CASE REPORTS

Rectovaginal Fistula

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INTRODUCTION

High rectovaginal fistulas are difficult to diagnose and can be missed even after radiologic evaluation. There may be multiple fistulous tracks, as found in this case. A thorough search is necessary,so as not to miss high placed fistulas.

CASE REPORT

A 56-year-old lady came with complain of severe pain in right hypochondriac region and passing feces through vagina from 1 year. She was diagnosed as a case of multiple gallstones in reference to her pain in right hypochondrium. She had undergone abdominal hysterectomy 22 years back at a hospital in the Gulf country. On per-vaginal examination, the fistula could not be exactly located and appeared to be quite high-up in the vaginal vault. Barium enema[1] under CCTV was done which revealed a high colonic fistulous track. The patient was taken for operative laproscopy.[2] Cholecystectomy was performed and the multiple gallstones removed. The fistulous track was ligated. Unfortunately there was persistence of discharge of fecal material postoperatively. The patient was then taken up for laparotomy.

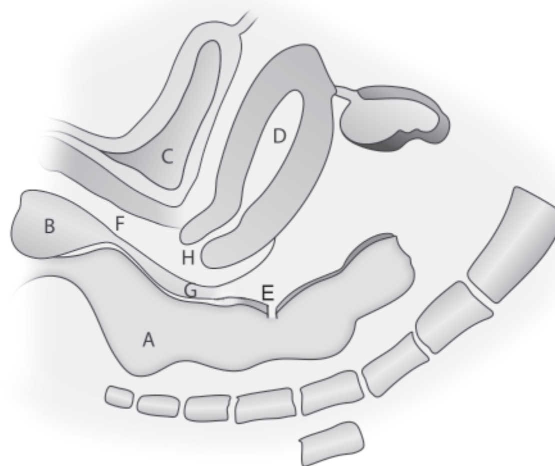
Extensive search was made to find out the fistulous tracks. Two tracks were traced and they were ligated. The extension of tracing fistulous track was done well beyond the rectum.

To aid repair of fistula, a hysteroscope was introduced through vaginal orifice to magnify the light. Colostomy[3] was done.

The patient was operated for closer of colostomy[4] after one and half months. There was complete healing of the fistulous tracks and patient had again started the natural bowel movement.

DISCUSSION

In this case there is no particular cause which can be pin-pointed. It could be due to chronic bowel inflammation. The surgical cause is nearly ruled out, as the duration of surgery and the fistula formation is 22 years. There is no history of drugs, which could have caused the fistula.



A—Rectum, B—Pubic bone, C—Urinary bladder, D—Uterus, E—Rectovaginal fistula, F—Vagina, G—Retrovaginal pouch, H—Cervix

Fig. 1: Rectovaginal fistula

The diagnosis of a high rectovaginal fistula (Fig. 1) connecting to the colon is confirmed by radiologic examination, i.e. barium enema.

The first operation was attempted by laparoscopy for two reasons:

- One for cholecystectomy and second for rectovaginal fistula repair.
- The high rectovaginal fistula is a difficult problem and is a challenge for treating clinicians.

The 2nd surgery in this case required colostomy which is supported from scientific paper on high colonic vaginal fistulas by Ivanisevic M, Krznar B, Sojat H, Martinac P, Majerovic,

et al. They have shown in their study that besides the surgical treatment of the fistula, in most cases, the contemporary colostomy is required.

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