VESICO VAGINAL FISTULA IN A WEST AFRICA’S COUNTRY: EPIDEMIOLOGICAL PROFILE AND MANAGEMENT

Hypothesis / aims of study
The vesico vaginal fistula constitutes a major public health problem in developing countries.

Its high frequency, but poorly estimated, her socioeconomic impact on a disadvantaged population, but also the difficulties associated with her management, have make the disease to be a major public health challenge. It is in this context that the initiative against obstetric fistula is born in Senegal and around the world with the main objective to repair vesico vaginal fistula, to realize social and professional reinsertion of women, and of course to ensure training of young surgeons. The objective of this study was to describe socio-demographic aspects and to review the management of women suffering from this disease, one of the main complications of delivery in developing countries.

Study design, materials and methods
This is a descriptive and analytical study of end results of the activities of surgeons at General Hospital in Grand Yoff in Senegal. We have included in the study all women with vesico-vaginal fistula of obstetrical origin. Ninety-five files of patients recorded from the data collection form have could thus be exploited.

Results
The mean age of patients was 31 years with extreme of 16 and 60. The monitoring of pregnancies attending antenatal clinics was incomplete for the majority of women and 60 percent of them had not saw a gynecologist all throughout pregnancy. The circumstance of labor is characterized by average working hours of 58 hours with extremes of 12 and 168 hours. The closing process used was that of Braquehaye in 62% of cases associated in 36% of cases with an urethroplasty. In the postoperative survey the average duration of catheterism is 10 days ranging from 2 to 15 days. The evolution was simple in 82% and 19% of cases of failure were noted.

Interpretation of results
Vesicovaginal fistula is a serious burden for developing countries. It is a sign of weakness of the health system. The management of this pathology needs the implication of all the stakeholders from government to non governmental organisations and of course the urologists who have to play a big part in research and training.

Concluding message
From these results the vesicovaginal fistula is curable disease. We have to emphasise the necessity to create good prevention’s policy but also to develop mechanism which can improve the management of existing cases.

Disclosures
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