

# Charité - Universitätsmedizin Berlin

Department of Urology

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## Endoluminal treatment of ureteric vaginal fistulae with an Polymeric Stent - a case report



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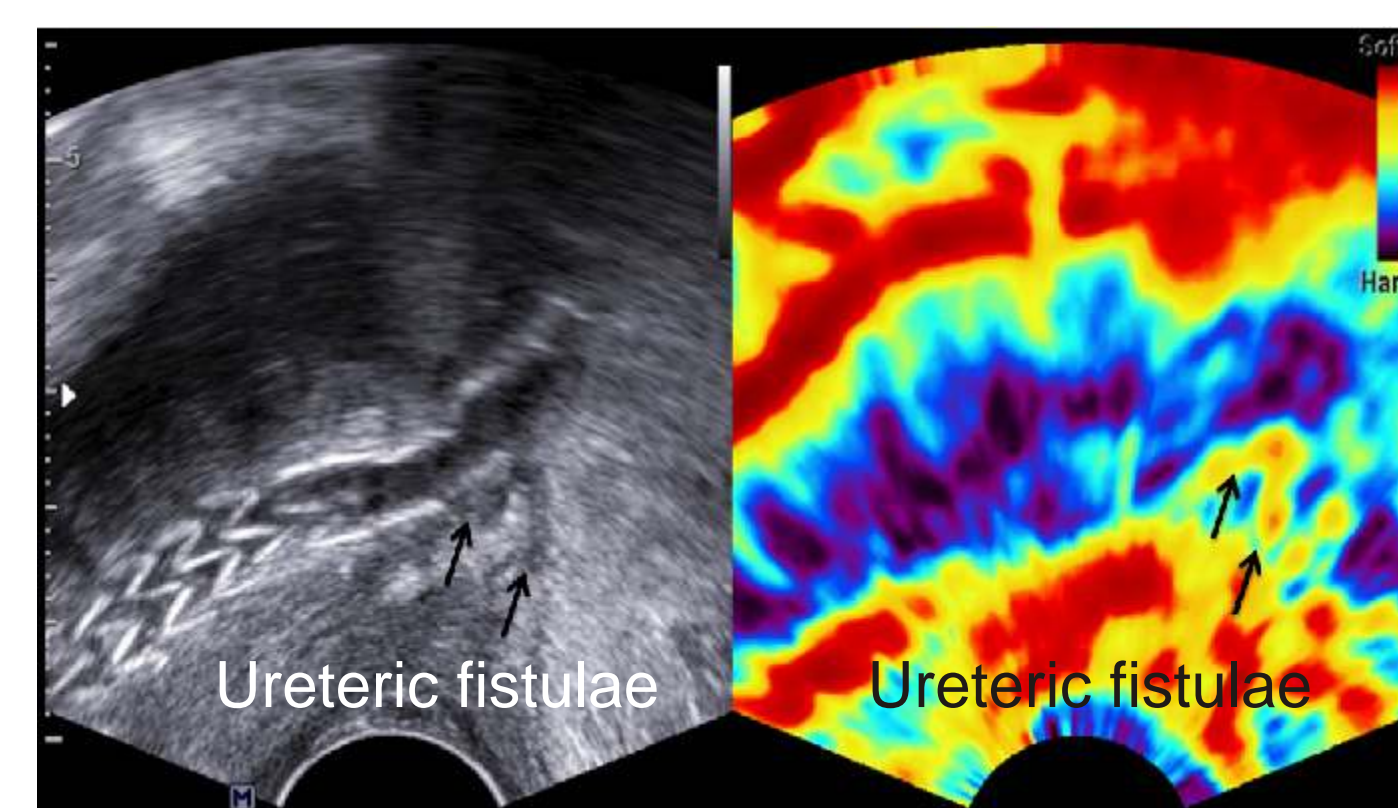
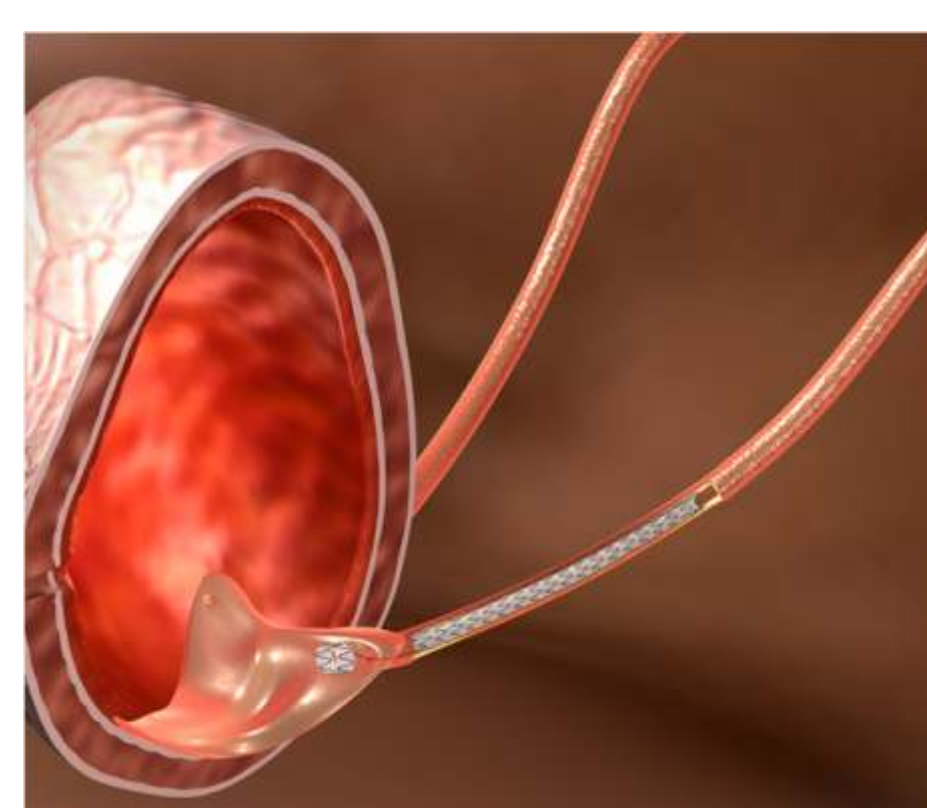
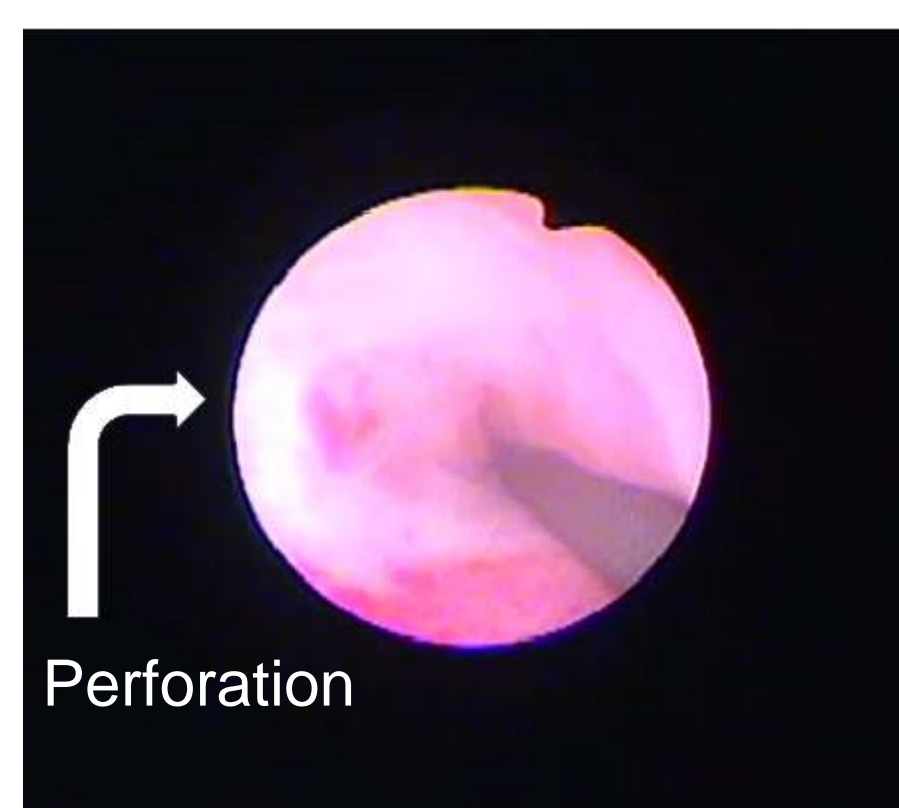
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**Introduction:** Ureterovaginal fistulas are rare but relatively frequent complication of pelvic surgery. Abdominal hysterectomy is responsible for most of the ureteral injuries. In the past most ureterovaginal fistulas have been repaired by ureteroneo-cystostomy or end-to-end anastomosis. Now endourological techniques with D-J or M-J implantations are successful in treating ureterovaginal fistulas and ureteral strictures do not appear to be a common complication.

**Material and methods:** We report of a case of 61-year-old woman who, during the late postoperative period of a total laparoscopic hysterectomy, presented with incontinence and with episodic flank pain, recurrent UTI compatible with Uretero-Vaginal fistula in the left side. This was initially treated with JJ-stent and Folly-catheter for one month with neither improvement of the symptoms nor closure of the fistula. As an alternative therapy we replaced the JJ-stent with a Polymeric Stent (Allium®).

**Results:** One month after the intervention the patient does not report any incontinence during day or night. The flank pain has disappeared completely. An intravenous urography showed a spontaneous healing and resolution of the uretero-vaginal fistula. The polymeric stent was then explanted, and the patient was without catheter and free of symptoms.

**Conclusion:** Patients, who have failed the endourological treatment with JJ or MJ stents, have the option to be treated with polymeric stents. In our case, the polymeric stent did not only guarantee normal urine flow, but also maintained steady pressure over the fistula, which led to tissue ingrowth and an increased healing process. No open surgical procedure was needed for the closure of the uretero-vaginal fistula. Broader studies are needed to evaluate the treatment of uretero-vaginal fistulas with polymeric stents.



Elastography: characteristic sign

Total laparoscopic hysterectomy;  
Ureteric perforation after thermal damage

Ureteric fistulae (at 7th p.o. day)

The anchor prevents stent migration and can be used later for stent removal.

Allium-Stent inserting for 6 weeks

