CASE REPORT

Bulging Bag of Membranes Through Urethral Opening at 22 weeks Gestational Age: A Case of Vesicouterine Fistula

Gupta Shashi · Bhardwaj Neelam · Verma Asha ·
Poonia Mili · Anita

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Introduction

A less common fistula among the organs of the female genitourinary tract is the vesicouterine one, mostly due to cesarean section. During the last years, this type of fistula has been observed, as the classical cesarean section has given way to the lower segment cesarean section.

Case Report

Mrs. S aged 34 years, Gravida 3 Para 2 with amenorrhea since 5 months was admitted with the history of something coming out of urethra since 4–5 days with severe pain and difficulty in urination since 10 days. She had history of previous two

cesarean with last cesarean 4 years back. The post-operative period following the last cesarean section had been uneventful. She noticed menouria (cyclical hematuria) when she resumed her cycles 10 months after the LSCS for which she did not consult any doctor. Her menstrual flow through the genital tract was scanty. Her general and systemic examination was normal. As per abdominal examination uterus was 26 weeks size. Pelvic examination revealed closed and uneffaced cervix but a bag of membranes bulging through the urethra, which could be reduced by pushing it into the urethra or by keeping the patient in trendelenburg position (Fig 1).

Sonography showed a singleton pregnancy of 22 weeks gestation with adequate liquor and a fistula was noticed between anterior wall of lower uterine segment and posterior wall of bladder, a bag of water was noted to be protruding into bladder. Hysterotomy (Classical cesarean) with sterilization with repair of vesicouterine fistula was decided. Intraoperatively after the delivery of fetus and placenta, a 2 cm wide vesicouterine fistula connecting the dome of the bladder to the lower uterine segment was noted (Fig 2). The entire fistulous tract was dissected to separate bladder from uterus. Both the openings were repaired. Omentum was tucked in between to cover the raw areas. Continuous bladder drainage was maintained for 21 days.

Discussion

The vesicouterine fistula represents 4 % of all urogenital fistulae, more often associated with cesarean sections and

Gupta S., Superintendent Zenana Hospital, Professor and Unit Head · Bhardwaj N., Associate Professor · Verma A., Associate Professor · Poonia M., Resident Doctor · Anita, Resident Doctor
The Department of Obstetrics and Gynecology, Zenana Hospital, S. M. S. Medical College, Jaipur 302012, India

Gupta S. (✉), Superintendent Zenana Hospital, Professor and Unit Head
'Swastik', 8, Uniara Garden, Moti Doongri Road, Jaipur 302004, India
e-mail: drshashi51@yahoo.co.in

Poonia M. (✉), Resident Doctor
University of Rajasthan, C-8, University Campus, Jaipur 302004, Rajasthan, India
e-mail: milipoonia@gmail.com

Fig. 1 Bag of membranes bulging through urethral opening

Fig. 2 Fistulous tract connecting the uterus and bladder

rarely after vaginal birth after cesarean delivery. These may be associated with endometriosis, contraceptive

devices, malignant tumors, inflammation, and rupture of the uterus and bladder after obstructed labor or radiation therapy [1].

Symptoms depend on the level of fistula and can be explained by the sphincteric mechanism of the isthmus and the different pressure gradients. The fistula site is typically at the posterior aspect of bladder dome. Symptoms may be urinary incontinence in immediate postpartum period or menouria as a late presentation. Menouria or cyclical vesical menstruation is a rare phenomenon seen in vesicouterine fistula situated above the isthmus.

The classical Youssef's syndrome is characterized by menouria, absence of urinary incontinence, vesicouterine fistula and amenorrhea despite a patent cervical canal [2].

Different treatment modalities include conservative management, fulguration, hormonal therapy, and open or laparoscopic surgery (Figs 1, 2).

Conclusion

Vesicouterine fistula can still be encountered especially with the widespread use of lower segment cesarean section and should be suspected when a multiparous woman with history of repeated cesarean section present with menouria.

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