Ileo-Uterine Fistula Complicating A Spontaneously Ruptured Pyometra - A Rare Case Report

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Citation

Abstract
Pyometra is a collection of pus in the uterine cavity. The incidence of pyometra in gynecological patients is 0.05-0.1% and in elderly patients 13.6%. This paper is aimed to report a case of ileo-uterine fistula complicating a pyometra. So far no literature is available to report this complication.

INTRODUCTION
The incidence of pyometra in gynecological patients is 0.05-0.1% and in elderly patients 13.6%. The prognosis of pyometra depends both on the underlying cause (e.g. malignancy) and on possibility of spontaneous perforation.

CASE REPORT
A 58 year old post menopausal female presented with complain of a colicky pain abdomen for 10 days, gradually progressive lower abdominal distension, decreased urine output for the last 10 days and no urine output for I day. The patient complained of multiple episodes of bilious vomiting and non passage of flatus and motion one day prior to admission. The patient had a past history of P/V whitish discharge 3months back which resolved after taking medication. There was no history of post menopausal bleeding.

On examination the pulse was 112, BP 110/70 mmHg and respiratory rate 24/min. On catheterization no urine came out. On abdominal examination, the lower abdomen was distended, tender and shifting dullness was present. Bowel sounds were absent. Per rectal examination was normal. Per vaginal examination revealed atrophic vagina, cervix could not be palpated and there was no discharge per vaginal.

Blood investigations revealed anemia (Hb-8gm %), TLC 9.1 x 10^9 per cubic mm and deranged Renal function tests [urea (95mg %) and creatinine (2.3mg %)]. X-ray FPA revealed multiple air fluid level suggestive of small bowel obstruction. Sonogram revealed a collection in the uterine cavity with an adenexal mass and gross ascites. Non contrast C.T. abdomen revealed gross ascites, uterine collection and small left kidney [Fig.1.].

A provisional diagnosis of acute intestinal obstruction with pyometra with acute on chronic renal failure was made. The patient was managed conservatively initially. Continuous Ryle’s tube suction was done; the patient was not allowed anything orally and was taken on intra venous antibiotics and fluids according to urine output. After appropriate investigations an Exploratory Laprotomy was planned.

Figure 1
Fig.1. C.T. Scan showing left atrophic kidney and massive free fluid

On opening up the abdomen, 2 litres of pus was drained. A fistula between terminal part of ileum and uterus was noted [Fig.2.]. Total abdominal hysterectomy and bilateral salpingo-oopherectomy with resection of involved ileal
segment with end ileostomy was performed. Post operative
course was uneventful and the patient recovered from renal
failure too. Histopathological examination revealed
pyometra with chronic salpingo-oophritis.

**DISCUSSION**

Pyometra is the collection of pus in the uterine cavity and is
mainly seen in post menopausal women. When correctly
diagnosed, monitoring is warranted to detect persistent and
recurrent disease [1]. Most common causes are senile
endometritis, genital tract malignancy or due to effect of
radiation. Other causes are benign tumors like leiomyoma,
endometrial polyps, senile cervicitis, cervical occlusion after
surgery, puerperal infections, and congenital cervical
anomalies [2]. Classical triad of symptoms includes lower
abdominal pain, purulent vaginal discharge and post
menopausal bleed.

A spontaneous perforation of pyometra leading to diffuse
peritonitis rarely occurs. Once ruptured, the symptoms
become severe and acute abdomen often develops; it is
therefore important to make a differential diagnosis from
other causes of acute surgical abdomen [3].

Pneumoperitoneum associated with rupture is recognized in
only 56% of the cases [4]. Ultrasound is the investigation of
choice for imaging. The uniform thick walled appearance of
distended uterus and failure to identify uterus as separate
structure differentiates it from pelvic abscess.

Management includes repeated dilatations of cervix and
drainage using Foley’s catheter or drainage tube under
antibiotic cover. Passage of a sound or a dilator releases a
flow of pus which is often blood stained. It is appropriate to
avoid curettage while draining pyometra for fear of
perforation. When cause of pyometra is malignant
management is as per case. Persistent pyometra indicates
need for hysterectomy and bilateral salpingo-oopherectomy
[5]. Prompt recognition and treatment improves the
prognosis considerably.

Very few cases of spontaneous rupture of pyometra have
been reported [6]. This is the first case of an ileo uterine
fistula complicating a ruptured pyometra to be reported.
Pyometra is an unusual cause of peritonitis, but it must be
considered as a possible diagnosis in elderly women
presenting with an acute abdomen [7].

**References**

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