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CASE REPORT

Vesicocervical fistula: rare complication secondary to intrauterine device (Lippes loop) erosion

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Abstract We report a case of vesicocervical fistula following intrauterine device (Lippes loop) erosion following insertion 45 years ago. Vesicocervical fistula was suspected clinically. Ultrasound and magnetic resonance imaging confirmed the presence of a foreign body. Biopsy and magnetic resonance imaging were performed to rule out malignancies of the urogenital tract. The fistula was managed by laparotomy, hysterectomy, and bladder flap closure. We report this case because of its rarity.

Keywords Vesicocervical fistula · Urinary incontinence · Intrauterine contraceptive device

Introduction

Vesicocervical fistula is very rare, accounting for approximately 4 % of all urogenital fistulas. Most of them occur following Caesarean section or pelvic surgeries. Patients present with urinary incontinence, menouria or amenorrhoea. Management depends on the site and size of the fistula. Vesicocervical fistula is a rare form of urogenital fistula; only 16 cases of vesicocervical fistulas have been reported. Our case is vesicocervical fistula secondary to intrauterine device (Lippes loop) erosion 45 years after insertion.

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Case report

A 70-year-old post-menopausal woman, para 5, living 4, not sterilised, with her last child born 45 years before, presented with complaints of involuntary leakage of urine during the night and continuous dribbling of urine during the daytime for 10 days. The patient had no history of discharge or bleeding per vaginum and no history of abdominal pain. During speculum examination there was suspected urinary leakage through the cervical os, pooling in the vagina. Per vaginal examination a firm object was palpated through the cervix-like tip of an intrauterine device, but nothing was visible on speculum inspection. Dye test was not performed because on speculum examination urine, with its characteristic odour, was demonstrably leaking through the cervix. On further questioning she revealed a history of Intrauterine device insertion 45 years earlier and had forgotten to remove it. She had no post-insertion follow-up and had not been examined vaginally until she came to our outpatient department. A Pap smear was carried out for cervical cancer screening and was subsequently negative for intraepithelial lesions. A high vaginal swab was taken to rule out infections, which subsequently showed only normal vaginal flora and no infections or *Actinomyces* after special staining. Transvaginal ultrasound of the pelvis revealed a disintegrated foreign body with minimal hydrometra (Fig. 1). We opted to perform magnetic resonance imaging directly, suspecting a vesicouterine fistula, and also to locate the intrauterine device and rule out any malignant lesion causing the fistula. Magnetic resonance imaging revealed a vesicocervical fistula with a Lippes loop, which is a contraceptive device embedded in the fistulous tract (Fig. 2).

Biopsy of the fistulous tract taken under direct vision of the cervix revealed acute bacterial inflammation with no evidence of any malignancy. Flexible cystoscopy revealed a fistula in the posterior bladder wall with the ureteric orifices lying closer to the tract (Fig. 3). The patient underwent laparotomy. The