

Georgescu D.A.¹, Moldoveanu C.², Geavlete B.F.¹, Stanescu F.², Ene C.¹, Cozma C.², Bulai C.¹, Multescu D.R.², Geavlete P.A.¹

¹ "St. John" Clinical Emergency Hospital, University of Medicine and Pharmacy "Carol Davila", Dept. of Urology, Bucharest, Romania, ² "St. John" Clinical Emergency Hospital, Dept. of Urology, Bucharest, Romania

Introduction & Objectives: Iatrogenic ureteral lesions may appear as a complication of abdominal surgical procedures, mainly after pelvic or retroperitoneal procedures. The purpose of this paper is to evaluate the treatment alternatives, especially the endoscopic approach of ureter-vaginal fistula.

Materials & Methods: Between January 2012 and December 2018, 6 patients were hospitalized with uretero-vaginal fistula occurring after hysterectomy (benign uterine tumor 4 cases and cervical neoplasm 2 case). The investigative protocol included clinical examination, bio-umoral analysis, urinary ultrasonography and CT scan or intravenous pyelography.

Results: In 5 cases, the diagnosis was made in the early postoperative period. One of these patients presented vaginal leakage after laparoscopic hysterectomy. In another case, the patient complained of urinary incontinence 12 years after hystectomy. Retrograde pielography revealed pelvic ureteric fistula (extravasation of contrast substance - ureter right 4 cases and left ureter 12 case) with uretero-hydronephrosis grade II-III. In 2 cases, open surgery with ureteral reimplantation was performed. In three cases, the treatment consisted in placing an ureteral stent under radiological control. For the case which occurred after laparoscopic procedure, partial thermal lesion of the ureter was diagnosed. A guide-wire was ascended cystoscopically under laparoscopic control to allow advancement of the guide and a JJ stent was left in place. Urinary leakage has resolved postoperatively. Antibiotic and anti-inflammatory treatment was performed during hospitalization. Endo-ureteral prosthesis was extracted 2 months after surgery. The ultrasound control performed 3 and 6 months postoperatively revealed complete remission of hydronephrosis.

Conclusions: Prevention, early diagnosis as well as correct management of iatrogenic ureteral lesions are of overwhelming importance in reducing morbidity after surgical procedures.