



## General Surgery

## A CASE OF VESICOCUTANEOUS FISTULA IN AN OPERATED CASE OF OPEN INGUINAL HERNIA REPAIR.

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**ABSTRACT**

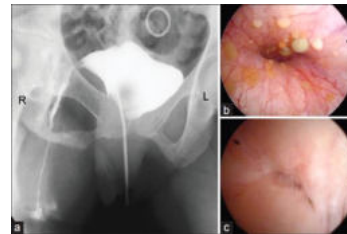
Here we present you a case of 67 year old man who came to the OPD presenting with complaints of watery discharge from the scar of previously operated left sided open inguinal hernia repair since 20-25 days, intermittent in nature. No other complaints were present.

**KEYWORDS :****INTRODUCTION**

Vesicocutaneous fistula is a rare type of urinary fistula. It is often distressing and may negatively impact on the quality of life of the affected person. By definition it is an abnormal communication between two or more organs that are lined by epithelium.

**CASE REPORT**

- Our patient, 67 year old in age presented to the OPD in December 2022 with complaints of watery discharge from the scar of previously operated left side open inguinal hernioplasty, since 20-25 days, intermittent in nature. No other complaints were present
- The patient gives a history of right sided inguinal hernia repair in 2005 and left sided open inguinal hernia repair in 2017 followed by hernia repair with meshplasty for recurrence on the left side done 3 months back (papers not available).
- On examination patient presented with a sinus opening over the left inguinal scar. USG local was done which suggested of sinus tract 3-4 cms deep from the skin surface. The patient was misdiagnosed to be as a case of infected hernia mesh and was to be posted for infected mesh removal.
- However further examination revealed ammonia like odor coming from the discharge.
- A per urethral catheter was inserted in the patient was methylene blue dye was injected through the sinus opening. Finding gave a methylene blue stained urine present in the urobag.
- CT urography was done which suggested that the administered contrast was seen coming out of the bladder via a fistulous tract of maximum diameter 15.6 mm. Features suggestive of vesicocutaneous fistula.
- Cystoscopy was carried out which suggested of a rent in the left anterior wall of the bladder 1cm in size. No evidence of calculi noted.
- The patient was worked up. He was operated for local wound exploration with fistula excision with bladder rent repair with mesh removal.



Injecting methylene blue dye through sinus Cystoscopy findings in vesicocutaneous fistula. opening.

**DISCUSSION:**

- Vesicocutaneous fistula suggests of an abnormal communication between a bladder cavity and the external skin surface.
- Most of the fistulas could be iatrogenic, it could be as a result of congenital anomalies, malignancy, inflammation, infection, radiation therapy, external tissue trauma and ischemia.
- Vesicocutaneous fistula presents as a great deal of inconvenience, discomfort and physical disability for the affected patient. Also vesicocutaneous fistula due to iatrogenic cause amounts unto a medico legal case against the medical practitioner, hence minimising the patient discomfort and reassuring the patient and successful treatment of the fistula results in satisfactory long term outcome.
- As few of the vesicocutaneous fistulas heal by conservative management, most of them require surgery.
- The cause of the vesicocutaneous fistula can be due to-

Bladders being present as the content of hernia sac and while fixing the mesh the suture are taken through the bladder. The above pathologies can be seen in the following cases-

- Recurrent hernia repair presents with distorted anatomy and the bladder couldn't be identified.
  - Sliding hernias.
  - Direct hernia.
- Vesicocutaneous fistula is a preventable complication of open inguinal hernia repair which requires careful identification of viscera and meticulous dissection.

**REFERENCES**

- Partin, A., Dmochowski, R., Kavoussi, L., & Peters, C. (2021). Urology. Elsevier.