Complicated Membranous Urethro-anal Fistual Treated With Staged Scrotal Flap urethroplasty

Dr. S.K.S. Marya, M.S., FICS
Dr. S.P. Yadav, M.S.
Dr. P. Garg, M.S.
Dr. Ashok K. Gupta, M.S.

KEY WORDS

Urethral stricture, Ano-urethroanal Fistula, Scrotal flap.

ABSTRACT

A rare case of inatrogenic membranous urethroanal fistula is reported. The fistula was associated with stricture urethra and scarred anal sphincter. The anourethral fistula and stricture urethra were treated simultaneously by staged scrotal flap urethroplasty without disturbing the anal sphincter.

CASE REPORT

A 22 year old male presented to urological services of this department in June 1986 with complaints of leakage of urine per anum during micturation. A detailed interrogation revealed following sequence of events :

In 1973 - Sustained fracture pelvis as work injury but had no urinary problem. Few months later, he started having signs and symptoms of urinary outflow obstruction.

In 1974 - Developed a fistual-in-ano which was excised. It had recurred for which fistulectomy was repeated after 6 months. This time, post- operatively, he started passing drops of urine through the wound during micturition.

In 1977 - Suprapubic cystostomy was done and fistula was excised. On closure of

suprapubic cystostomy, patient started passing uring through the anus.

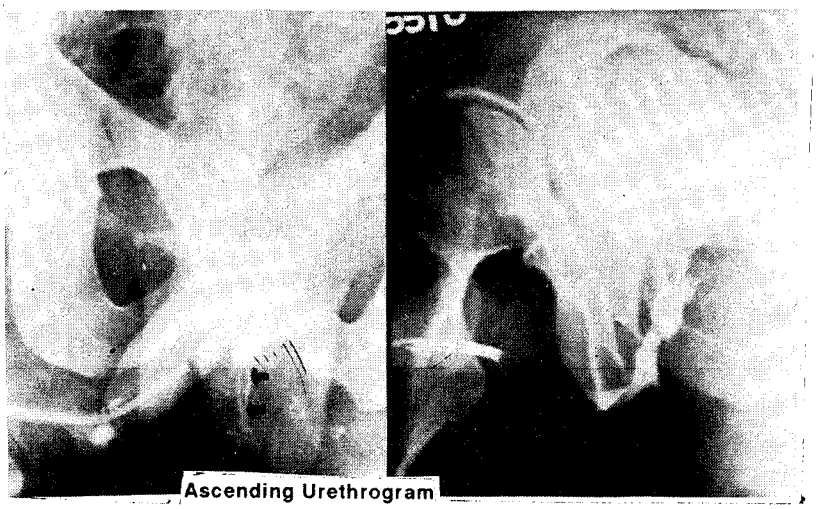
In 1980 - Nephrectomy was done on right side for pyonephrosis.

There was history of repeated urethral dilatation for stricture urethra ever since he had obstructive symptoms. But, problem of abnormal passage of urine persisted till he presented to this centre. Patient was continent otherwise, without any history of pneumatura and fecaluria.

On examination, the only positive local finding was lax and sphincter. Methylene blue test confirmed a urinary fistula. At urethroscopy, an opening was seen in the proximal part of membranous urethra just distal to verumontanum. A passable stricture was present distal to the fistulous opening. Anoscopy revealed the opening of fistula approximately 3 cms above the anal averge on right side. On retrograte urethrography, narrowing of proximal part of bulbous urethra and flow of contrast into the fistulous track was seen.

In October 1986, a preliminary faecal and urinary diversion was carried out through a pelvic colostomy and suprapubic cystostomy. In December 1986, fistulous tract was laid open. First stage scrotal flap urethroplasty was done in February 1987. In March 1987, cystostomy was closed. Postoperatively, patient was passing urine through the perineal urethrostomy and anus was dry. Colostomy was closed in May 1987. Second stage urethroplasty was completed in March 1989. After removal of urethral catheter, patient was passing urine normally and perineum was dry. Retrograde urethrography and urethroscopy done in April 1989, did not show any narrowing of urethra, false passage or a fistulous track and after a follow-up of one and a half year, same status is maintained.

Photograph 1



Ascending Urethrogram

Figures :

1. Passage of Contrast Into Anorectum (Pre-Op.)
2. Post-Operative Results.

COMMENTS

Urologists till date, are facing the challenge of complicated fistula between the urinary tract and rectum. The literature is full of various techniques for repair of rectourethral fistula. However no single procedure has emerged as a technique of choice. At best, choice of procedure is decided by personal experience. Trans-sphincteric approach in the presence of a healthy sphincter is through anus. In our case, however, due to presence of unhealthy scarred sphincter, damaged by fistulectomy two times previously, an alternative approach had to be thought of! In view of previous experience and gratifying results of scrotal inlay flap urethroplasty, this procedure was selected to close the urethroanal fistula without disturbing the anal sphincter.

Staged scrotal flap urethroplasty appears to be a simple and safe procedure especially in a situation like ours.

REFERENCES :

1. Zimmern, P.E. and Cukier, J. Prostatic and Membranous Urethrorectal Fistulas : A New Technique of Surgical Closure. J. Urol., 1985; 134 : 355-357.
2. Marya, S.K.S. Operative Treatment of Stricture Urethra, Ind. J. Surg., 1979: 41: 17-20
3. Tiptaft, R.C., Motson, R.W., Costello, A.J. et al. Fistula involving rectum and urethra ; the place of Parks' operations. Brit. J. Urol., 1983: 55: 711-715.

AUTHOR'S NAME AND ADDRESS :

1. Dr. S.K. S. Marya, M.S., FICS, Professor & Head
2. Dr. S.P. Yadav, M.S., Presently Senior Resident Urology, AIIMS, New Delhi.
3. Dr. P. Garg, M.S., Lecturer, Surgery Unit - I
4. Dr. Ashok K. Gupta, M.S., B.S., Junior Resident, Surgery Unit - I

Department of Surgery and Urology,
Medical College,
Rohtak.