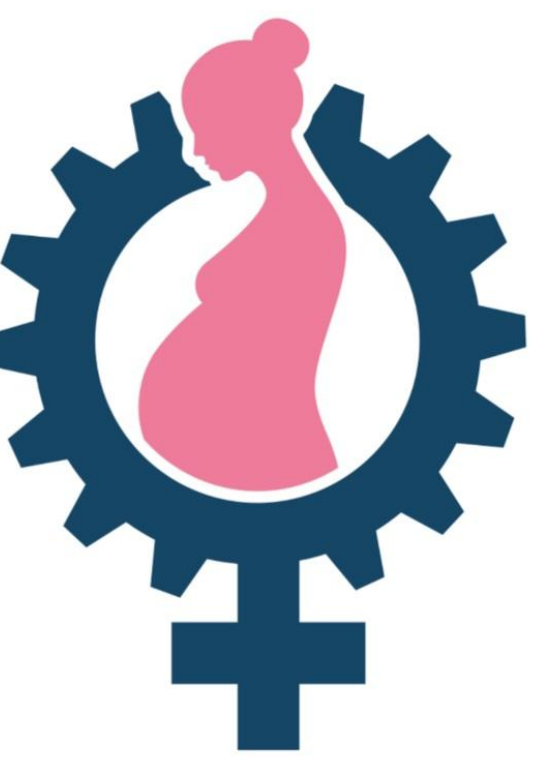




Vesicouterine Fistula Post Caesarean Birth

From Rare to Uncommon Complication!!!!!!



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Aim:

To present a case of Vesicouterine Fistula after an Emergency Caesarean Birth due to Iatrogenic bladder injury.

Methods Used:

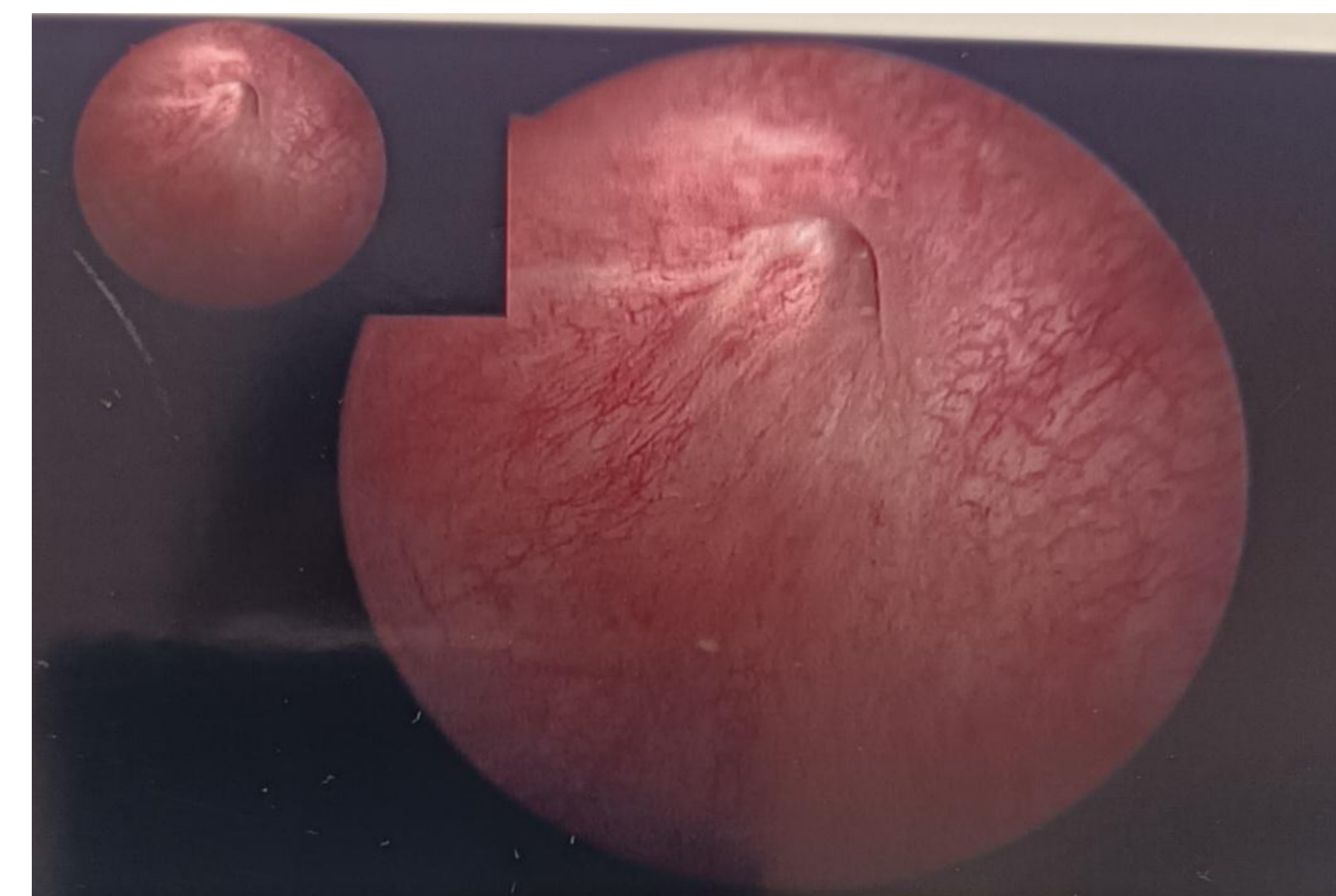
A G2P1 with previous caesarean section due to failed induction and aiming for VBAC in current pregnancy at 38+1/40 had emergency caesarean section at 8 cm cervical dilation due to chorioamnionitis and failure to progress. Operation itself was uneventful. No evidence of any bladder injury during surgery. Patient presented with intermittent urinary leaking ten days post-surgery. Three swab test with methylene blue at bedside suggested urogenital fistula and later a vesico-uterine fistula was confirmed by CT Urogram and Cystogram at the right posterior-superior aspect of bladder dome and caesarean section scar. Initially managed conservatively for six months for spontaneous resolution. Final Repair done through open surgery by urology team with bilateral tubal ligation for permanent contraception by gynae team.

Results and Discussion:

Vesicouterine Fistula is the least common type of urogynaecological fistulae accounting for only 1–4 %. It may present following Caesarean Section, Use of obstetrics forceps, Manual removal of placenta, Morbidly adherent placenta, Surgical removal of fibroids, Rupture of uterus, Perforation of the uterus and Radiation therapy in the treatment of gynaecological malignancies. Presentation includes vaginal leaking, cyclical presence of blood in urine without urinary incontinence and absence of menstruation.

Investigations include 3 swab test, Hysterosalpingography, Cystogram, CT Urogram and MRI.

Management includes conservative management for spontaneous resolution or open, laparoscopic and robotic surgery.



References:

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Machado Junior RA, Machado Junior LC, Lourenço LLE. Vesicouterine fistula (Youssef Syndrome): Case report and literature review. Rev Bras Ginecol Obstet. 2018;40(9):563–569. doi: 10.1055/s-0038-1666998.

Conclusion:

Lower segment caesarean section especially emergency caesarean birth is a major risk factor for urogenital fistula formation including vesicouterine fistula. It is a rare complication but with increase in Caesarean Section rate might be encountered more.