Delayed development of sovrapubic fistula after bladder neck suspension according to Raz-Pereyra

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Abstract
Bladder neck suspension according to Raz-Pereyra is a surgical procedure mostly performed in the 80s for female urinary stress incontinence. Herein is reported the case of a woman who developed a sovrapubic fistula 15 years after this kind of surgery. Such a complication, apparently never described before, was treated with a simple fistulectomy.

Keywords: Raz-Pereyra – Complications – Fistula – Treatment

Description of Case
A 72-year-old woman was referred to our hospital in May 2007 with the diagnosis of cutaneous sovrapubic fistula. The past medical history of the patient was not relevant. She reported 5 eutocic deliveries; physiologic menopause at the age of 54. She was under medical treatment for hypertension and hypothyroidism and she had also undergone hemorroidectomy. Her body mass index was 36.3. In 1988 the patient was successfully treated by surgical bladder neck suspension according to Raz-Pereyra technique for stress urinary incontinence (SUI).

In May 2003, a flare area with pus leakage appeared at the level of the sovrapubic skin. Thus, the patient performed a MRI showing a complex cutaneous fistula from sovrapubic area deepening for about 2 cm [Figure 1]. On the coronal sections, this fistula appeared like an upside-down “Y”, with the right and left branches that reached the Retzius space laterally. Initially, as the patient refused any surgical procedure, she was conservatively treated just with local medications. In July 2007, the lady was referred to our institution for a definitive treatment. A cutaneous median incision was performed allowing the recantation of the fistula’s through. On the rectus abdomini fascia plane we found that it divided into two branches holding stitches of the bladder neck suspension. After isolating the two throughs, reaching the Retius space laterally to the bladder, we removed them including the stitches and reconstructed the fascia plane.
Discussion

The post operative period was uneventful and the patient maintained her urinary continence that was even preserved after a 30 month follow up. In 1959, Pereyra described the needle bladder neck suspension as a possible surgical treatment for female SUI. Afterwards, several technical modifications have been described from different Authors. Particularly, in 1981, Raz proposed some changes contributing to reduce morbidity and increase the efficacy of the technique [1]. According to Raz-Pereyra technique, a needle is used to suspend bilaterally the bladder neck to the rectus abdomini fascia and to Cooper’s ligament by stitches which are tied in the sovrapubic area over the fascia [1, 2]. The anchorage of the suspension stitches to iliopettineus muscle contributes to increase the stability of the suspension reducing the distance between the bladder neck [3].

Many Authors evaluated the functional results of Raz-Pereyra technique with the curative rate varying within wide ranges (54-94%) [3]. As to possible complications related to such a surgery, commonly, urge incontinence (15-70%), urethral or bladder perforation and stitches breaking have been described [3].

Conclusions

To our knowledge, the complication herein presented has never described before, remarking that cutaneous fistula developed a long time after the primary surgery. It must be noted that patient reported to maintain her continent even after the removal of the suspension stitches 15 years later the initial procedure.

Figure 1A, B: MRI (1A) and fistulography (1B) documenting the presence of a cutaneous fistula

References