

Rare case of complete inversion of bladder through a vesico vaginal fistula

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Abstract

Bladder inversion through vesico vaginal fistula is a very complication reported in English literature so far. We have reviewed available literature on this subject and present another case recently managed at our institution. 45 year old female presented with complaint of something coming out of vagina since 8 days associated with difficulty in urination and constant dribbling of urine per vaginum. On examination general condition patient was stable, local examination showed erythematous, large fleshy spherical mass of size 8 to 10 cm with irregular surface protruding through introitus. Initially we kept differential diagnosis among endometrial polyp, uterine fibroid and bladder inversion as patient had history of forcep delivery. Decision of abdominal hysterectomy taken. Intraoperatively it was complete inversion of bladder through vesicovaginal fistula. Later bladder repositioned intra-abdominally and bladder rent closed vaginally. Postoperative events were uneventful.

Keywords: bladder, vesico vaginal fistula.

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INTRODUCTION

Vesicovaginal fistula (VVF) formation represents a condition with devastating consequences for the patient and continues to pose a significant challenge to surgeon worldwide, prolonged, obstructed labor is the leading cause of VVF. High risk procedures include instrumental deliveries, hysterectomy, urological or lower GI surgeries. Other risk factors include pelvic irradiation, endometriosis and anatomical distortion of uterus like large fibroid. VVF is very serious condition which has variable presentation. We have reviewed available literature on this subject and present another case recently managed at our institution.

CASE REPORT

45 year old female presented with complaint of something coming out of vagina since 8 days associated with difficulty in urination and constant dribbling of urine per vaginum. patient had history of forcep delivery in past. Patient was post menopausal. On examination general condition patient was stable, local examination showed erythematous, large fleshy spherical mass of size 8 to 10 cm with irregular surface protruding through introitus. Decision of examination under anesthesia taken. Under short GA examination we found E/O irregular, soft, irreducible, globular mass about 8x10 cm seen. cervix could not be identified. Initially we kept differential diagnosis among endometrial polyp, uterine fibroid and bladder inversion as patient had history of forcep delivery. Decision of abdominal hysterectomy taken. After completion of hysterectomy intraoperatively we found complete inversion of bladder through vesicovaginal fistula. Later bladder repositioned intra-abdominally. Biopsy of bladder polyp taken. Bladder rent closed per vaginally. Intravesical drain kept and fixed. Bladder closed with vicryl. Postoperatively events were uneventful. patient relieved from complaints.



Figure 1

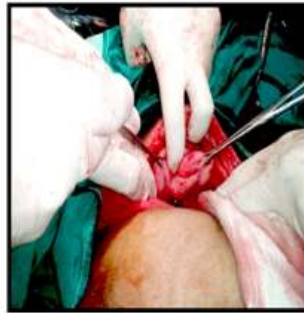


Figure 2



Figure 3



Figure 4

Legend

Figure 1: The picture shows mass coming out per vaginum

Figure 2: The picture shows evidence of VVF when opened intraabdominally

Figure 3: The picture shows bladder inversion through VVF.

Figure 4: The picture shows correction of repair vaginally

DISCUSSION

Bladder inversion through vesico vaginal fistula is a rare complication reported in English literature so far. it has variable presentation. it has profound and devastating consequences for the patients physical and psychological health. Despite medical advances, VVF continues to present challenge in diagnosis and repair. In this case as presentation was like mass protruding per vaginum we got differential diagnosis. A large mass was seen at vulva and at first sight it had many differential diagnosis. intraoperatively we got correct diagnosis and with

suitable manipulation mass repositioned, hence VVF got repaired. A cystoscopic examination before discharge showed healthy looking bladder and no signs of cystitis. Finally we saw a very satisfying smile on patient face.

REFERENCES

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