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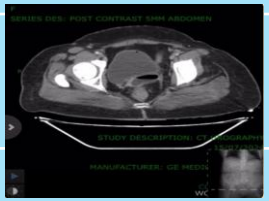
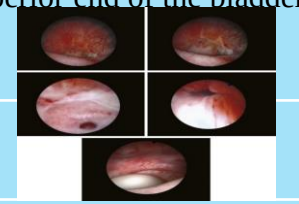
Poster Number: EP 306 Name:Dr. SANIKA PRASAD KANHE

Title: ACQUIRED UROGENITAL FISTULA AND ITS MANAGEMENT.

INTRODUCTION

It is an **abnormal connection between the urinary tract and the genital tract** that develops after birth, often as a result of injury, disease, or surgical complications. They disrupt normal anatomy, leading to symptoms such as continuous urinary leakage, infections. **TYPES-** 1)Ureterovesical fistula 2)Vesicovaginal fistula 3)Urethrovaginal fistula

	CASE 1	CASE 2
PRESENTATION	37 yr P2L2 hysterectomised with c/o leakage of urine per vagina along with normal micturation and increase frequency of micturition post Total laproscopic hysterectomy+B/l salpingectomy with left ureteral injury repair done 8 months ago.	36 yr P2 L2 hysterectomised with c/o continuous urinary dribbling from vagina post Total abdominal hysterectomy+B/l salpingectomy with Bladder injury repair done 6 months ago.
EXAMINATION	P/A-Soft. A stitch site granuloma in the left iliac fossa. P/V- e/o dribbling of urine at the time of micturition.	P/A-Soft. TAH scar healthy. P/V-e/o continuous dribbling of urine from vagina.
METHYLENE BLUE 3 SWAB TEST	Uppermost cotton swab wet with urine but not blue in colour. Urine creatinine-40mg/dl	Middle cotton swab is wet and blue. Urine creatinine-36 mg/dl
CT SCAN FINDINGS	Left uretero- vaginal fistula with left mild hydronephrosis and hydroureter. 	Small tract seen from the postero-superior end of the bladder extending into vagina.Width -2mm and length-7-8 mm. 
CYSTOSCOPY FINDINGS	S/O Left ureteric orifice oedematous	S/O vesicovaginal fistula
INTRAOPERATIVE FINDINGS	Left ureterovaginal fistula tract excision with left ureteric reimplantation using **Politano-Leadbatter** Technique.  Figure 2: Ureteral reimplantation  Figure 3: Bladder closure	Exploratory laparotomy with vesicovaginal fistula repair.   
POSTOP AND FOLLOW UP- Post operatively both patient were stable and shifted to the ward.	On POD 9 Foleys removed. Patient micturated well and had no c/o p/v urine leak and patient was discharged on POD 11.Was followed up at 3 months-Patient micturating well without any complaints.	On POD 14 Foleys removed. Patient micturated well and had no complaints of p/v urine leak and patient was discharged on POD 16.Was followed up at 3 months-Patient micturating well without any complaints.

CONCLUSION

UVF and VVF are complication of pelvic surgeries .VVF accounts for 0.2-0.5% ,UVF 0.1-0.3% of patients under- going hysterectomy. This findings were encountered postoperatively and were associated with some intraop other organ injuries. Chronic fistulas can be treated effectively with laparotomy.

REFERENCES

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2)"Risk of Fistula Formation and Long-Term Health Effects After a Benign Hysterectomy":
3)"Vesicovaginal Fistulas: Prevalence, Impact, and Management Challenges":
4)"Incidence and Risk Factors for the Development of Lower Urinary Tract Injury at the Time of Hysterectomy for Benign Indications":
5)"Complex Postoperative Ureterovaginal and Vesicovaginal Fistula Following Total Hysterectomy":