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.

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 urologist. 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.

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

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pelvic processes. Both urologists and surgeons should have a high index of suspicion when diagnosing such unusual presentations.

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.

REFERENCES

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

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

Figure 4: Tension free mesh in mid-urethra.

Figure 5: Postoperative result of fistula area.
Table 3: Urodynamic findings in group-3 (14-18 years).

<table>
<thead>
<tr>
<th>UDM Parameter</th>
<th>No. of Patients (n=12)</th>
<th>Percentage (group %)</th>
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<tbody>
<tr>
<td>Hyperreflexia</td>
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<tr>
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<tr>
<td>Poor</td>
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<td>Bladder capacity</td>
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<tr>
<td>Decreased</td>
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<tr>
<td>Increased</td>
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<td>Detrusor pressure during voiding</td>
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<tr>
<td>Waxing and waning</td>
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<tr>
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<tr>
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<td>Post void residue</td>
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<tr>
<td>Insignificant</td>
<td>8</td>
<td>66.7</td>
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<tr>
<td>Significant</td>
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