

Vesico- Vaginal Fistula Following Insertion Of A Shelf Pessary: A Case Report

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Abstract

Vesico vaginal fistula (VVF) are an abnormal connection between the vagina and urinary bladder. Most cases of VVF develop following an obstetric complication like obstructed labour or difficult obstetric surgery. VVF following gynaecological surgery are commoner in developed countries. We present a case of VVF formed as a result of a forgotten shelf pessary.

CASE REPORT

An 86-year-old woman presented to the gynaecologist with history of hematuria for one day. She had no other symptoms.

She had an abdominal hysterectomy at age 36 years for fibroid uterus. She developed a cystocele and rectocele at age 83 for which she had a shelf pessary inserted. The shelf pessary had not been changed until she presented to the clinic three years later with hematuria.

On examination, abdomen was normal. The vulva looked healthy. The shelf pessary was removed and replaced in clinic with difficulty. Cystoscopy was performed for hematuria and the pessary was seen eroding into the bladder wall. The pessary was removed. Examination confirmed a vesico-vaginal fistula. The vesico-vaginal fistula was subsequently repaired under spinal anaesthesia. (Fig 1)

Figure 1

Figure 1: Repair of fistula



DISCUSSION

A vesico-vaginal fistula is an abnormal connection between the urinary bladder and the vagina. The development of a VVF has profound effects on both the physical and psychological well being for the woman. Obstructed labour is the commonest cause of VVF in developing countries. Gynaecological surgery is the commoner cause of VVF in developed countries. Incidence of VVF after total abdominal hysterectomy is quoted as between 0.5 – 2 %. Other causes of a VVF include radiotherapy, urological surgery, pelvic infection (e.g. tuberculosis, syphilis) and vaginal trauma.

Vaginal erosion with foreign objects like a pessary is very uncommon. Very few such cases have been reported. However, a forgotten pessary must be remembered as a possible cause for the development of VVF.

We present this case report to reiterate the importance of regular follow-ups and change of pessary when they are inserted in the management of utero-vaginal prolapse.

References

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