Genital Prolapse With Traumatic Vesicovaginal Fistula (Case Report)

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INTRODUCTION:

Genital prolapse a common gynaecological problem seen in the army families rating to 60.2% of total surgeries. The etiological factors seem to be mainly due to injuries during childbirth, rapid succession of pregnancies and atonicity and asthenia that follow menopause.

Higher incidence and more sever degrees of genital prolapse in woman who deliver at home are due to premature bearing down before full dilatation of cervix and also no episiotomy given. Episiotomy prevent muscle stretch and thereby atonicity. Another factor is early resumption of heavy work soon after delivery and malnutrition added.

Lee has correctly state" A vesicovaginal fistula with its constant odorous, scaling, unimpeded leakage of urine is one of the devastation complication that occur in women". In developing countries like ours poor obstretics and obstructed labour resulting in ischaemic necrosis of bladder base is most likely cause of VVF. Surgical injury during abdominal a vaginal hysterectomy can lead to VVF due to in adequate mobilisation of bladder or vigorous and blunt dissection in an improper plane between bladder base and protective pubocervicovesical fascia covering the cervix.

First attempt to VVF repair by H.van Roonhuyse, Dutchman in 1676. In 1839 George Hayward of Boston described separating of vagina from bladder. Ideal timing for repair is 10-12 weeks. General consensus is that small fistulas may heal spontaneously with continuous bladder catherisation for 2 weeks with antibiotics. Large fistulas require surgical repair but usually better performed once tissue edema and infection have resolved.

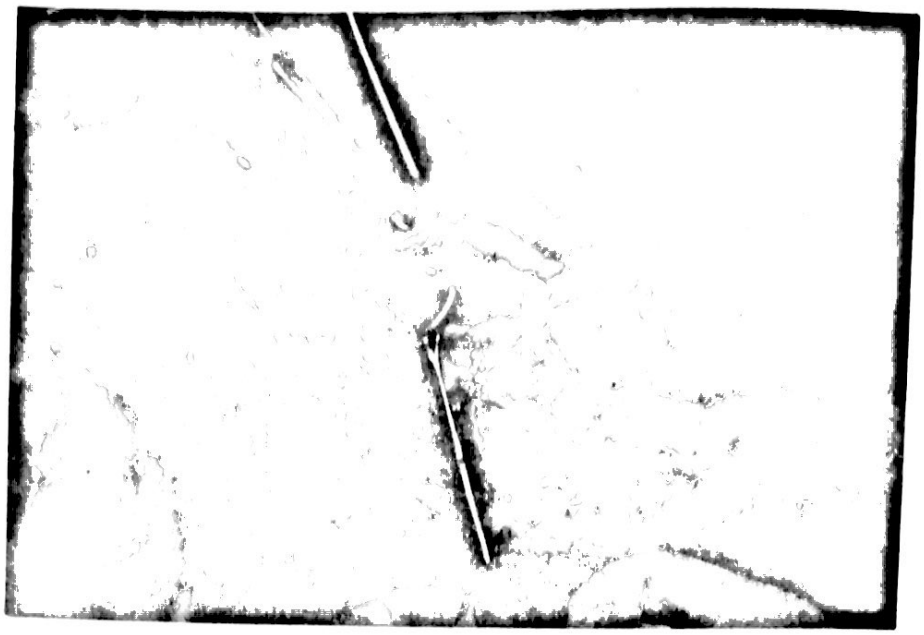
CASE REPORT:

Mrs.P.K. Tha.Ma. aged 69 years was admitted in Shree Birendra Hospital Chhauni on 29th Chaitra 2055 with distressing symptoms of continuos leakage of urine for one year and genital prolapsed 5 years. The penetrating injury in the prolapsed part was due to fall in the fields.

O/E A thin built cheerful old lady BP 140/90 mm of Hg, no pallor of edema, M/H menopause 30 years, O/H Para 5+2 all home deliveries last child 37 years.

P/V Inspection:
- Big prolapsed mass about the size of small organge.
- Beefy red overrated bladder mucosa anteriorly 1 ½ "long with efflux of efflux of urine from one ureteric orifice on coughing.

Palpation:
- Bladder mucosa healthy and reducible
- Funds of uterus palpated out side introits.



Genital Prolapse Before Surgery

Genital Prolapse After Surgery

All lab investigations normal. IVP Rt. hydronephrosis. The lady was operated on 7th Baisakh 2056. Day before operation bowel preparation done and in, Taxim 1 gm, Gentamycin 60 mgm, inj, Metron 500mg, IV 8 houly started, Cap. Neomycin (3 Cap.) and erythomycin 1 gm given stat.

Operative Procedure: A D-J stent was put in first . Repair of VVF done after careful separation of vaginal mucosa an bladder. The bladder defect closed in 2 layers with 3-0 vicryl . Finally of vaginal hysterectomy with perineal floor repair done. Antibiotics given for 10 days. Postoperative days were uneventful. Foleys catheter continued for 21 days and removed by after dye test with no leakage of the dye. Patient discharged on 25th day. D-J stent removed by surgeon after 2 months. The patient came for follow of regularly and is doing fine and very greateful.

DISCUSSION:

The large population of the army families live in remote terrain's were proper obstretic care is usually non-existent. Prejudices, socio economic constraints and ignorance prevent taking advantage of whatever facilities are available at the nearest health care center or hospital. Obstretic VVF and genital prolapsed are preventable conditions by improving the quality and coverage of maternity health care services to all women at 3 main levels-community, Primary Health Center(PHC) facilities and district hospitals.

In our case report the genital prolapsed was obviously due to repeated pregnancies and unattended home deliveries. The cause of VVF was unusual, it was due to direct penetrating injury from fall. As our patient was postmenopausal she was given local estrogen cream application for 2 weeks pre and post operatively. Estrogen helps restore vaginal elasticity, increases blood supply and thickens vaginal mucosa leading to better healing of wound.

CONCLUSION:

- Maternal morbidity's resultant from childbirth should be kept in mind by us.
- Safe motherhood and family planning services must be made available to all women.
- Importance of antenatal care should be stressed to all pregnant women.
- Home deliveries as far as possible be conducted by trained birth attendants (TBA).

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