IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 14, Issue 12 Ver. VII (Dec. 2015), PP 76-78
www.iosrjournals.org

Occurrence of Cutaneo-Vaginal fistula following Caesarean section for prolonged obstructed labour: A case report.

Kiridi EK (MBBs, MSC, FWACS)[1], DAMBO ND (MBBS, MPH)[2]
[1.] *Department of Radiology, Niger Delta University Teaching hospital, Okolobiri, Bayelsa State.*
[2.] *Hospitals management board, Yenagoa, Bayelsa State*

Abstract: *Obstetric fistulas still occur in low and middle income countries due to a myriad of factors. The vesico-vaginal fistula and the recto-vaginal fistula are among the most common of the obstetric fistulas. We present the case of a cutaneo-vaginal fistula co-existing with a vesico-vaginal fistula in a patient who had an emergency caesarean section for prolonged obstructed labour. The socio-economic factors that led to her morbid state also prevented her from continuing her care.*
Key words: *Cutaneo-vaginal fistula, obstetric fistula, obstructed labour, Yenagoa.*

I. Introduction

Obsteric fistulas occur majorly due to prolonged obstructed labour. Vesico-vaginal fistula and recto-vaginal fistulas are among the more commonly reported fistulas. Cutaneo-vaginal fistulas are quite rare.

We report the case of a 25 year old primiparous lady who developed a cutaneo-vaginal fistula after an emergency caesarean section for prolonged obstructed labour. Though the patient in review absconded from the hospital and did not receive definitive treatment, this case report is a written to document the first of such cases seen in Nigeria and to draw the attention of clinicians to it.

II. Case Presentation

Mrs DC is a 25 year old unemployed lady married to an artisan who had an unsupervised pregnancy and her labour supervised by a traditional birth attendant for three (3) days before she had an emergency caesarean section for prolonged obstructed labour with intrauterine fetal death at the Niger Delta University teaching hospital, Okolobiri, Bayelsa State. Post operatively, the Foley urethral catheter was retained for ten (10) days in a bid to prevent the formation of an obstetric fistula. Following removal of urethral catheter, she was noticed to be incontinent of urine with urine leakage occurring from both the vagina and the midpoint of the abdominal scar. A triple swab test was suggestive of a uretero-vaginal fistula. An intravenous urogram (IVU) was done which did not show any ureteral abnormalities and also did not show the typical cup and saucer shaped appearance associated with vesico-vaginal fistula (Figure 1). A fistulography done showed a connection between the scar on the anterior abdominal wall and the posterior fornix of the vagina (Figure 2). An ultrasound scan done (Figure 3), demonstrated the presence of contrast in the posterior vaginal fornix.

Mrs DC failed to show up for subsequent appointments and attempts by the social workers to contact her were unsuccessful.

III. Discussion

The occurrence of an obstetric fistula is a social catastrophe and it affects between 0.3-0.5% of women in Nigeria [1]. The vesico-vaginal fistula and the recto-vaginal fistula are the commonest occurring of the obstetric fistulas [2]. While obstetric fistulas are mostly due to prolonged obstructed labour, they may also arise as a complication of surgery [3]. The ischemic necrosis leading to fistula formation and the difficulties associated with the repair have been described previously [4]. A cutaneo-vaginal fistula is a rather unusual presentation and may have occurred as a complication of the surgery. Dermatitis arising from urinary incontinence is the skin complication that is more commonly described. In obstetric fistulas, due to the ischemic injury, the tissues around the area compressed by the fetal head during the course of labour may be devitalized [4] and this may lead to poor wound healing unlike surgically created fistulas in which the surrounding tissue are considered to be healthy [5].

The risk factors for an obstetric fistula were present in this patient and include economic disadvantage, poor education, lack of antenatal care and labour supervised by an unskilled birth attendant.

There is a shortage of skilled personnel and the facilities required for the care of patients with obstetric fistulas and this has led to the development of a national framework that is geared towards eliminating obstetric fistula in Nigeria [6].

A lot of the time, attention is given to the fistula and the effects of the fistula on the individual are forgotten. Social complications such as divorce, abandonment and ostracization have been described [3,4]. The

social effects of a fistula may have driven Mrs. DC into hiding making it difficult for the social workers to find her. This along with the fact that she is economically disadvantaged may have kept her away from the hospital.

The prevention of obstetric fistulas starts with tackling social issues, eradicating poverty, women empowerment, achieving universal education. Unfortunately, these could not be achieved with the millennium development goals. Perhaps, this obstetric catastrophe can be eradicated with the coming of the sustainable development goals.

IV. Conclusion

A cutaneo-vaginal fistula is one of the rare variants of an obstetric fistula. We have highlighted this case as it is the first that we have come across. There is the tendency to ignore it considering that it co-existed with a vesico-vaginal fistula. Above all, in the management of a patient with a n obstetric fistula, there is a need to consider her social circumstances when planning her care.

References

[1]. National Population Commission [Nigeria] (NPC) and ICF Macro. 2009. Nigeria Demographic and Health Survey 2008. Abuja.
[2]. Brugiere M. Obstetric fistulas in Mali, Combating maternal and child mortality. Journal of field actions. 2012. Special issue 5.
[3]. Ijaiya MA, Rahman AG, Olatinwo AW, Esuga SA et al. Vesicovaginal fistula: a review of Nigerian experience. West Afr J Med. 2010; 29(5):293-8.
[4]. Arrowsmith H, Hamlin EC, Wall LL. Obstructed Labor Injury Complex: Obstetric Fistula Formation and the Multifaceted Morbidity of Maternal Birth Trauma in the Developing World. Obstetrical & Gynecological Survey.1996; 51(9):568-574
[5]. Guo S, DiPietro LA. Factors Affecting Wound Healing. Journal of Dental Research. 2010;89(3):219-229. doi:10.1177/0022034509359125.
[6]. Browning A (2004) Obstetric Fistula in Ilorin, Nigeria. PLoS Med 1(1): e2.

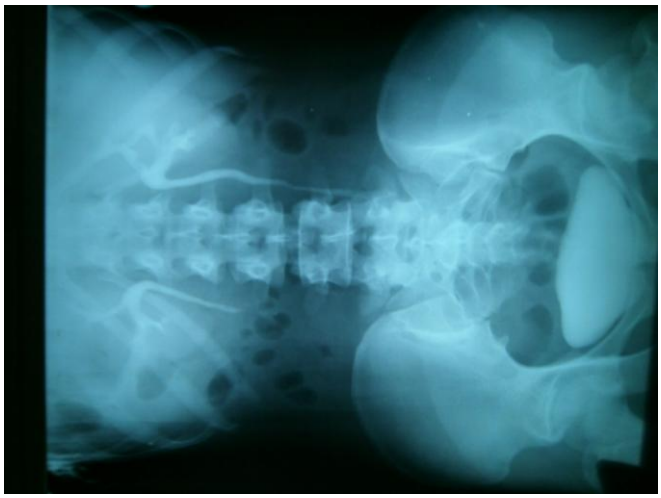

Figure 1: KUB film of a normal intravenous urogram showing normal pelvi-calyceal system ureters

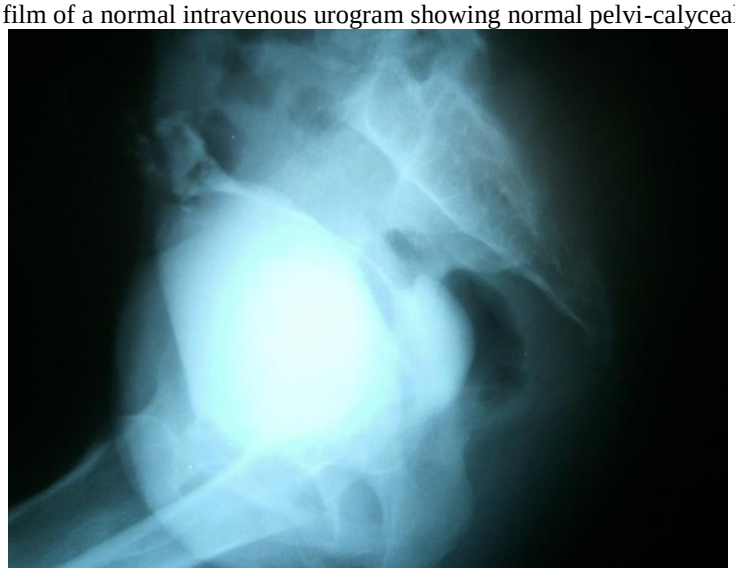

Figure 2: Lateral radiograph of the pelvis showing contrast in the bladder (anteriorly) and vagina (posteriorly). Note a well defined crescent shaped connection between the anterior abdominal wall and superior aspect of the contrast filled vagina (Cutaneo-vaginal fistula)

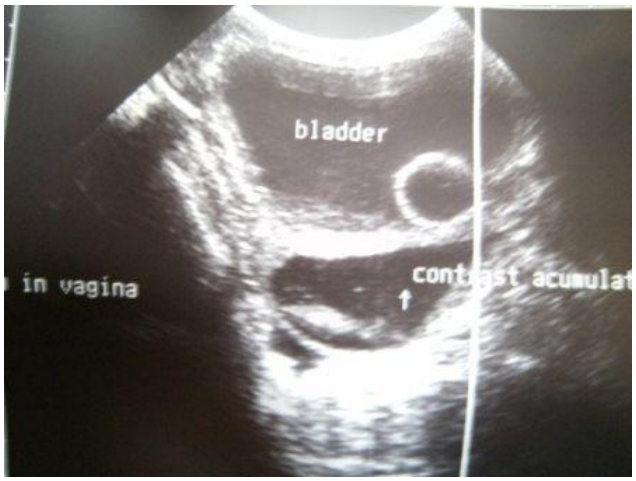

Figure 3: Sonogram showing contrast accumulation in the vagina