

## INTRODUCTION

Vesico-uterine fistula is an abnormal communication between bladder and uterus, representing only 1-4% of urogenital fistulas. It can occur due to obstetrical, surgical, radiation necrosis or malignancy related causes. Presentation can be immediate or delayed, with complaints of hematuria, urinary leakage, voiding difficulties, pyrexia. Treatment includes conservative management by catheterisation, medical & surgical management.

## AIMS / OBJECTIVES

**AIM:** To describe a case report of vesico-uterine fistula and its outcome.

### OBJECTIVES:

- To outline the clinical presentation in a case of VUF.
- To describe its diagnostic approach and management strategy.

## CASE REPORT

A 24 year old P2L2 with POD- 5 of Repeat emergency LSCS, referred from private hospital, with complaint of hematuria since POD-4.

**History:** Intra-op findings: bladder drawn up, densely adherent to LUS.

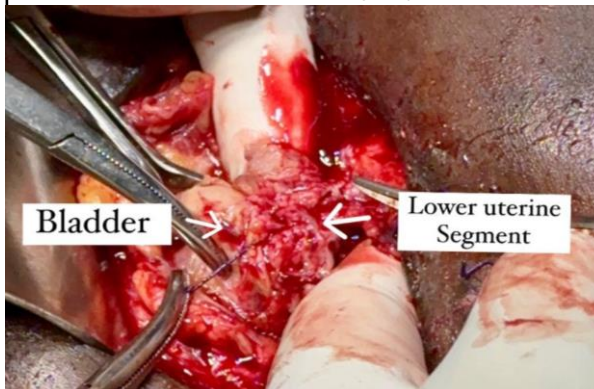
**POD-0:** Hematuria +, cleared later.

**POD-1 to 2:** Uneventful.

**POD-3:** H/O PPH, manual removal of clots was done, following which hematuria developed.

**POD-4:** Intermittent hematuria present

**POD-5:** referred to ASRAM, Eluru in view of ?bladder injury.



## PROCEDURE

### MANAGEMENT:

**POD-5: Cystoscopy** done: 1cm rent was seen in middle at dome of the bladder with minimal slough formation.

**POD-7: CECT** done: defect of size approx. 2.4cm was noted on anterior wall of lower uterine segment with fistulous communication with urinary bladder- s/o vesico-uterine fistula.

**POD -10: EXPLORATORY LAPAROTOMY** (Pfannenstiel incision) WITH **BLADDER INJURY REPAIR & VUF REPAIR** was performed.

### Intra-operative findings:

- Lower uterine segment seen to be sutured and adherent to bladder.
- Vesico-uterine fistula of 2 cm noted.
- Bladder rent sutured in 2 layers with 2-0 catgut, lower uterine segment sutured with vicryl.

Post operative period: uneventful. She was discharged with Foley's catheter in-situ for 1 month. No complaints in further checkups.

## DISCUSSION

VUF is the least common type of urogenital fistula. Most cases are caused due to iatrogenic injury during cesarean section. It is diagnosed clinically and confirmed by HSG/cystoscopy/CT scan. Treatment is surgical closure in most cases, hysterectomy is done in severe/recurrent cases. Timing is important, it is performed early or after 3-4 months.

## CONCLUSION

VUF is a rare type of urogenital fistula. However, with the increasing rate of repeat caesarean deliveries, there is need to be aware of this complication to aid in prompt diagnosis and treatment.

## REFERENCES

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- Bettez M, Breault G, Carr L, Tu le M. Early versus delayed repair of vesicouterine fistula. Can Urol Assoc J. 2011 Aug

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