

Olgu Sunumu

Spontaneous Improvement Of Ureterovaginal Fistula: A Case Report

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Abstract

A 35 years old women was admitted to the urology department due to vaginal urinary incontinence. 21 days after a simple abdominal hysterectomy Cystoscopy showed no abnormality, and no leakage was observed when the bladder was filled with methylene. We tried to insert a catheter into the left ureter but could not manage to go further than 2.5 cm. Then, methylene blue was given through the catheter and this time leakage was observed throughout the vagina. Intravenous pyelography (IVP) showed left distal ureteral obstruction. Watchfull waiting was the only choice since she refused surgical treatment. It was observed that 5 days after the diagnosis, ureterovaginal fistula recovered spontaneously.

Key words: Ureterovaginal fistula, treatment, hysterectomy

Introduction

Urogenital fistulas can lead to devastating medical, social, and psychological problems; thus cause major impact on the lives of women. However, these cases are still largely neglected in the developing world. (1). Urogenital Fistulas may result from obstetric complications, inflammatory bowel disease, pelvic malignancy, pelvic radiation therapy, pelvic surgery or other traumatic causes, and their symptoms may be distressing. In this case report, we presented a case of spontaneous resolution of an ureterovaginal fistula, and reviewed the current diagnostic and therapeutic features of this condition in the literature.

Case

A 35 years old women was admitted to the urology department due to vaginal urinary incontinence 21 days after simple abdominal hysterectomy. Intravenous urography (IVU) showed left distal ureteral obstruction with normal upper urinary tract (Figure 1).



Fig. 1. IVU showing distal left ureteral obstruction.

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Cystoscopy showed no abnormality, and no leakage was observed when the bladder was filled with methylene blue. We tried to insert a catheter into the left ureter, but it did not go further than 2.5 cm. When methylene blue was given through the catheter, leakage throughout the vagina was observed. Although surgical treatment was planned, the patient did not accept to undergo an operation. Five days after the diagnosis, the patient reported that she became dry. After four months, IVU revealed free left ureteral passage with no dilatation (Figure 2). That is to say, the ureterovaginal fistula recovered spontaneously, without any ureteral stenting or surgical intervention.



Fig. 2. IVU after four months, showing normal distal left ureteral.

Discussion

Ureterovaginal fistula is an abnormal opening between the vagina and the ureter through which urine continually leaks.. It is still a frequent problem in the developing world (2). Interestingly, ureterovaginal fistula occurs more commonly after benign hysterectomy compared with radical hysterectomy . The incidence of iatrogenic ureteral injury during major gynecologic surgery is estimated to be about 0.5% to 2.5% (3).

The mechanism of injury resulting in iatrogenic postoperative ureterovaginal fistula includes ureteral laceration or transection, blunt avulsion, crush injury, partial or complete suture ligation, and ischemia due to operative devitalization of the ureteral vascular supply or cautery injury. The most common presenting symptom is the onset

of constant urinary incontinence 1 to 4 weeks after surgery (4) .

Diagnosis of a ureterovaginal fistula can usually be accomplished with a combination of relevant history, physical examination, and appropriate radiologic studies including IVU, retrograde pyelography (RGP), and cystography (4).

The goal of the therapy is the expeditious resolution of urine leakage, prevention of urosepsis, and preservation of renal function. Once the diagnosis is made, prompt drainage of the affected upper urinary tract is essential as partial ureteral obstruction is often present. Spontaneous resolution of a ureterovaginal fistula is rare (4,5). Spontaneous resolution is possible in patients with ureteral continuity and a normal appearing ureter beyond the fistula. Endoscopic management including ureteral stenting may be sufficient to promote closure of the fistula in some cases. In general, if ureteral continuity can be demonstrated on imaging, retrograde placement of a stent is often possible. In some cases, an antegrade stent placement will be successful when a retrograde attempt has failed.

If ureteral stenting is unsuccessful because of complete ureteral occlusion or prolonged leakage persists despite stenting, formal surgical repair is indicated. Without any treatment, spontaneous resolution of a ureterovaginal fistula is rare. Most fistulas require surgical treatment (5). However, our case revealed spontaneous resolution without any ureteral stenting or surgical treatment. The fact that spontaneous resolution is possible in patients with ureteral continuity and a normal appearing ureter beyond the fistula, implies that our attempt during cystoscopy to insert a catheter in the left ureter resulted to release the obstruction and maintain the passage of urine freely.

It was concluded that, although very rare, spontaneous resolution of uretral fistula may be possible, incase ureteral continuity and urinary passage is maintained

Kendiliğinden Düzelen Üreterovaginal Fistül: Bir Olgu Sunumu

Özet

35 yaşında kadın hasta basit histerektomiden 21 gün sonra idrar kaçırma şikayeti ile başvurdu. Sistoskopi sırasında mesaneye metilen mavisi verildiğinde vajenden gelmediği gözlemlendi. Takiben sol üretere kateter takılmaya çalışıldı fakat 2.5 cm takıldı. Kateterden verilen metilen mavisinin vajenden

geldiği gözlemlendi. Çekilen intravenöz piyelografide (İVP) sol distal üreterde obstrüksiyon gözlemlendi. Hasta ameliyatı kabul etmediği için takibe alındı. Tanı konulduktan 5 gün sonra ise idrar kaçırma şikayeti kendiliğinden düzeldi..

Anahtar kelimeler: Üreterovaginal fistül, tedavi, histerektomi

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