

CASE REPORT

Posterior Vaginal Wall Fibrosis with Deviated Urethra Following Urethrovaginal Fistula Repair: A Case Report

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ABSTRACT

Urethrovaginal fistula (UVF) is an uncommon but distressing complication of gynecologic surgery. Surgical repair may result in scarring and posterior vaginal wall fibrosis, leading to dyspareunia, introital narrowing, and urethral deviation. Management of such sequelae remains surgically challenging. We present a 35-year-old woman with a history of total abdominal hysterectomy (TAH) for choriocarcinoma followed by chemotherapy developed a urethrovaginal fistula, which was repaired successfully. She later presented with posterior vaginal wall pain and discomfort due to fibrosis and urethral deviation. She underwent Fenton's procedure with posterior vaginal wall fibrosis was released.

Keywords: Urethrovaginal fistula, posterior vaginal wall fibrosis, Fenton's procedure, vaginal stenosis, urogynecology

INTRODUCTION

Urethrovaginal fistula (UVF) represents a rare subset of urogenital fistulae, accounting for a small proportion of lower urinary tract fistulas worldwide.¹ While obstetric trauma remains a leading cause in low-resource settings, iatrogenic injury following gynecologic surgery is increasingly recognized.

Successful fistula repair may be followed by complications such as vaginal stenosis, fibrosis, urethral deviation, and dyspareunia, which significantly impact sexual and psychosocial well-being.^{2,3} Surgical correction of symptomatic introital narrowing and fibrosis is indicated when conservative measures fail. Fenton's procedure, traditionally used for dyspareunia due to introital scarring, may be adapted for post-fistula fibrosis release.

We report a case of posterior vaginal wall fibrosis with urethral deviation following UVF repair, managed

successfully with Fenton's procedure.

CASE REPORT

A 35-year-old multiparous woman (P4L4) presented with posterior vaginal wall pain and discomfort. She had undergone total abdominal hysterectomy (TAH) for choriocarcinoma 10 months prior, followed by seven cycles of chemotherapy. Postoperatively, she developed continuous urinary leakage and was diagnosed with urethrovaginal fistula, which was surgically repaired 2.5 months before the current presentation. She reported no recurrent urinary leakage but complained of vaginal discomfort and dyspareunia. A narrow introitus with posterior vaginal wall fibrosis was noted. Urethra was deviated to left vaginal wall with scarring. However patient was continent. The patient underwent Fenton's procedure with posterior vaginal wall fibrosis release augmenting the vaginal canal.

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DISCUSSION

Urogenital fistula repair aims at restoring continence and anatomical integrity; however, scarring and fibrosis remain underreported long-term sequelae.⁴ Vaginal stenosis following pelvic surgery results from excessive collagen deposition and contracture during healing.⁵ Urethral deviation can result from asymmetrical scarring and may cause voiding dysfunction or dyspareunia.⁶ Careful evaluation is necessary to exclude recurrent fistula prior to corrective surgery.

Fenton's procedure, originally described for introital dyspareunia, involves excision of fibrotic tissue and longitudinal incision with transverse closure to widen the introitus.⁷ It has been used successfully in cases of postpartum scarring, lichen sclerosus, and post-surgical fibrosis.⁸ In fistula survivors, reconstructive surgery must balance anatomical correction with preservation of urethral continence mechanisms. Multidisciplinary urogynecologic expertise improves functional outcomes.⁹ This case highlights the importance of long-term follow-up after UVF repair, recognition of fibrosis-related morbidity and surgical feasibility of Fenton's procedure in selected post-fistula cases

CONCLUSION

Posterior vaginal wall fibrosis and introital narrowing are significant but manageable sequelae of urethrovaginal fistula repair. Fenton's procedure offers an effective surgical solution with favorable anatomical and functional outcomes when recurrent fistula is excluded. Early recognition and timely surgical intervention can substantially improve quality of life.

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