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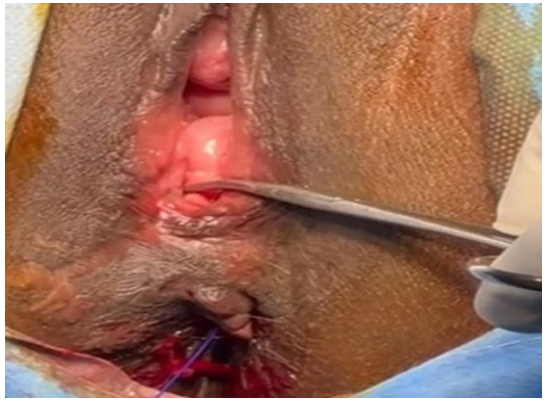
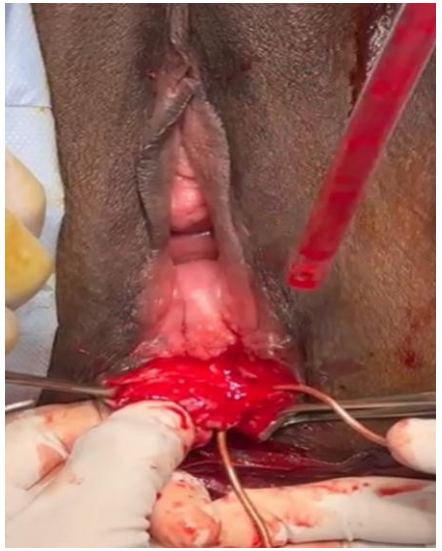
Title: A LATE PRESENTATION OF OBSTETRIC FISTULA

INTRODUCTION:Rectovaginal fistulas are uncommon,accounts for less than 5% of anorectal fistulas.Causes such as perineal laceration or episiotomy,assisted vaginal delivery,prolonged labour,trauma to genital tract.Presents with fecal incontinence immediately or within 7-10 days.



CASE REPORT:A 37 year old,P3L2A3,previous 3 normal vaginal deliveries,last child birth-1 year, complaints of passage of stools through vagina for 1 month. Patient underwent spontaneous vaginal delivery with episiotomy 1 year back with baby's weight of 3.025 kg.Total hours of labour-14 hours.For past 1 month,patient noticed soiling of clothes with stools from vagina and stool stained discharge from vagina. Complaints of involuntary passage of stools during urgency.No altered bowel or bladder habits.



OPERATIVE PROCEDURE:With adequate bowel preparation and antibiotic coverage,rectovaginal fistula repair done. Intraoperatively, fistulous tract noted between vagina and rectum at 2'O clock position,removed by dissection of vaginal mucosa,rectovaginal fascia,anal mucosa dissected separately,ends freshened and sutured using 2-0 vicryl.Postoperatively,patient kept nil per oral for 24 hours,clear liquids for 48 hours and then soft solid diet.

DISCUSSION: Acute fistulas heal on its own within 6-12 weeks. Physical examination confirms diagnosis.Low RVF corrected by perineal approach.High RVF corrected by transabdominal approach.

CONCLUSION: The choice of surgical technique in the treatment of RVF remains difficult.Individualised surgical approaches ,skilled pelvic floor repair,multidisciplinary approach are crucial.

REFERENCES: El-Azab AS,Abolella HA,Farouk M.Update on vesicovaginal fistula -a systematic review.
Bodner-Adler B,Hanzal E,Pablik E,et al.Management of VVF in women following benign gynaecological surgery.