Indian Journal of Medical Case Reports ISSN: 2319–3832(Online)
An Open Access, Online International Journal Available at http://www. cibtech.org/jcr.htm
2015 Vol. 4 (2) April-June, pp.92-94/Singh et al.
Case Report

POSTCOITAL VESICO-VAGINAL FISTULA

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ABSTRACT
Consensual intercourse in an adult woman with normal vagina is not a known cause of vesico-vaginal fistula (VVF). Post coital VVF in adult woman without any predisposing factors is very infrequent. We managed one patient who presented to us as case of postcoital VVF. Being an extremely uncommon entity, it is being reported.

Keywords: *Vesicovaginal Fistula; Post Coital Vesicovaginal Fistula; Traumatic Vesicovaginal Fistula*

INTRODUCTION
Consensual intercourse in an adult woman with normal vagina is not a known cause of vesico-vaginal fistula (VVF), although it may occur due to sexual abuse or sexual intercourse in young girls. VVF in a normal vagina, apart from obstetric labour, is not usually seen (Hilton and Ward, 1996). VVF secondary to coitus is an extremely uncommon entity (Sharma *et al.*, 1987). Post coital VVF in adult woman without these predisposing factors is very infrequent (Roy *et al.*, 2002). We encountered one such patient. Being an extremely uncommon entity, it is being reported with review of relevant literature.

CASES
A 30- year-old married nulliparous woman presented to our hospital with complaint of dribbling of urine per vaginum for last 1 year. She had history of bleeding per vaginum and lower abdominal pain after having first consensual intercourse, for which she took treatment from some private practitioner and she got relieved of her immediate problems.
After 15 days of consensual intercourse, she complaint of dribbling of urine per vaginum. She had no significant past history or surgical history. On per vaginal examination, there was a rent in anterior fornix. Routine urine microscopic examination was normal. On cystoscopy, there was a rent of size approximately 8x8 mm just above the trigone.
Ureteric openings were normal. After getting anaesthesia fitness, transvesical repair of VVF was performed (Lee *et al.*, 1988). Figures (1- 2).
Post operative period was uneventful. Abdominal drain was removed on 4^{th} postoperative day, suprapubic catheter removed on 12^{th} postoperative day and urethral catheter removed on 21^{st} postoperative day. After four weeks, diagnostic cystoscopy and examination were performed, this revealed healed lesion in bladder and vagina.
At the time of surgery, biopsy from margin of fistulous rent was taken, which was normal on histopathological examination. She was advised to abstain from sexual intercourse for at least three months.

DISCUSSION
VVF is a scourge for any female, which often caused by childbirth (Obstetric VVF). It is an abnormal fistulous tract extending between the bladder and the vagina that allows the continuous involuntary discharge of urine into the vaginal vault. It can also be associated with hysterectomy, surgical treatment for cervical cancer, radiation therapy, and cone biopsy because vagina may become weak in all these pathological conditions (Oumachigui *et al.*, 1989). Sexual trauma is an unusual cause. Such post-coital VVFs have been reported in children following early consummation of marriage or sexual assault (Tahzib, 1985). Occurrence of VVF following consensual intercourse in an otherwise normal adult vagina is not common, as it requires a major thrust.

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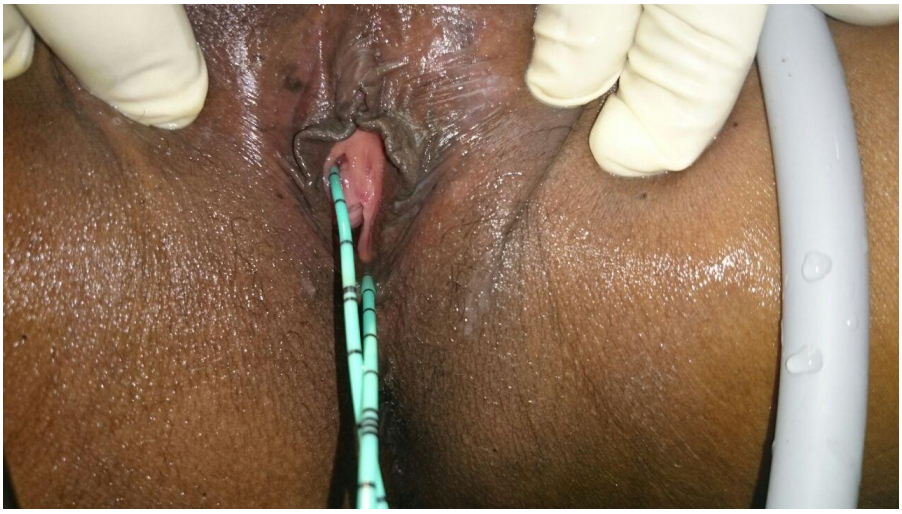

Figure 1: Vesicovaginal fistula demonstrated by passing catheter in it

Figure 2: Vesicovaginal fistula seen after opening of urinary bladder

In this case, diagnosis of post coital VVF was of exclusion, and it was probably the result of physical disparity of the partners and a frightened, unprepared woman. Rough coitus and abnormal position during

sexual intercourse could be contributing factors. In literature, there are only three reports of VVF after voluntary intercourse without any predisposing factor (Sharma *et al.*, 1987). However, in these patients, the presentation was immediate. In the present report, the diagnosis was a delayed one. For this reason, a high index of suspicion was needed for accurate diagnosis.

Conclusion

To conclude, young nulliparous woman presented within 1 month of first sexual intercourse with no history of vaginal trauma or vaginal instrumentation may have VVF. A high index of suspicion to diagnose these types of cases is warranted. Adequate evaluation and proper surgery may fetch good results.

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