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Case Report

Urethrocutaneous Fistula after Transobturator Tape Operation

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ABSTRACT

Transobturator tapes have demonstrated good outcomes for stress urinary incontinence treatment in women however a delayed urinary tract fistulation can develop after bladder or urethral injury. The purpose of this report was to draw attention to this rare occurrence. CASE: 49 year old woman had undergone transobturator tension free vaginal tape (TOT) operation ten days ago,presented to the emergency room complaining of left groin pain, walking disability and urinary complaint.Blood tests, MRI and CT demonstrated a liquid collection extending from the labia majora to the thigh muscles on the left-hand side that suggested the presence of an abscess.Mesh was removed from the incision line of TOT with urologist.In conclusion, thigh abscesses can occur secondary to unusual pelvic processes. Both urologists and surgeons should have a high index of suspicion when 48 diagnosing such unusual presentations.

Keywords: Urethrocutaneous fistula; Transobturator tape operation; Stress incontinence

INTRODUCTION

Transobturator tapes have demonstrated good outcomes for stress urinary incontinence treatment in women however a delayed urinary tract fistulation can develop after bladder or urethral injury. The purpose of this report was to draw attention to this rare occurrence.

CASE

49 year old woman had undergone transobturator tension free vaginal tape (TOT) operation ten days ago,presented to the emergency room complaining of left groin pain, walking disability and urinary complaint (Figure 1). Blood tests, MRI and CT demonstrated a liquid collection extending from the labia majora to the thigh muscles on the left-hand side that suggested the presence of an abscess (Figure 2). Primarily Foley urinary catheter was inserted. Abscess was drained and consistent with urine. We gave 300 cc methylene blue from urinary catheter, leakage from incision side of abscess of thigh was seen (Figure 3). In cystoscopy while bladder was detected as normal, mesh was found in lower urethra causing an anterior urethral erosion (migration) (Figure 4). Mesh was removed from the incision line of TOT with urologicist. Because of defect was little urologist didn't suture and 20FR Foley urinary catheter was inserted. After no leakage was seen in cystography, urinary catheter was removed followed up by 2 weeks (Figure 5). Stress urinary incontinence was treated with oral duloxetine 2x40 mg/day.

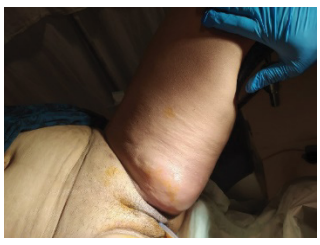

Figure 1: Abscess formation in left groin area.

One rare variant is a urethrocutaneous fistula that may present as a thigh abscess arising from various aetiological factors, including congenital or postoperative causes such as hipospadias surgery and phalloplasty or metoidioplasty [1,2]. The bladder has to be kept

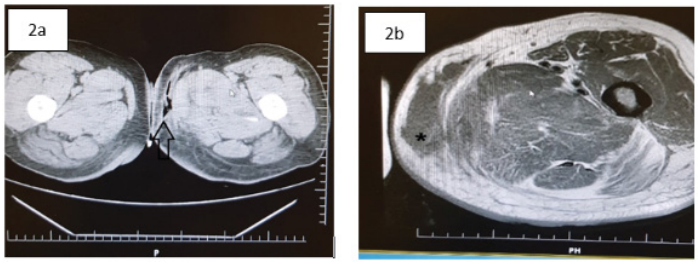

Figure 2: (a)Pelvic axial CT: Arrow; liquid collection (arrow) from labia majora to adductor muscle, (b) Axial T2-weighted image: Asterisk; liquid collection(arrow) from the labia majora to the adductor muscles. Hyperintensity secondary to the myositis process.

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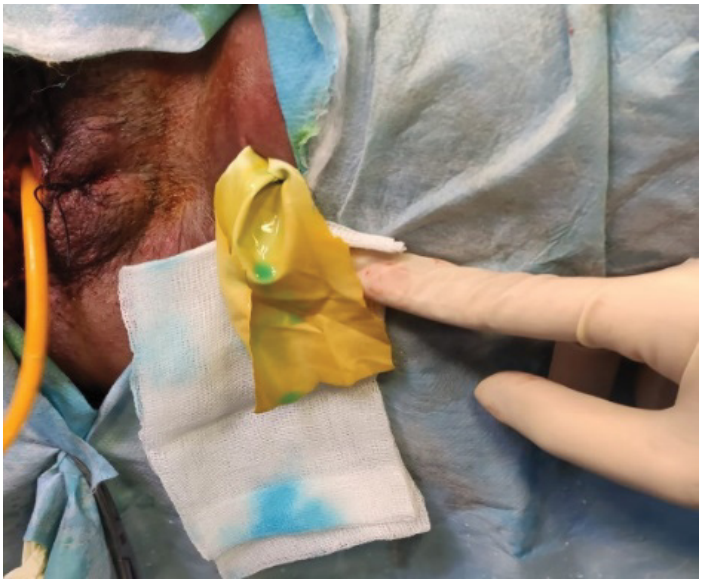

Figure 3: Leakage of methylene blue from drainage side on thigh.

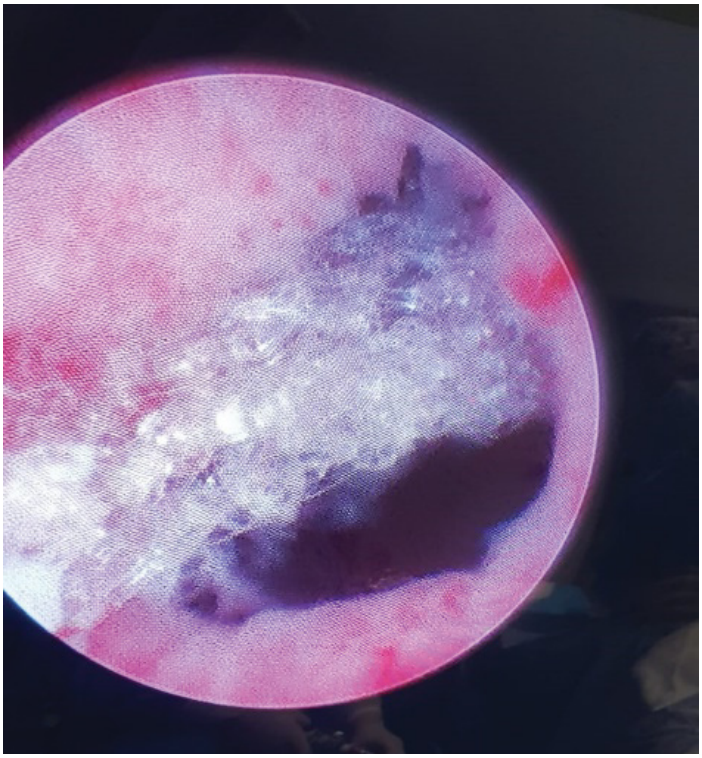

Figure 4: Tension free mesh in mid-urethra.

empty to avoid any increase in pressure or urine leak are crucial to enhance tissue healing. In our present case, was successfully treated with mesh excision,defect repair and outpatient follow-up. Our case is the first reported case in literature of urethrocutaneous fistula after transobturator tape operation.

In conclusion, thigh abscesses can occur secondary to unusual pelvic processes. Both urologists and surgeons should have a high index of suspicion when 48 diagnosing such unusual presentations.

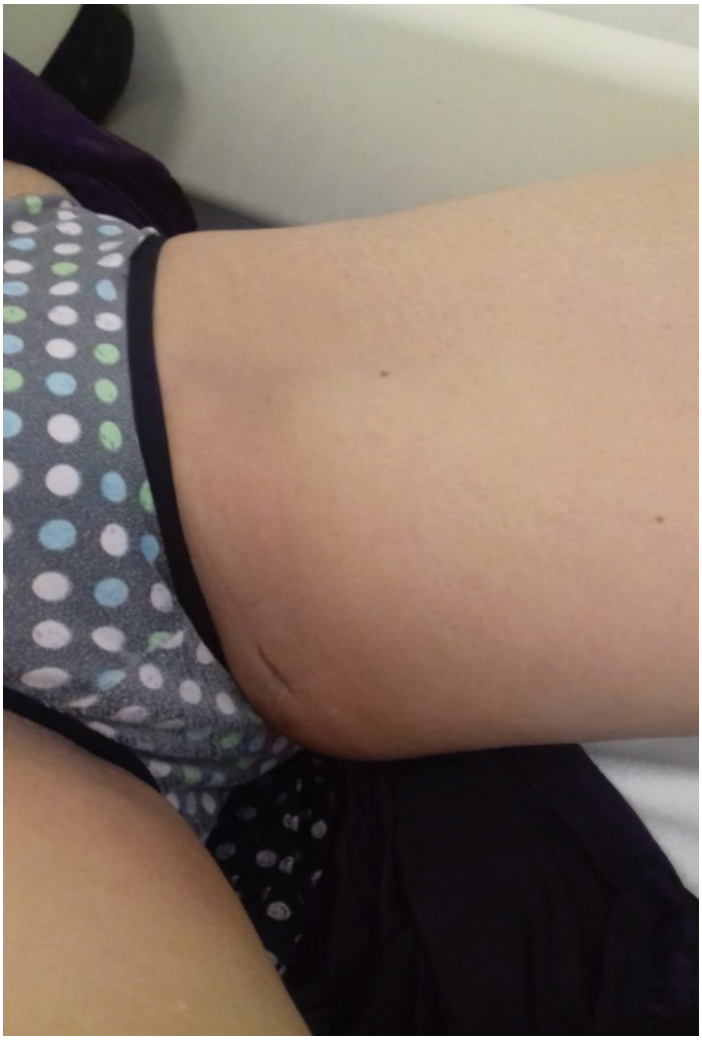

Figure 5: Postoperative result of fistula area.

CONSENT

Written informed consent was obtained from the patient for publication of this Images in Urogynecology and any accompanying images.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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Table 3: Urodynamic findings in group-3 (14-18 years).

UDM Parameter		No. of Patients (n=12)	Percentage (group %)
Hyperreflexia		1	8.3
Compliance	Good	6	50.0
	Poor	5	41.7
Bladder capacity	Normal	4	33.3
	Decreased	2	16.7
	Increased	6	50.0
Detrusor pressure during voiding	Sustained	3	25.0
	Waxing and waning	5	41.7
	Myogenic failure	4	33.3
DSD		1	8.3
Did not void on catheter		Nill	-
Post void residue	Insignificant	8	66.7
	Significant	4	33.3