



Giant Bladder Stones in Vesico-Vaginal Fistula (VVF) Surgery: Challenges and Surprises

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ABSTRACT:

Introduction and Objective: Vesico-vaginal fistula (VVF) in the Tropics result predominantly from an obstetric injury. Urinary incontinence causes these women to live in isolation, with social stigma, psychological trauma, and loss of source of livelihood. Stone formation in VVF tracts and bladder is uncommon. We share our experience with 3 patients seen between 10/02/2016 and 27/04/2019 to highlight the needs of these women.

Method: **Case 1-** 23year old lady G1, at age 18, had obstructed and prolonged labour resulting in still birth, vesico-vaginal fistula, urinary incontinence for five years in isolation and poverty. Assessed at the Surgical outreach program 10/02/2016, a hard supra-pubic mass turned out to be a large 8 x7 cm stone. Through abdomino-vaginal incisions, the stone was removed and fistula closed in 3 layers, leaving an indwelling catheter for 7 days. She is dry and continent with good function > 12 months. Similarly, **Case 2** (26/04/2019) **Case 3** (27/04/2019) had obstructed labour and still births and presented late with vesico-vaginal fistulae, urinary incontinence and giant stones. Both required staged retrieval of the stones and repair of the fistulae with satisfactory outcomes > 6 months.

Results: These 3 women represent a group of patients who are afflicted by obstetric fistula as a result of unattended prolonged and obstructed labour in communities that lack appropriate prenatal and maternal care resources. Surgical outcomes have been satisfactory. However, delay in seeking help, recurrent infections, insertion of foreign bodies and or 'traditional remedies', social stigma, isolation and poverty impact optimal care.

Conclusion: Giant stones associated with vesico-vaginal fistula present some challenges and surprises. Experience and collaborative care are essential for good outcomes. Prevention, through public health education, access to good quality maternal programs, improvement in education and socio-economic status should reduce this condition to the minimum.