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URETHROCUTANEOUS FISTULA

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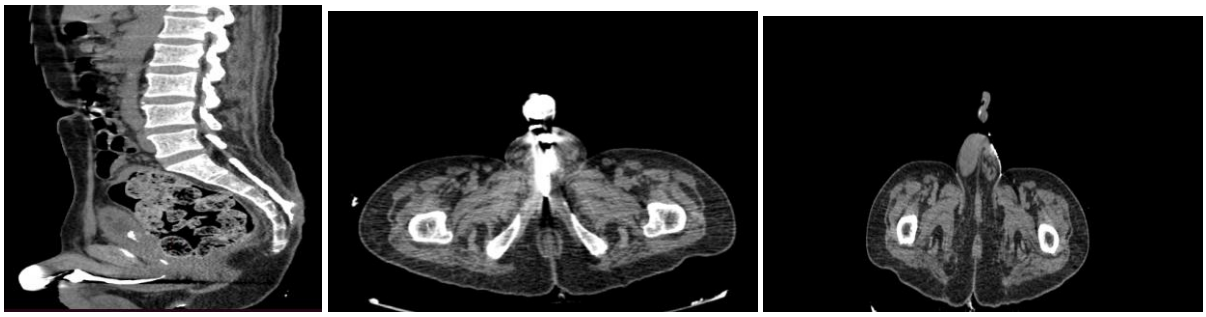
INTRODUCTION

Fistulas of the genitourinary tract have various anatomic locations, causes, and clinical features. They can involve the upper urinary tract (kidney, ureter), the lower urinary tract (bladder, urethra), or the female reproductive tract (vagina, uterus). Causes include infection, inflammatory disease, neoplasms, congenital conditions, trauma, and iatrogenic injury. Flouroscopy is imaging modality to diagnose urethrocutaneous fistula.

RELAEVANT HISTORY

We present a case of 72 years old male patient who had history of paraparesis and urinary incontinency. He was catheterised for 2 years. Now presented with complaints of dribbling of urine from skin surface around scrotal region.

IMAGING FINDINGS



Under all aseptic conditions diluted contrast was instilled from anterior urethra. CT was acquired . Sagittal and axial CT images shows: The contrast has opacified urethra and entered into UB which is catherterised . There is exavasation of contrast from urethra into cutaneous plane

RESULTS

CT urography was able to diagnose traumatic cause of urethrocutaneous fistula due to bladder catheterisation

DISCUSSION

Urethrocutaneous fistulas may result from surgical of urethral strictures, repair of hypospadias, prostate surgery, chronic untreated periurethral abscesses, and trauma. Congenital cases of urethroperineal fistulas must be distinguished from urethral duplication of the hypospadiac form for proper surgical planning. Patients may present with a variety of symptoms including perineal infection and urinary dribbling. Cystourethroscopy may allow direct visualization of the fistula. Radiographic diagnosis relies mainly on VCUG or retrograde urethrography for determination

CONCLUSION

We were able to diagnose urethrocutaneous fistula with CT urography. Later patient was surgically stiched and managed conservatively**.**

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