

Vesico Vaginal Fistula Following Sexual Assault: Case Report

Emmanuel I. Nwobodo.

Department of Obstetrics and Gynaecology, Usmanu Danfodiyo University Teaching Hospital, P.M.B. 2370, Sokoto.

Abstract

A case of an eleven year-old Fulani girl who developed vesico-vaginal fistula (VVF) following sexual assault is presented. The patient was sexually assaulted in a farm by a 27 year-old Fulani cattle rearer. She started leaking urine 4 hours after the assault. Examination under anaesthesia and dye test revealed 0.5cm by 0.5cm juxta urethral fistula. She had indwelling urethral catheter for 21 days with urinary antiseptic and the fistula healed. This approach is a treatment option in young girls with traumatic VVF particularly where limited tissue access will make surgical repair difficult.

Key Words: Vesico-Vaginal Fistula, Sexual Assault. [Trop J Obstet Gynaecol, 2004;21:186-187]

Introduction

Vesico vaginal fistula is a very serious condition among the Hausa and Fulani women in Northern Nigeria with prolonged obstructed labour being the leading cause^{1,2,3}. Other common causes of VVF in developing countries include destructive operation such as craniotomy, forceps delivery, ruptured uterus, hysterectomy and cancer of the cervix^{4,5,6,12}. Coital laceration is rare cause of vesico vaginal fistula as most injuries tend to involve the posterior vaginal wall^{6,7}. The rarity of this cause of VVF occasioned this report.

Case Report:

An eleven year old Fulani girl from Zuru Local Government Area of Kebbi State presented in the gynaecological clinic of Usmanu Danfodiyo University Teaching Hospital with 5 days history of continuous leakage of urine following sexual assault. She was brought to the clinic by her father. She went to a farm 5 days prior to presentation when she was sexually assaulted by a 27 year old Fulani cattle rearer. She had mild vaginal bleeding immediately after the episode which was later followed by leakage of urine about 4 hours later. She had not attained menarche.

Physical examination revealed a depressed young girl. She was neither febrile nor pale. The findings on vaginal examination were healing 1st degree perineal laceration, disrupted hymen and 0.5cm by 0.5cm juxta urethral fistula. There was no vaginal discharge. The other systems were essentially normal.

She was admitted and had examination under anaesthesia/dye test and the findings were as highlighted earlier. She had indwelling urethral catheter for 21 days with urinary antiseptic (Tabs Nitrofurantoin 100 mg t.ds) and the fistula healed. She was discharged two days later after bladder retraining.

Discussion

Pressure necrosis following prolonged obstructed labour is the major cause of VVF in Nigeria^{8,9,10}. VVF following sexual assault is rare. Coital injuries of genital tract frequently affect the posterior rather than anterior vaginal wall^{6,7}. Most VVF are cured through surgical repair^{11,12}. However, conservative management using indwelling urethral catheter is often recommended as a preliminary measure in VVF due to prolonged obstructed labour before surgical approach, and in some cases spontaneous closure do occur¹¹. Limited tissue access and small size of the fistula necessitated the use of indwelling catheter as a treatment option in this case. It is therefore recommended that in similar cases, this approach may suffice.

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Correspondence: Emmanuel I. Nwobodo. Department of Obstetrics and Gynaecology, Usmanu Danfodiyo University Teaching Hospital, P.M.B. 2370, Sokoto

INTRODUCING

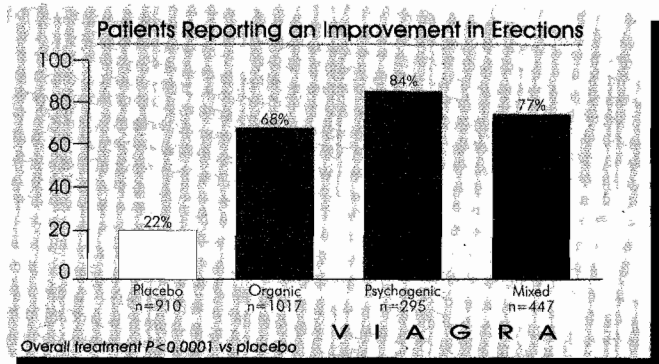


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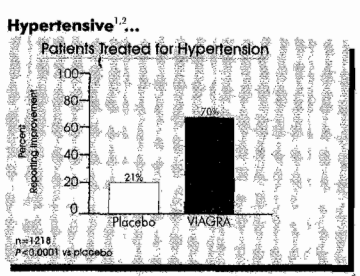
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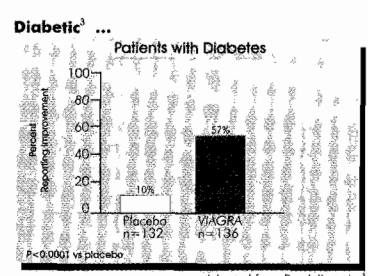
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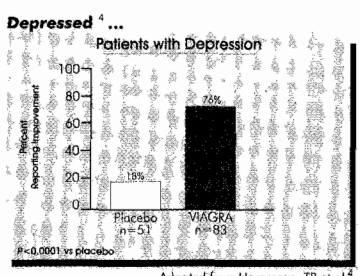
and in patients that are ...



Adapted from data on file¹ and Feldman et al.² Combined results from ten double-blind, placebo-controlled studies of 1218 patients with erectile dysfunction and hypertension. VIAGRA was administered on an as-needed basis 1 hour prior to sexual activity for 6 weeks to 6 months. At the end of the study period, patients were asked the GEQ: Has the treatment you have been taking improved your erection?



Adapted from Rendell et al.³ Data from a double-blind, placebo-controlled, flexible dose-escalation study of 268 men with erectile dysfunction and diabetes (types 1 and 2). VIAGRA was administered for 12 weeks. At the end of the study period, patients were asked the GEQ: Has the treatment you have been taking improved your erections?



Adapted from Hargreave, TB et al.⁴ Subgroup analysis of 134 patients with erectile dysfunction and depression from nine double-blind, randomized, placebo-controlled studies. VIAGRA was administered on an as-needed basis 1 hour prior to sexual activity for 6 weeks to 12 weeks. At the end of the study period, patients were asked the GEQ: Has the treatment you have been taking improved your erections?

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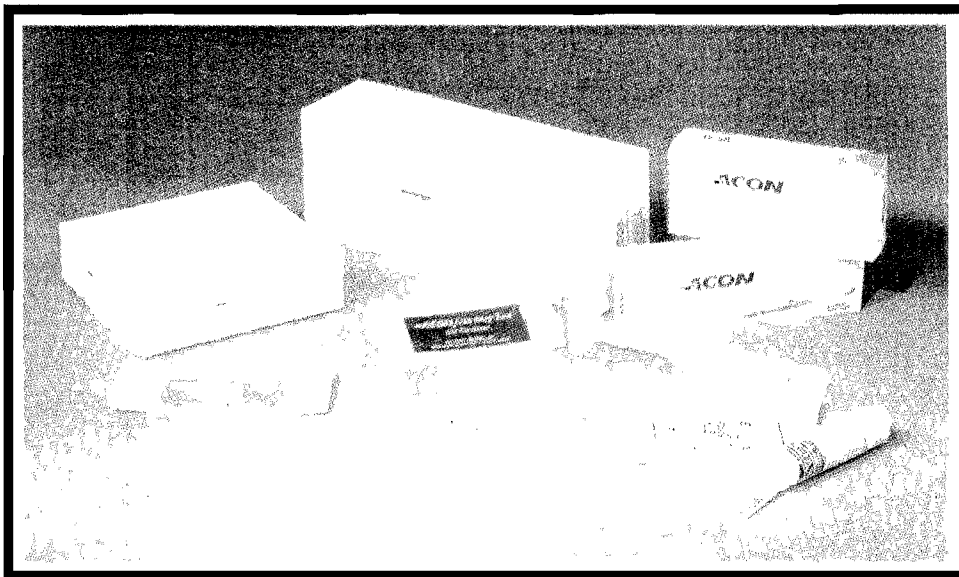


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