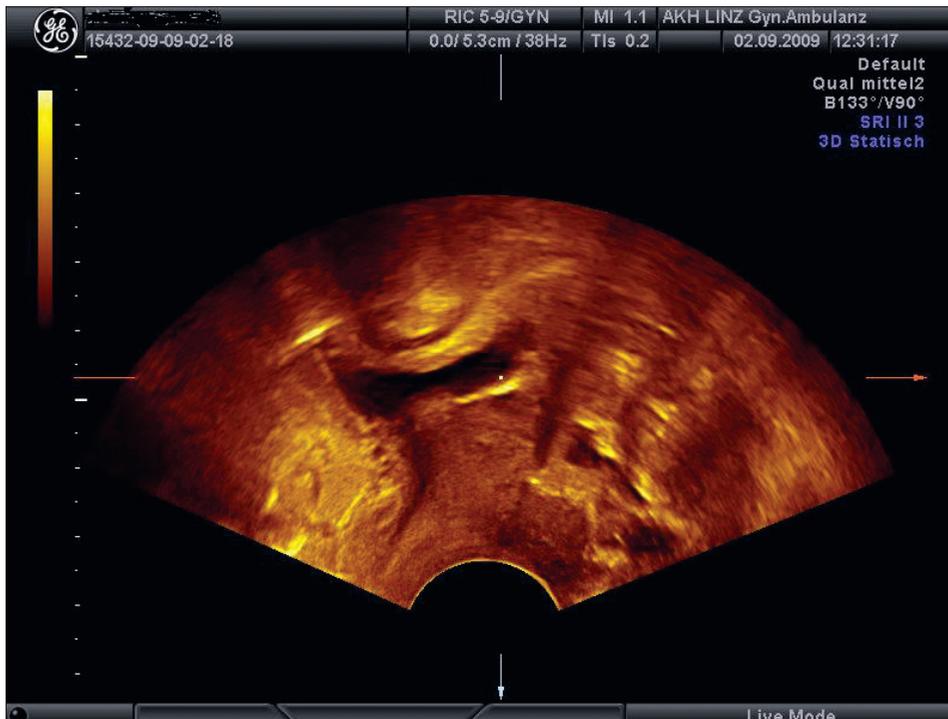
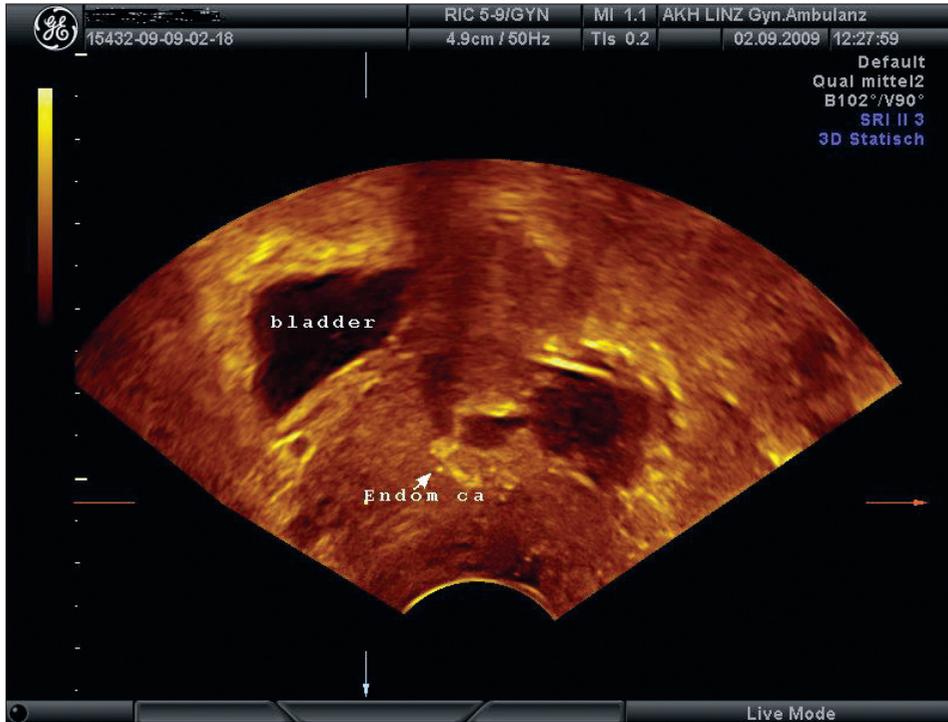


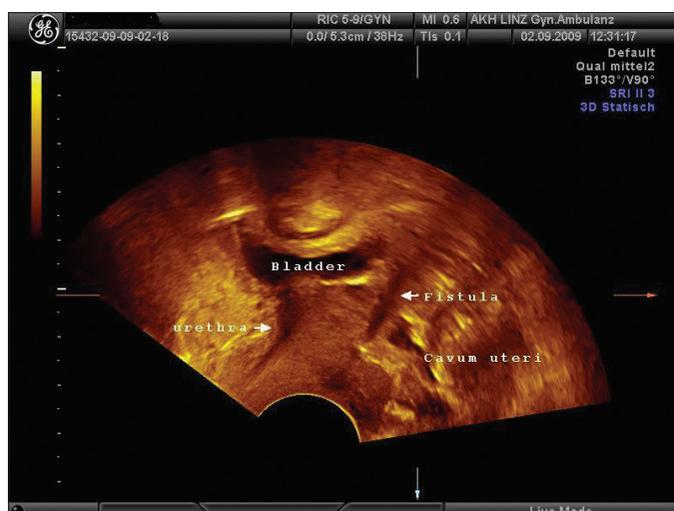
What is your diagnosis ?



Answer

The vesicovaginal fistula is still very common in developing countries. In western Africa, its incidence in obstetrics is about 3 per 1000 births. The absence of facilities for transurethral catheterization and Caesarean section are the reasons for tissue ischemia during a prolonged second stage of labor.

In Europe, the vesicovaginal fistula most commonly occurs for iatrogenic reasons, following surgery in the lesser pelvis. In 75% of cases it occurs after gynecological procedures, especially after oncologic radical operations. Every vesicovaginal



fistula with the cardinal symptom of absolute urinary incontinence signifies a major limitation of the patient's quality of life and may even lead to social isolation. Spontaneous closure is a rare occurrence. Surgical closure by means of a vaginal or transabdominal access leads to definitive closure in a large percentage of cases (1).

In our case a 87 year- old woman with advanced endometrial carcinoma was referred with urinary incontinence. Her gynecologic history revealed primary chemo+radiotherapy in 2005. The diagnosis of vesicovaginal fistula was confirmed by computerised tomography. Because of her multiple morbidity surgical repair was not performed. The patient died two weeks after sonographic diagnosis of vesicovaginal fistula.

As presented in these pictures, the diagnosis of vesicovaginal fistula can also be made by so-nography. Compared to two-dimensional sonography, the additional coronarview of three-dimensional ultrasound makes it easier to understand the complex anatomy of the patient.

Cemil Yaman

Department of Obstetrics And Gynecology, General Hospital of Linz, Austria

References

1. John.H. Vesikovaginale Fistel: Rekonstruktive Techniken Journal für Urologie und Urogynäkologie 2005; 12: 35-6.