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## Cyclical menouria syndrome: A case report

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### Summary

Cyclical menouria, a rare syndrome, occurred in a 32-year old Nigerian, who presented with cyclical haematuria. She was continent of urine. Hysterosalpingography revealed a vesicocervical fistula, which was successfully repaired at surgery.

### Resume

Le sang menstruel dans l'urine cyclique, un rare syndrome, s'était recontre chez une nigerienne agee de 32 ans, qui avait presente avec la hematurie cyclique. Elle avait la continance de l'urine. La hysterosalpingographie montrait une fistule entre le col de l'uterus et la vessie, que etait repare avec success a l'operation.

### Introduction

Urinary fistula is a fairly common post-partum morbidity in Nigeria. The incidence is however declining with improvement in obstetric care. With only 3 new cases seen by me out of 347 referrals in 1989, it is fast becoming a rare entity.

Cyclical menouria is rare still. Although it was first reported in 1935, [1], yet the first detailed presentation was by Abdel Fattah Yousef in 1957 [2] when he listed 6 other cases previously reported. He described an intersting syndrome, which may follow lower segment caesarean section, and, is characterised by the presence of:

- (a) a vesico-uterine fistula about the level of internal os
- (b) the occurrence of vesical menstruation
- (c) absence of vaginal menstrual periods, and
- (d) absence of urinary incontinence, although the cervical canal is patent.

He, (Youssef, 1957) therefore made a plea that every case of this nature should be thoroughly investigated and reported.

### Case Report

A 32-year old presented at the hospital with a 2-year old history of amenorrhoea, and, 9 months history of cyclical haematuria lasting 4-5 days every month. She was continent of urine.

She was Para 3<sup>0</sup>, with a history of 3 previous caesarean sections, performed as a result of cephalo-pelvic disproportion. The first and second caesarean sections were quite uneventful. At the 3rd operation, the bladder was described as adherent to the anterior surface of the uterus, and, considerable difficulty was encountered in reflecting it downwards. However, no definite bladder injury was observed. She did well post-operatively, and, was on continuous catheter drainage for 5 days. She was discharged home on the 9th post-operative day and was continent of urine, although urine was blood stained for the initial 4 days. She had no complaint during postnatal visit.

A suspicion of vesico-uterine fistula with cyclical menouria syndrome was entertained. This was based on her history and the fact that she was continent of urine. A defect above the level of the internal os was assumed, and a hysterosalpingogram was done after emptying the bladder. This revealed prompt leakage of dye into bladder with progressive distension of the bladder. A faint, ill defined triangular shadow of the uterus was visible centrally (Figs. 1 & 2). There was no incontinence and she voided normally.

At operation, a transperitoneal approach was adopted. Bladder was adherent to the lower portion of uterus and cervix. The utero-vesical peritoneum was divided and bladder retracted down. Further reflection into the vesico-uterine space was achieved by sharp and blunt dissection.

A small defect above the level of the internal os, 1.5 cm x 1.0 cm. was observed. The opening into the bladder was repaired in 2 layers, and, the uterine defect was closed. A bilateral tubal ligation by Pomeroy's method was performed with her consent.

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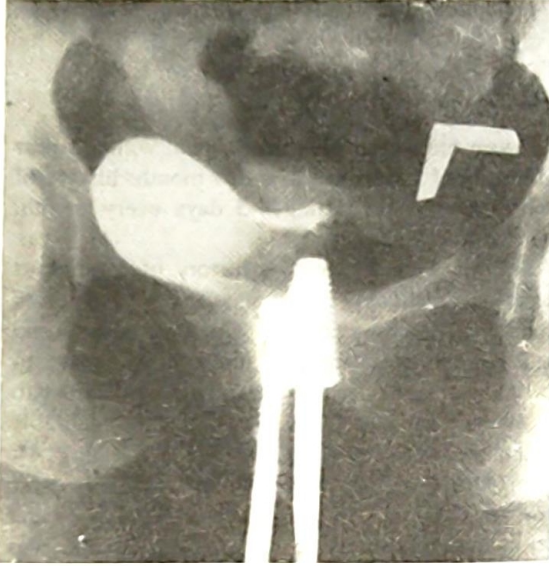


Fig. 1: Attempt at Hysterosalpingography reveals prompt filling of bladder

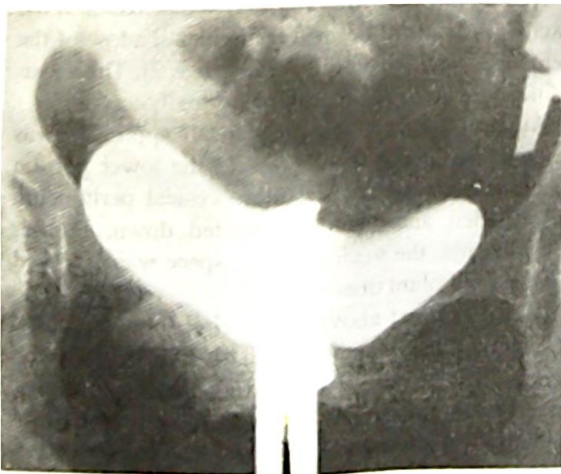


Fig. 2: Attempt at Hysterosalpingography reveals further distension on injection of more contrast

She did well post-operatively, and the indwelling catheter was removed on day 14. She has remained continent, and, menstruates normally, independently of micturition.

#### Discussion.

Vesico-cervical fistula after caesarean section is rare, and is usually of 2 types, vesico-vagino-cervical and vesico-cervical fistula [3]. Vesico-vagino-cervical fistulae often appear with the low longitudinal incision and when longitudinal lacerations occur in the lower uterine segment, especially following difficult delivery of an impacted head. When this occurs, urinary incontinence is the rule. Although usually accompanied by urinary incontinence, vary rarely, the patient with vesico-cervical fistula could be continent and present with this phenomenon of cyclical voiding of blood stained urine, which occurs at monthly interval.

All, but three cases so far reported [3,4,5,6] have shown similar features and followed an abdominal lower segment caesarean section. The case reported by Ingelman's Sundberg in 1948 followed a vaginal lower segment operation, while that of Burr in 1936 followed induction of abortion, using Foley's catheter [2]. A third case reported by Miroglu *et al* in 1988 [1] followed a probe injury.

This rare syndrome has been explained by the hypothesis that an isthmic sphincter prevents the passage of urine or menstrual blood through the patent cervix [22]. This was however faulted by Tancer who stated that the syndrome could occur with a fistula lower than the anatomic isthmus [4].

A transperitoneal approach was used in this case with success. This has been shown to produce better result than the extraperitoneal approach [6].

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