

## Laparoscopic Management of Post-Cesarean Section Uterocutaneous Fistula

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### About the Author



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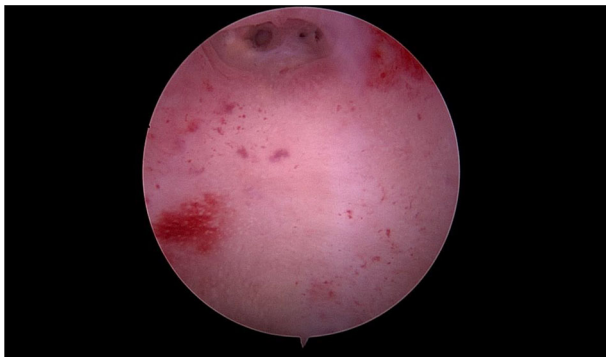
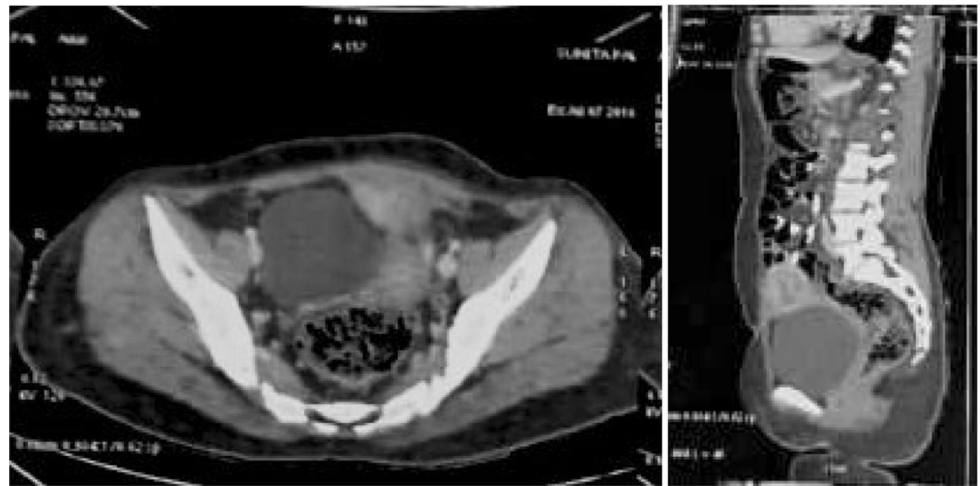
**Abstract** A uterocutaneous fistula is a rare clinical presentation that occurs following cesarean section or any other pelvic surgery. We describe a case of uterocutaneous fistula with successful surgical management. A 25-year woman was referred to our hospital with complaints of cyclical bleeding from lower segment cesarean section scar (LSCS scar). It was diagnosed as uterocutaneous fistula on ultrasonography and computed tomography. The fistula tract was excised. Histopathology report was suggestive of sinus tract due to tuberculous etiology. Patient was started on antituberculous treatment. Recovery was uneventful.

**Keywords** Uterocutaneous fistula · Cesarean section · Laparoscopy

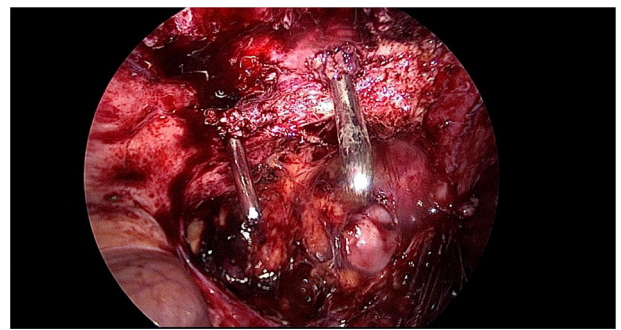
### Uterocutaneous Fistula

A 25-year-old P1L1 complained of cyclical oozing of blood from her cesarean scar since 3 months during menses. She had history of LSCS done 9 months back with no

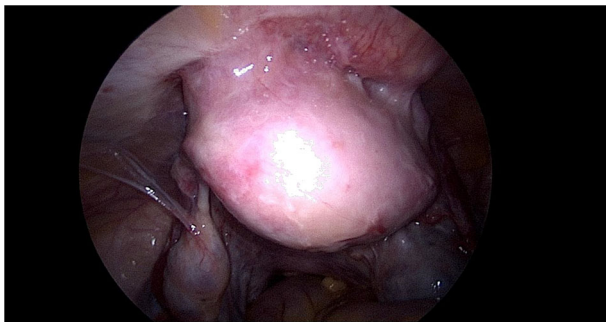
**Fig. 1** On CT scan there was evidence of fluid collection anterior to the uterus which communicated With the skin by two linear tracts



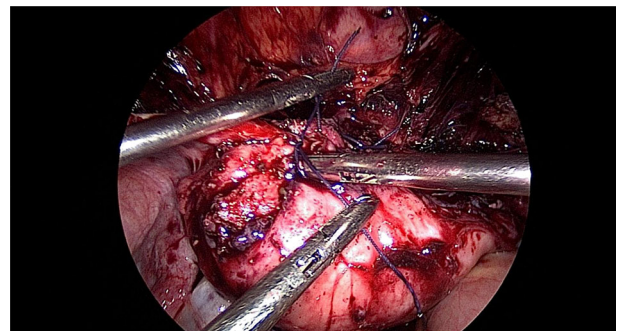
**Fig. 2** Hysteroscopic view of opening of the fistulous tracts at the level of isthmus with granulation tissue around



**Fig. 4** Opening of the tracts in the uterus were visualized by passing dilators through the fistulous openings from the skin and were excised



**Fig. 3** Uterus densely adherent to the anterior abdominal wall

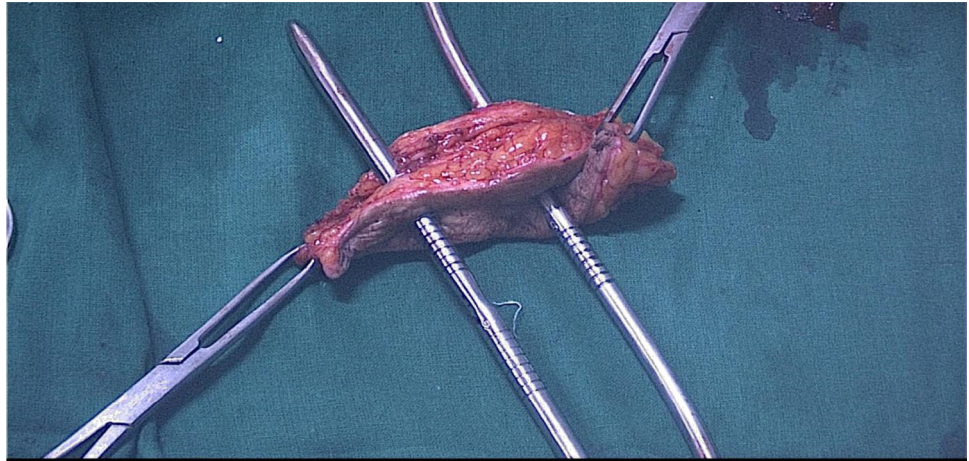


**Fig. 5** Edges of the uterine tissue were trimmed and uterine wall was repaired

past history of tuberculosis. On abdominal examination, two pinpoint openings were seen at the scar site. On ultrasonography and CT scan, there was evidence of fluid collection anterior to the uterus which communicated with the skin by two linear tracts of size  $2.6 \times 0.35$  cm and  $2.4 \times 0.36$  cm (Fig. 1). On hysteroscopy, fluid was seen coming through the fistulous opening on the skin, and the other end of the opening was seen at the level of isthmus (Fig. 2). On laparoscopy, uterus was densely adherent to

the anterior abdominal wall (Fig. 3). Adhesiolysis was done with harmonic and scissors. The opening of the tracts in the uterus was visualized by passing dilators through the fistulous openings from the skin and was excised (Fig. 4). Edges of the uterine tissue were trimmed and repaired with polyglactin no. 1 in two layers (Fig. 5). The LSCS scar with fistulous tracts was excised (Fig. 6). Histopathology of the sinus tracts was suggestive of tuberculous etiology. Patient

**Fig. 6** Elliptical incision was taken at the previous LSCS scar around the fistulous tract openings. Tracts were excised



was started on antituberculous treatment. Postoperative wound healed without any complications.

**Author Contributions** NS has operated this case, searched literature and done the final proof reading of this article; PC who has done fellowship in laparoscopy under Dr. Nitin Shah has written this article, done literature search and helped in proof reading this article; and VM who has done fellowship in laparoscopy under Dr. Nitin

Shah has assisted this case, done literature search and helped in proof reading this article.

#### **Compliance with Ethical Standards**

**Conflict of interest** We have no conflict of interest or financial interests for the article.

**Informed Consent** We authors hereby declare that we have taken the informed consent from the patient.