VESICO-VAGINAL FISTULA AND BLADDER STONE CAUSED BY A PROTUDING SPIRAL TACKER 4 YEARS AFTER A LAPAROSCOPIC SACROCOLPOPEXY: CASE REPORT.

Hypothesis / aims of study
We report a case of bladder mesh erosion resulting in a stone and vescico-vaginal fistula due to spiral tacker used for vaginal wall mesh fixation during laparoscopic sacrocolpopexy. To our knowledge, this is the first case of such a complication after laparoscopic sacrocolpopexy.

Study design, materials and methods
A 67-year-old female came to see me for an urodynamic study for incontinence. Her previous medical history included a natural child birth and surgical menopause due to hysterectomy for fibromatosis at 45 years old. In the 2010 she underwent laparoscopic sacrocolpopexy for vaginal vault prolapse. She complained of urinary symptoms, burning sensation and urgency since 3 years. A month previous presentation progressive severe incontinence appeared, so that she used about 4 pann/day. At ultrasonography, perforated to measure the urinary post voiding residual, a hyperecogenic formation was noticed, in first instance attributed to a 4 cm bladder stone. The urethro-cystoscopy confirmed the presence of a bladder stone attached to the posterior bladder wall at the point of mesh erosion.

Results
A laparotomy and cistolitotomy was performed and showed a big stone developed on the eroded mesh, which resulted to have been fixed with spiral tackers on the anterior vaginal wall. The spiral tackers, had eroded into the bladder resulting in a stone and a vescico-vaginal fistula. The stone was removed with the mesh and all the tackers, and the fistula had been repaired with the interposition of the omentum. She made an uneventful recovery and was discharged home with a bladder catheter.

Interpretation of results
Mesh fixation with tacker systems is common in laparoscopic inguinal and ventral hernia repair but it is described also for promontofixation. Complications due to tackers are rare. There are reports of tacker related complications of adhesions, pain, hernia, intestinal obstruction, perforation of the bowel or urinary bladder and death. Several cases of spondylodiscitis were reported after use of tackers to the promontory; however this complication also occurs if sutures are utilized. To our knowledge the use of spiral tackers for mesh fixation to the vaginal wall have not been described in the literature. The length of a tacker is 4 mm long and depending on the thickness of tissue it may penetrate the neighboring structures with disastrous complications.

Concluding message
Spiral tackers in laparoscopic colpopexy, should be used, as described, only for the fixation of the mesh on the promontory. Alternative techniques of suture fixation of mesh may avoid the tacker related complications.

Disclosures
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