

Vesicovaginal Fistula With Bladder Eversion: A Rare Complication of Third Degree Cervical Descent

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This 48-year-old parous woman with a known uterine prolapse and cystocele presented with continuous urinary incontinence for four weeks. On examination, she was found to have a tear of the anterior vaginal wall through which the bladder mucosa had everted (Figure 1). This was confirmed by insertion of a Foley catheter (Figure 2). The bladder was gently repositioned and the eversion corrected. Six weeks after initial presentation, definitive repair was carried out via the vaginal and abdominal routes.

Total abdominal hysterectomy and left salpingo-oophorectomy was performed. The fistula was repaired vaginally with closure of the vaginal vault, followed by transabdominal omental grafting between the vaginal wall and the posterior wall of the bladder. The outcome was satisfactory.

Consent to publish these images has been obtained from the patient.

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Figure 1



Figure 2

