Case Report

Post Coital Acute Rectovaginal Fistula A Rare Case

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ABSTRACT

Most case of Rectovaginal fistula are caused by obstetric injuries, surgical complications, infections and rarely may follow coital Acts. Postcoital non obstetric vaginal laceration due to consensual sexual Act are generally minute mucosal tears and generally heal by themselves, but in some cases, the vaginal mucosa is lacerated deeper and bleeding may require suturing of open vessels. The aim of this case report is to highlight a rare case of acute low rectovaginal fistula which a 25 yrs old women developed by penile penetration through the full thickness of rectovaginal wall after consensual intercourse and its management in emergency settings.

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Introduction

A Rectovaginal fistula (RVF) is an epithelial communication between rectum and vagina. Rectovaginal fistula may cause distressing symptoms, and their severity depends on the size and site of the fistulous tract[1]. There are several causes of rectovaginal fistula. RVF commonly occurs from obstetric injuries. Perineal lacerations during childbirth predispose to RVF. Perineal lacerations are more common in primigravidas and precipitous birth or following instrumental vaginal delivery. In developing countries RVF resulting from child birth injuries constitute 76-97 % of total and rest can be from surgeries, malignancies and infection.[2] Failure to recognize and correctly repair perineal lacerations, further increase the chances of RVF.

Although coitus is a physiological phenomenon, it may sometimes be risky especially in women with little or no fore play. Although trauma at sexual intercourse remains an everyday occurrence, most are minor and manifest as self limiting injuries with minimal vaginal bleeding requiring no medical attention [3,4,5]. However RVF from a consensual sexual intercourse is a rare event and few case reports showed that. Nulliparity, low level of education, non consensual and premarital sex with little or no foreplay were strongly correlated with the risk of coital trauma[6]. Risk factors for genital injury following sexual intercourse also include intercourse during pregnancy, pueperium and after gynecologic surgery, and at menopause [4].

Case Report

We report a rare case of isolated acute rectovaginal fistula sparing anal sphincters and perineum following consensual vaginal intercourse. This Patient P1L1 reported to our emergency with H/O of bleeding P/V and pain after having intercourse with her partner. On examination she was stable, her P/R = 90/m, BP= 120/76, there was slight pallor & chest & CVS examination was normal. On speculum examination there was a 3.5 cm laceration on the posterior vaginal wall forming a fistula between rectum and vagina, the fistula extended approximately 1.5cm above the hymeneal ring but did not extended to the post fornix or perineum. Slight bleeding was present from the edges.

We started a IV line and initial M/N was given with antibiotics, analgesics and with consent Patient was shifted to OT for repair of acute RVF. Under full aseptic precautions, three layers suturing of rectal vaginal mucosa and rectovaginal septum was done with vicryl 2-0 in this case. In postoperative period pt was put in broad spectrum antibiotics, analgesics and was also given stool softener. Postoperatively the patient was continent to faeces and flatus and discharged on sixth postoperative day.

After 6 weeks follow up, we observed the complete healing of the rectovaginal laceration with no fistula formation and patient was continent to both faeces and flatus. Patient resumed her sexual activity after 1 month and reported no discomfort. After follow up this Patient for 1 year we observed that there was complete healing and there was no chronic fistula formation.

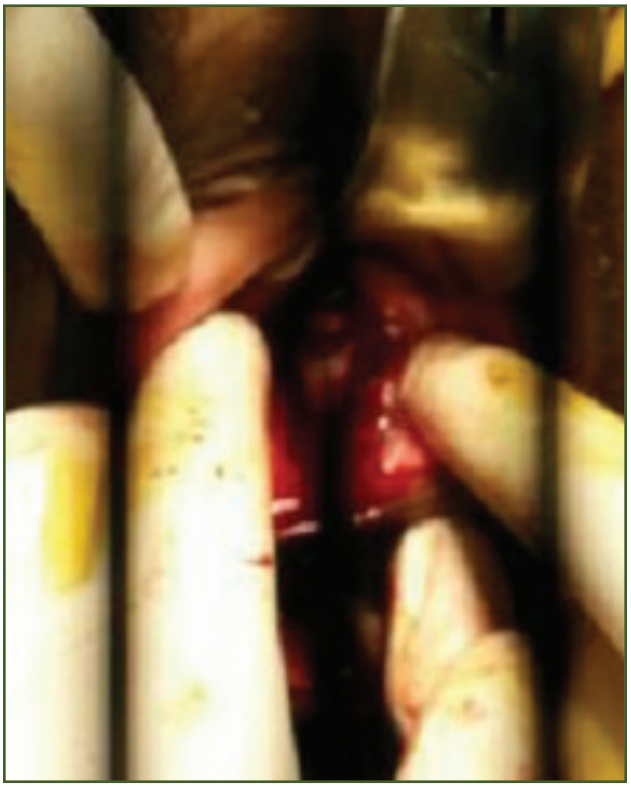

Fig. 1: rectovaginal fistula

Discussion

RVF is a devastating condition; mainly results from child birth injuries following obstructed labors in developing countries where access to comprehensive obstetric care is limited [6].The occurrence of rectovaginal fistula caused by coital trauma necessitates, however, specific anatomic predisposition and/or special circumstances. RVF from coital injury is reported in the case of sexual violence where excessive force is used to control the survivor, such as rape, sexual abuse and use of foreign objects[7]. The perversion that characterizes the sexual orientation of certain groups can cause genital mutilations that are sometimes important[7]. Genital malformations of agenesis type or vaginal diaphragms also offer favorable condition for the development of rectovaginal fistula. [8].Conversely there are v few case reports of consensual sexual intercourse[9] as was this case. Non obstetric vaginal lacerations differ significantly from lacerations sustained during childbirth

and are generally classified into 2 types .The first one is relatively minor and is associated with normal sexual intercourse or with first experience of sexual debut. These lacerations usually resolve with minimal or no treatment. The second type is more extensive and often results in copious vaginal bleeding and can be life threatening and requires immediate intervention [10]. Various presentations of coital injuries requires careful evaluation ,correct diagnosis and management for successful outcome with minimal morbidity.[11].The transvaginal approach of the repairing rectovaginal fistulas was used in this case because the results were better.[11]. Rahman et al (2003) reported 39 patients undergoing transvaginal repair for low rectovaginal fistulas with 100% success rate using this approach[12].Therefore early diagnosis, repair and treatment is essential to avoid late complications. It should be strongly based on site and condition of RVF. It should be done as early as possible to hasten the psychological recovery of the patient.

Conclusion

Rectovaginal fistula is a rare complication of postcoital injury. An early diagnosis requires high index of suspicion followed by prompt and good physical examination including examination under anesthesia (EUA) to exclude the presence of RVF. Early repair of postcoital RVF occurring during consensual intercourse or during honeymoon has to be strongly considered based on the site and condition of RVF to hasten psychological recovery of couples.

By this we see that by taking appropriate antiseptic precautions, and antibiotic coverage, simple suturing of rectal and vaginal mucosa are enough to treat acutely formed low rectovaginal fistulas resulting from coitus. Decision to form colostomy and diversion of faeces in the repair of such injuries should be taken cautiously.

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Competing Interests

Not Declared

Reference

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