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CAUSES AND MANAGEMENT OF UROGENITAL FISTULAS AT A TERTIARY REFERRAL CENTER IN SAUDI ARABIA

Hypothesis / aims of study

To review the etiology and management of urogenital fistulas at a tertiary care referral center.

Study design, materials and methods

All cases of urogenital fistula referred to King Fahad Medical City, Riyadh, Saudi Arabia, from January 2005 till July 2016 were retrospectively identified from electronic records and analyzed. Data collection included patients' age and parity, etiology and type of fistula, radiological findings, management and outcome.

Results

Among 32 cases of urogenital fistula recorded, there were 17 (53.1%) cases of vesicovaginal fistula, six (18.8%) vesicouterine fistula, four (12.5%) vesicocervical fistula, two (6.3%) ureterovaginal fistula and three (9.4%) multiple fistulas (vesico-vaginal; -uterine; -cervical). The mean age was 41 (17–61) years, and the mean parity was 5.9 (0–15). Obstetric surgery was the most common etiology in 22 fistulas (68.8%), 20 of these (90.9%) were complications of cesarean delivery. Only eight cases (22.2%) were post-hysterectomy fistulas. A total of 40 surgical procedures were performed to repair the fistula, 20 (50%) via an abdominal approach, 11 (27.5%) via a vaginal approach, seven (17.5%) via a robotic approach and two (5%) using cystoscopic fulguration. Primary surgical repair was successful in 23 patients (74%), second repair in five (16.1%) and the third repair in one (3.1%). One fistula was cured after bladder catheterization and two patients are awaiting the third repair.

Interpretation of results

Amongst the 32 cases referred to our unit, almost two thirds resulted from iatrogenic obstetric causes mainly as a complication of repeat cesarean delivery and none were due to obstructed labor. This finding has important implications on the clinical guidelines for cesarean delivery and on the residency training curricula

Concluding message

Unlike the etiology of urogenital fistulas in other countries, most cases referred to our unit followed cesarean delivery, none was caused by obstructed labor and only a few occurred after hysterectomy. The majority of patients were cured after primary surgical repair.

References

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Disclosures

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