Complicated Membranous Urethro-anal Fistual Treated With Staged Scrotal Flap urethroplasty

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KEY WORDS
Urethral stricture, Ano-urethroanal Fistula, Scrotal flap.

ABSTRACT
A rare case of inatrogenic membranous urethroanal fistula is reported. The fistula was associated with stricture urethra and scarred anal sphincter. The anourethral fistula and stricture urethra were treated simultaneously by staged scrotal flap urethroplasty without disturbing the anal sphincter.

CASE REPORT
A 22 year old male presented to urological services of this department in June 1986 with complaints of leakage of urine per anum during micturation. A detailed interrogation revealed following sequence of events:

In 1973 - Sustained fracture pelvis as work injury but had no urinary problem. Few months later, he started having signs and symptoms of urinary outflow obstruction.

In 1974 - Developed a fistual-in-ano which was excised. It had recurred for which fistulectomy was repeated after 6 months. This time, post-operatively, he started passing drops of urine through the wound during micturition.

In 1977 - Suprapubic cystostomy was done and fistula was excised. On closure of
suprapubic cystostomy, patient started passing urine through the anus.

In 1980 - Nephrectomy was done on right side for pyonephrosis.

There was history of repeated urethral dilatation for stricture urethra ever since he had obstructive symptoms. But, problem of abnormal passage of urine persisted till he presented to this centre. Patient was continent otherwise, without any history of pneumatura and fecaluria.

On examination, the only positive local finding was lax and sphincter. Methylene blue test confirmed a urinary fistula. At urethroscopy, an opening was seen in the proximal part of membranous urethra just distal to verumontanum. A passable stricture was present distal to the fistulous opening. Anoscopy revealed the opening of fistula approximately 3 cms above the anal average on right side. On retrograde urethrography, narrowing of proximal part of bulbous urethra and flow of contrast into the fistulous track was seen.

In October 1986, a preliminary faecal and urinary diversion was carried out through a pelvic colostomy and suprapubic cystostomy. In December 1986, fistulous tract was laid open. First stage scrotal flap urethroplasty was done in February 1987. In March 1987, cystostomy was closed. Post-operatively, patient was passing urine through the perineal urethrostomy and anus was dry. Colostomy was closed in May 1987. Second stage urethroplasty was completed in March 1989. After removal of urethral catheter, patient was passing urine normally and perineum was dry. Retrograde urethrography and urethroscopy done in April 1989, did not show any narrowing of urethra, false passage or a fistulous track and after a follow-up of one and a half year, same status is maintained.

**Photograph 1**

**Figures:**
1. Passage of Contrast into Anorectum (Pre-Op.)
2. Post-Operative Results.