

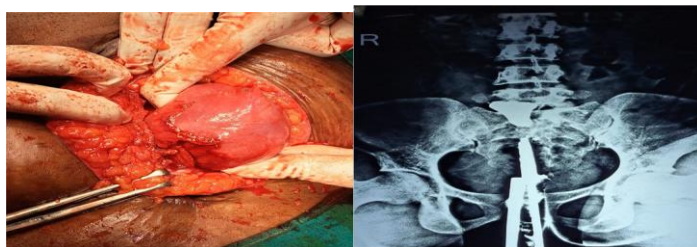
Title: UTEROCUTANEOUS FISTULA FOLLOWING CESAREAN SECTION- A CASE REPORT

INTRODUCTION

- A fistula is a communication between two epithelium-lined surfaces. this abnormal connection occurs after traumas or other injuries or infections.
- Utero-cutaneous fistula is a rare clinical presentation . It mostly occurs consecutively to surgical intervention such as Caesarean section and other pelvic surgeries.
- The management is mainly surgical.

CASE REPORT

- A 36 year old P2L1L1A2 presented with complaints of bleeding from previous LSCS wound site for past 4 months during menstruation, Premenstrually, patient develops blisters followed by bleeding
- **On Examination**
- Per abdomen- Soft, vertical scar+, bleeding present from wound site
- P/S examination:-Cervix high up, white discharge present.
- P/V examination:-Cervix flushed with anterior vaginal wall, uterus adherent to anterior abdominal wall, bilateral fornices free, non tender.



MANAGEMENT

- Routine blood investigations were done and found to be normal.
- **CT ABDOMEN AND PELVIS WITH FISTULOGRAM:**A linear fistulous tract of 5.4cm extending from skin in the infraumbilical region upto the uterine cavity--> **UTEROCUTANEOUS FISTULA.**

TREATMENT

FISTULOUS TRACT EXCISION

DISCUSSION

- A uterocutaneous fistula is a rare condition caused by iatrogenic injuries during surgery, endometriosis, intrauterine devices, chronic infection, malignancies with local invasion to the adjacent organs, prolonged use of abdominal drains, radiation injury, trauma, and the incomplete closure of wounds particularly the uterine wall
- MRI or ct scan with contrast agents are very helpful to define the anatomical planes in the pelvis. Fistulography or hysterosalpingography which involve the injection of the water soluble contrast material through the skin opening or through the cervix and will demonstrate the abnormal connection between the skin and the uterine cavity. hysteroscopy will visualize the abnormal tract directly.
- The best surgical management involve excision of the whole fistulous tract

REFERENCES

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- Eldem G, Turkbey B, Balas S, Akpinar E. MDCT diagnosis of uterocutaneous fistula. European Journal of Radiology Extra. 2008;67:e129–e30. - [DOI](#)