Case Study: Pessary-induced Rectovaginal fistulas – A rare complication

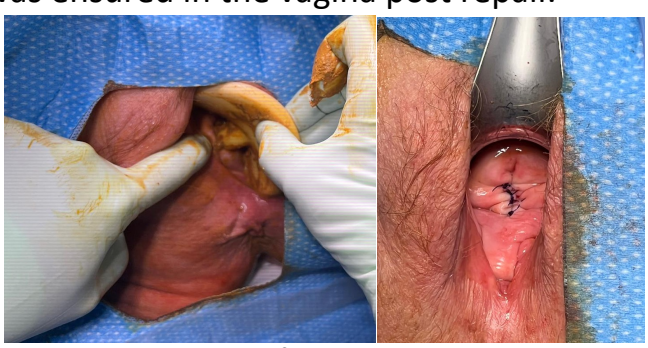
Tran T[1], Green K[1]
1 Obstetrics and Gynaecology. Redcliffe Hospital, Redcliffe, Queensland, Australia

Introduction

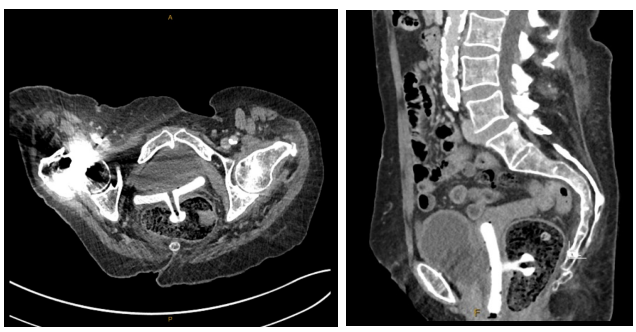
The ageing population in Australia has led to an increase in pelvic organ prolapse, leading to increased demand for pessary therapy. Rectovaginal fistulas (RVFs) are a rare complication of pessaries and in most cases occurs secondary to neglected pessaries.[1] A case review of a RVF caused by a Gellhorn pessary and literature review was performed to determine the optimal management of pessary induced RVFs.

Case Report

CD, a 79yo was planned for a colpocleisis for management of procidentia, which had previously been managed with Gellhorn pessaries. At the commencement of the procedure, a large RVF, induced by the Gellhorn pessary was discovered and subsequently confirmed on CT. Given the patient's poor functional status, the decision was made for removal of the Gellhorn pessary and repair of RVF without a de-functioning colostomy. On rectal examination, the fistula was very high – 12cm superior in the rectum. The vaginal skin was closed with 4x interrupted 3.0 PDS. A watertight seal was ensured in the vagina post repair.



Intraoperative images of pessary removal and RVF repair



CT images of RVF

Results and discussion

There is a paucity of data on management of pessary induced RVF with only case reports and case series published.[2,3] Given the lack of high-level studies comparing management of pessary induced RVF, there is no consensus on 'best management'. From the available cases involving pessary induced RVFs, Gellhorn pessaries were the most common culprit, followed by shelf and cube pessaries.[2]

Management options include primary closure of fistula from vagina or rectum, vaginal hysterectomy +/- colostomy +/- anterior and posterior repair or colpocelsis.[2] When considering management of RVFs many factors must be taken into consideration, including the patient's functional status, co-morbidities, and fistula severity.[2,4] Furthermore, given that most complications of pessaries occur secondary to neglected pessaries, patient education regarding best practice for pessary care and pessary follow up is crucial. High quality research would also be required to guide optimal management of pessary induced RVFs.

References

1. Matthews S, Laks H, LaFollette C et al. Staged repair of concomitant rectovaginal fistula and pelvic organ prolapse after removal of a neglected pessary. Baylor University Medical Center Proceedings 2020; 33(4) p.686-688.
2. Pereira MV, Glaucia PT, Brito O, et al. Rectovaginal Fistula in Women with Pessary for Pelvic Organ Prolapse: A Case Series and Literature Review. *Journal of Lower Genital Tract Disease* 2021; 25(4), p 318-325.
3. Wilhelm P, Rolinger J, Flach C, etal. Therapy of pessary-induced rectovaginal fistulat and pelvic organise prolapse in elderly patients by vaginal approach and modified LeFort colpoclesis: a case series. Archives of Gynaecology and Obstetrics 2020;300, p283-287.
4. Thayalan K, Krause H, Goh J. A retrospective case series on transvaginal repair of rectovaginal fistula performed by a urogynaecology operative team in Australia. Australian and New Zealand Journal of Obstetrics and Gynaecology 2021; 62(2), p. 263-267

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