

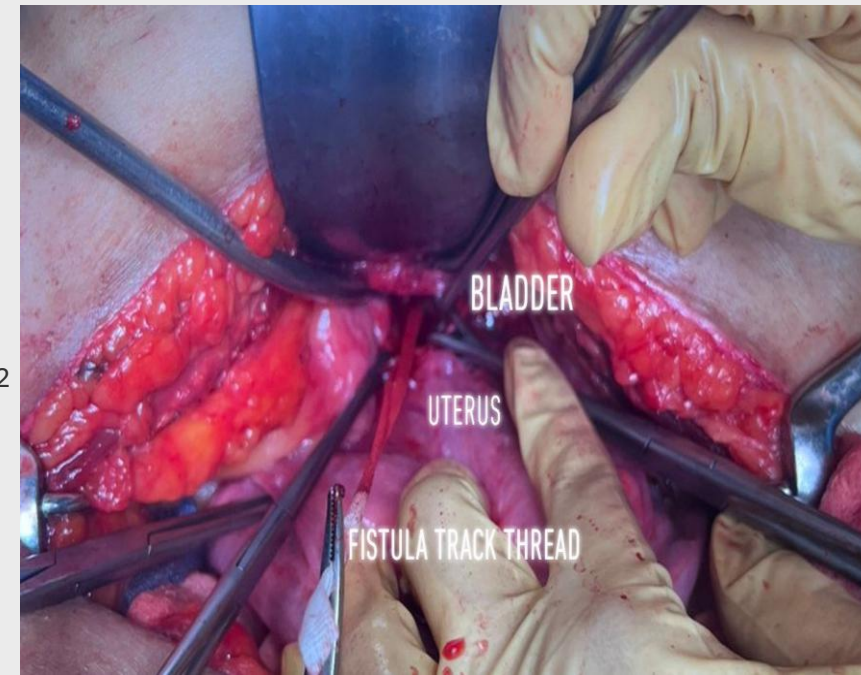
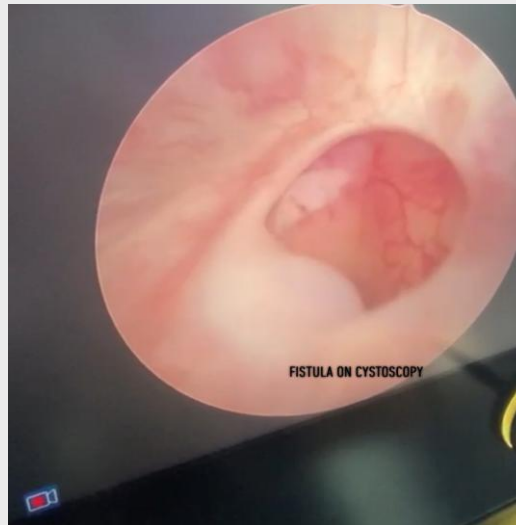
Case Report: Vesico-Cervical Fistula Following Uterine Curettage of Retained Placenta

Case:

A 45 year old, para 5 woman presented to our clinic with a 7 years history of persistent urinary incontinence which developed following dilation and curettage for retained placenta in vaginal delivery, initially misdiagnosed as urge incontinence and recurrent urinary tract infections leading to treatment with anticholinergics and antibiotics without improvement.

Clinical examination with methylene blue confirmed urine leakage through the anterior cervical lip.

Comprehensive evaluation revealed a vesico-cervical fistula 2 cm in size, located in the posterior bladder wall about 1.5 cm from the left ureteric orifice .



This case underscores the importance of considering fistulous tracts in patients with refractory incontinence post-gynecological procedures.

A multidisciplinary team approach is crucial in managing vesico-cervical fistula. Surgical intervention via an abdominal approach resulted in complete symptom resolution.

Management:

The patient underwent successful transabdominal surgical repair of the vesico-cervical fistula with an omental flap interposition.

At 21-days follow up: no persistent urinary incontinence or leakage. Voiding Cystourethrography confirmed bladder integrity, then foley catheter successfully removed.

At 6-month follow-up: patient was satisfied with the outcome. Clinical examination confirmed no signs of fistula recurrence.