Case Report

Vesicovaginal fistula: an uncommon complication of a perineal burn in a 12-year-old girl

Taycir Cheikhrouhou1,2*, Mahdi Ben Dhaou1,2, Manar Hbaieb1,2, Hayet Zitouni1,2 and Riadh Mhiri1,2

1Department of Pediatric Surgery, Hedi Chaker Hospital, Sfax, Tunisia
2University of Medicine of Sfax, University of Sfax, Sfax, Tunisia

Abstract

Perineal burns are a rare finding in children that may cause severe complications. Vesicovaginal fistulas are an uncommon complication of a perineal burn that can be a tragedy for girls suffering from them. Fistula and/or its treatment are a socially debilitating problem with significant medicolegal implications. We present a rare case of a girl with a history of traumatic perineal burns who was diagnosed with a vesicovaginal fistula and repaired through a transvaginal approach.

Introduction

Vesicovaginal Fistula (VVF) is an abnormal communication between the bladder and the vagina. It may be located at different levels and occur most of the time in a traumatic context [1]. VVF is rare in girls. They occur most of the time during trauma. This condition has far-reaching social implications on the patients, due to the constant dribbling of urine causing wetting of clothes, the accompanying smell and the constant ostracism, humiliation and destitution [1-4]. The purpose of this observation is to present the case of a thermal burn fistula in a 12-year-old girl and to discuss the management.

Case report

A 12-year-old girl, with a history of thermal burn to 10% of her upper extremities and perineum, was referred to our department approximately 6 months after the traumatic perineal burn, with permanent and involuntary urine loss through the vagina. Physical examination revealed maceration lesions on the external genitalia and the inner face of the thighs. There was a spontaneous and permanent loss of urine through the vagina in orthostatism. At intravenous urography, we noted opacification of the vagina by contrast and urine leakage while standing (Figure 1). At cystoscopy, the diagnosis was established by filling the bladder with a dilute solution of methylene and the fistula is 7 mm in diameter (Figure 2).
The cure of the fistula was performed through a transvaginal approach. We performed an incision around the fistula, followed by a dissection between the vagina and bladder. Each structure was then sutured separately (Figure 3). The postoperative course was uneventful with the satisfactory result with no micturition disorder.

The transvaginal route for repair is preferred as it has low morbidity, higher success rates and minimal complications. Younger age and a smaller fistula size were significantly associated with successful anatomical closure [7]. In our case, the cure of the fistula was performed through a transvaginal approach. An incision around the fistula followed by dissection between the vagina and bladder. This allowed us to cure the fistula with a satisfactory postoperative result with no micturition disorder due to sphincter damage.

Conclusion

VVF following perineal burns in girls has a direct bearing on the quality of life with physical, functional, sexual and psychological ramifications. Prompt diagnosis and timely repair are essential for the successful management of these cases. Medico-legal aspects should be always taken into account.

Consent for publication: The parents of the patient have consented to the use of clinical photographs for publication and the research process.

References