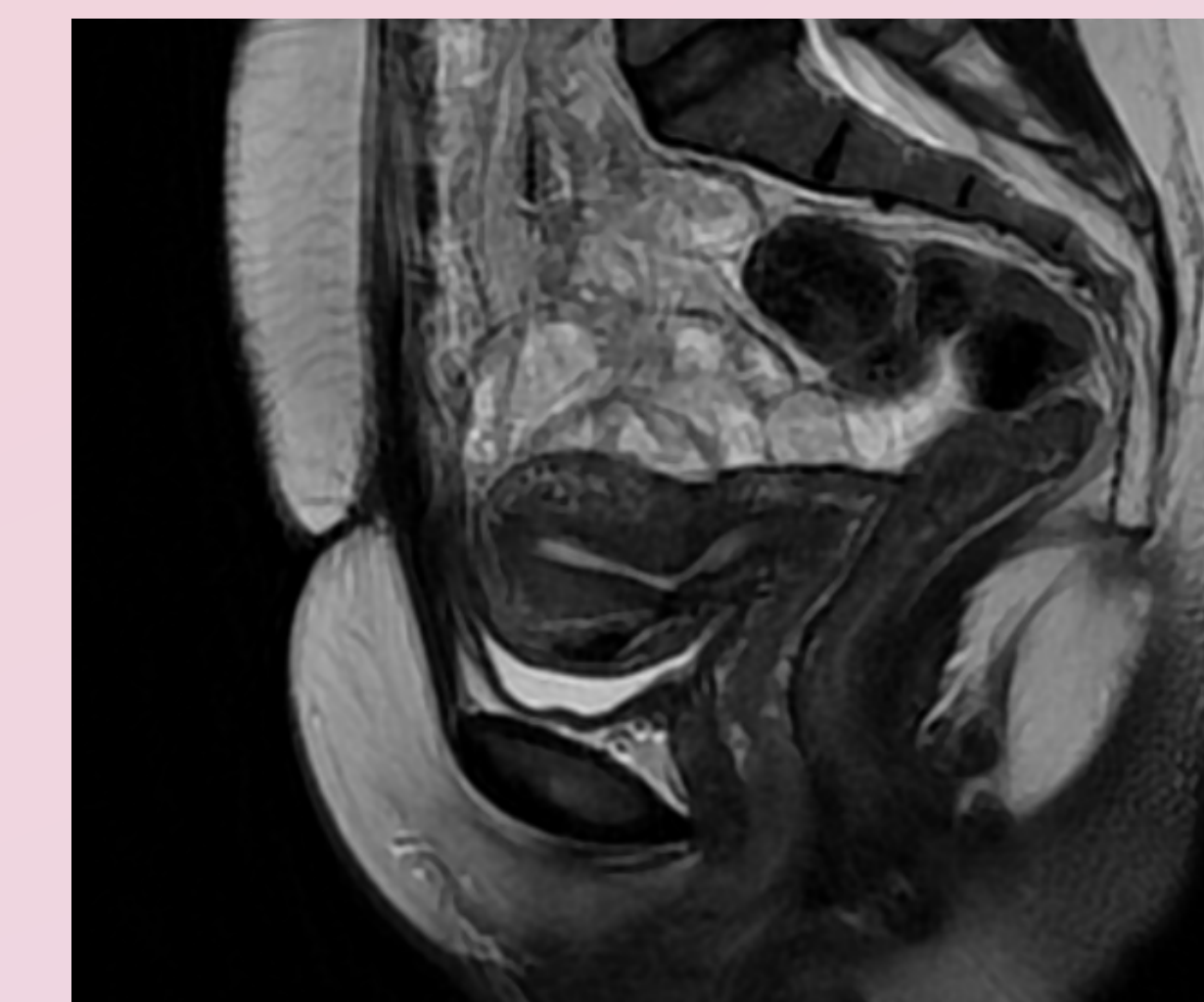


At
4- 5
months

At 4 months postpartum, the patient reported ongoing discharge, which impacted her quality of life. Counselling regarding surgical options. Symptoms resolved at 5 months and opted for expectant management.

At
7 – 11
months

Follow-up at 7 months postpartum showed full wound recovery, with no symptoms. Repeat MRI Scan at 11 months demonstrated resolution of the tract.



Discussion

Uterocutaneous fistula is a rare post-caesarean complication, typically presenting with cyclical pain, discharge, and bleeding. Diagnosis may be delayed due to gradual symptom onset, with MRI key for delineating the fistula and adjacent organ involvement.

Although surgical management is standard, this case demonstrates that expectant management may be effective when symptoms resolve. Medical treatment with GnRH agonists is less commonly used.

Conservative approaches should be considered in selected, asymptomatic patients.

Conclusion:

This case highlights successful conservative management of a uterocutaneous fistula. In asymptomatic patients with spontaneous resolution, expectant management with close follow-up is a viable option.

References:

