Post-Coital Rectovaginal Fistula: A Rare Case

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Abstract

Background: The most common cases of rectovaginal fistula are reported after obstetrical injury however rarely post-coital injuries may also result in a rectovaginal fistula. Coital injuries reported in the literature mostly are due to sexual abuse or violence. Consenting sexual intercourse is a very rare cause as in this case.

Case: The case of a 27-year-old woman who had a post-coital injury after first intercourse leading to the formation of a rectovaginal fistula is reported. She has two failed repairs previously. On examination she has a 1.5cm low fistula. The patient was admitted, after gut preparation her repair was done by the vaginal route by converting the fistula to a fourth degree tear and by doing layered closure.

Conclusions: Rectovaginal fistula after consenting sexual intercourse is rare and may occur due to lack of sex education.

Keywords: Postcoital, rectovaginal fistula

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Introduction

A rectovaginal fistula (RVF) is defined as an epithelium-lined communication between the rectum and the vagina which causes stool to pass from the vagina.[1] It has a significantly negative impact on the social, sexual and psychological life of the female patient. The common causes of rectovaginal fistulas are obstetric trauma, inflammatory bowel disease, peri-anal sepsis, congenital abnormalities or iatrogenic causes. The primary treatment of RVF is surgical. Repair of RVF is difficult and different surgical options are available like muscle interposition, advancement flaps, fistula excision and layered repairs. The success rate of surgical repair ranges from 0 to 80%.[2-6] Many patients need repeated surgeries.[5] A rare cause of rectovaginal fistula is post-coital injury. Usually in post-coital injuries there is damage to the vaginal mucosa and skin. Extension of these injuries to involve the rectum causing a rectovaginal fistula is rare.[7] A case of rectovaginal fistula that occurred during first sexual intercourse after marriage which had failed repairs twice in a woman who did not have any genital malformation is reported.

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Case Report

A 27-year-old housewife presented in outpatient department with complaint of fecal incontinence. She was married for 7 years and had 3 children delivered by cesarean section. She had a post-coital tear after first intercourse 7 years ago. She had bleeding and fecal incontinence since then. She had a repair done 20 days after the tear which was unsuccessful. She had another repair done 1.5 year later by a surgeon but that repair also failed. Since 7 years she was living with the fistula which had affected her physical, psychological and social health badly. She was now at the verge of divorce. She was advised a repair with a diversion colostomy by a surgeon. When she presented to us she was examined. She has a fistula about 1.5cm in size about 1cm from the anal verge. (figure1) It was a low fistula. In our opinion a diversion colostomy was not required. A multidisciplinary team meeting was held with the colorectal surgery team and it was decided that a transvaginal repair would be done without a diversion colostomy. The patient was explained that in case of failure of this repair she may need a repair with diversion colostomy in future. Gut preparation was done preoperatively The repair was done by the vaginal route by performing a episio-

proctotmy and layered closure like a fresh fourth degree perineal repair. (figure 2) The rectal mucosa was sutured with interrupted vicryl 3/0 sutures. Strengthening of repair was done an additional layer of longitudinal rectal muscles over the first layer. The levator Ani muscles were interposed between rectum and vagina to create an additional layer between rectum and vagina and to strengthen the perineal body. The sphincter was stitched with an overlapping technique. Tube drain was placed and vaginal mucosa was stitched. Skin was approximated and digital rectal examination was done. Patient was kept nil by mouth for 5 days. Fluids were allowed on the sixth day. During the hospital stay she passed stool twice normally. She was discharged with laxatives to prevent constipation.

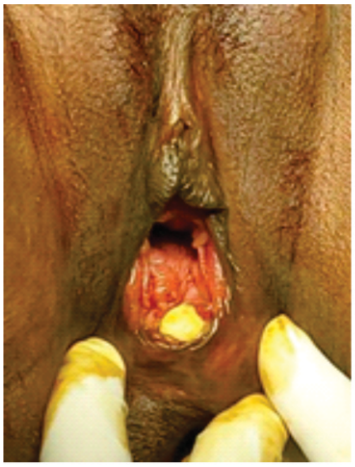

Figure 1

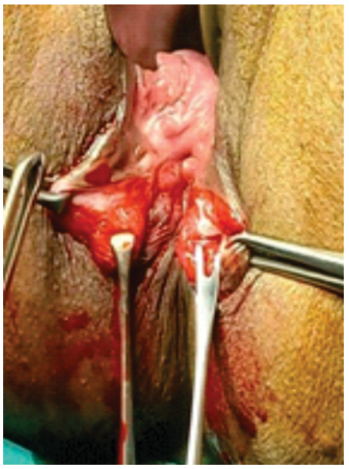

Figure 2

Discussion

Rectovaginal fistula is a distressing condition which is mainly caused by obstetric injuries especially in developing countries where everyone does not have access to a comprehensive healthcare.[8] Rectovaginal fistulas that occur after coitus are usually reported in cases of sexual violence and abuse.[9] 91 cases of genital trauma with fecal incontinence were reported in Ethiopia by Muleta et al that were due to forced marriage, kidnapping, and rape of young girls.[10] However there are few cases reported of rectovaginal fistulas after consensual intercourse.[11,12] Consensual vaginal sex usually does not give rise to any significant injury except for minor vaginal tears sustained during vaginal sex for the first time. Symeonidis et al reported that large rectovaginal tears following consensual intercourse is a very rare occurrence.[13] It is most commonly caused by virginity, young age, genital disproportion and fear of sex[14]. In the reported case, lack of sex education and virginity were the main contributing factors. In conservative communities' sex remains a taboo subject and sex education is lacking which also contributes to such problems.

There are different surgical techniques to repair a rectovaginal fistula. These can be performed by transvaginal or transanal route. In this case the transvaginal route was used. The rectovaginal fistula is treated as a fourth degree tear through open and deliberate section of the anal sphincter. Others techniques include interposition of healthy tissues, such as the gracilis muscle or the bulbocavernosus muscle can be used in complicated cases. Rectovaginal fistulas caused by trauma or infections and less than 2.5cm in size are considered uncomplicated fistulas. The outcome is better and treatment can be performed via the perineal route.[15]

Conclusion

Rectovaginal fistula occurring after consensual coital activity are very rare. Lack of sex education and marriages at young age are an important cause of such cases. There should be proper guidance and sex education must be given to both females and males to prevent such injuries. Rectovaginal fistulas have a devastating effect on the quality of life of the female. It not only causes physical trauma but also has a deep psychological impact. The female is also not accepted socially. In case of such injuries the initial repair must be done by an experienced clinician to prevent recurrence and failure of repair which further adds to misery of the patient and family.

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Authors Contribution

NH: Conceptualization of Project
NH: Data Collection
SM: Literature Search
SM: Statistical Analysis
NH: Drafting, Revision
SM: Writing of Manuscript