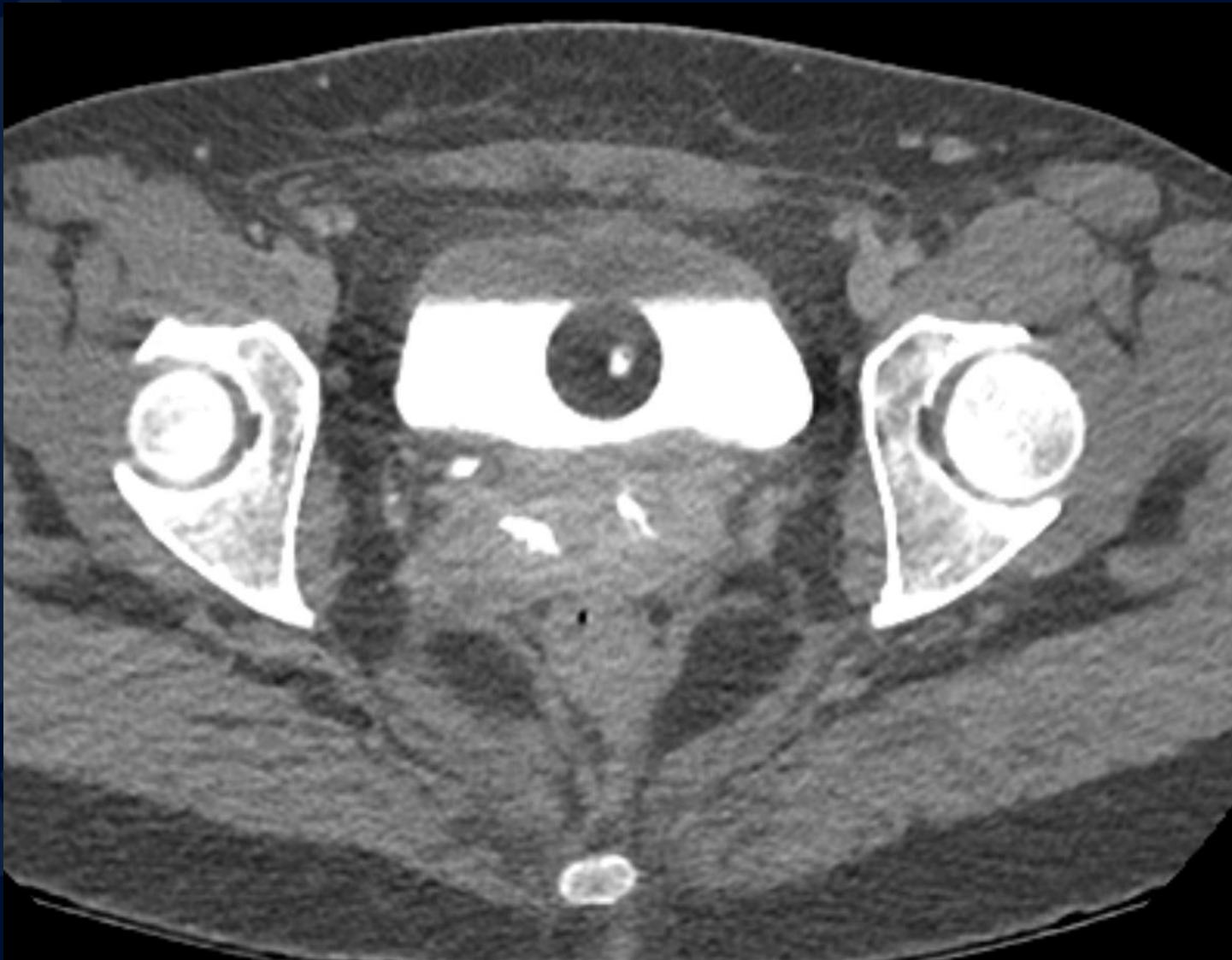


46 y/o F s/p hysterectomy and bilateral salpingectomy presents one week after the procedure with abdominal pain

Samantha Huq, MD, MPH





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A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

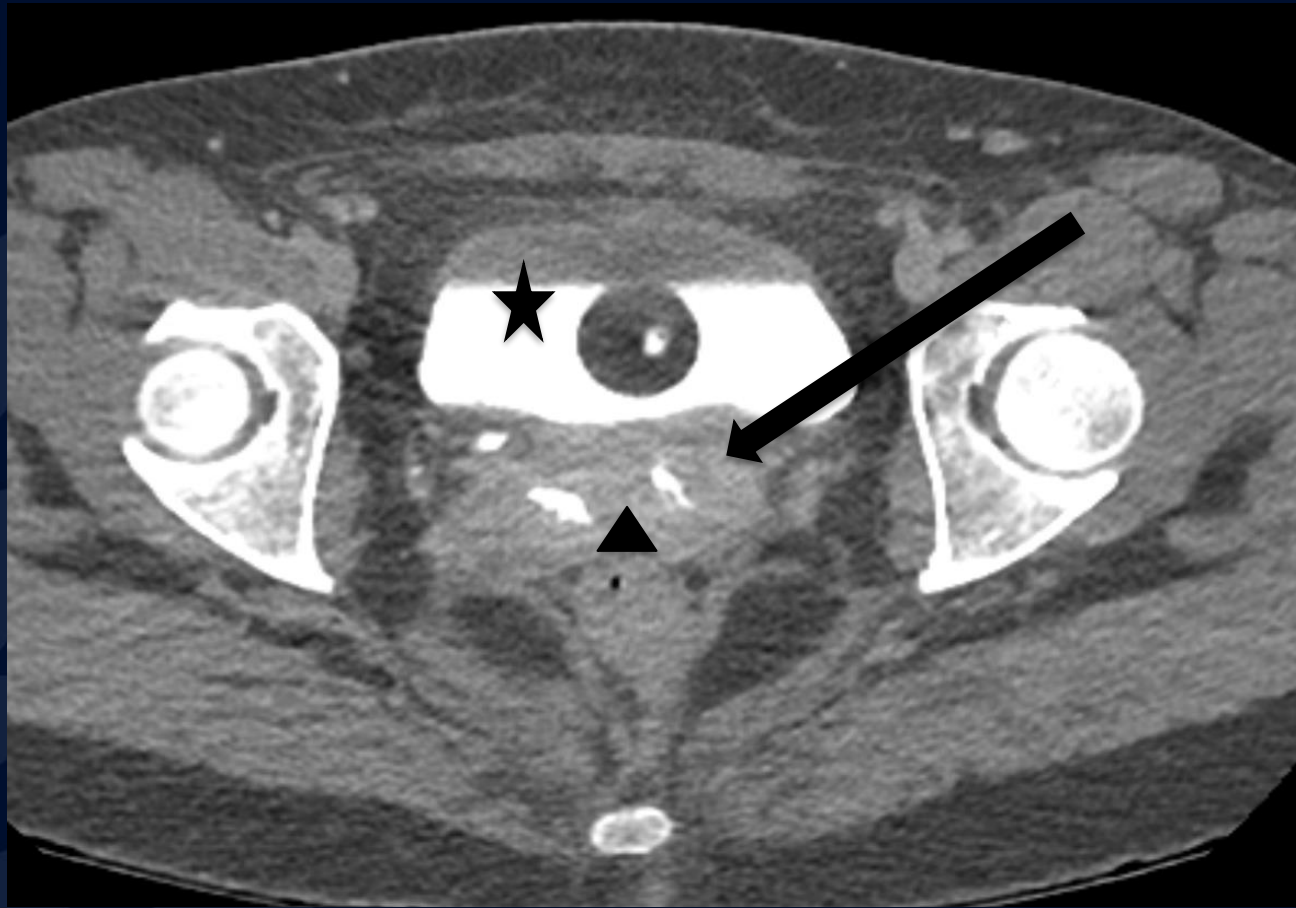
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Vesico-vaginal fistula

Vesico-vaginal fistula is an abnormal fistulous connection between the urinary bladder and the vagina, resulting in an involuntary discharge of urine through the vagina.

Etiologies includes prolonged obstructed labor, surgery (e.g. hysterectomy), pelvic malignancy (e.g. bladder carcinoma, endometrial carcinoma), radiotherapy, uterine rupture. Other risk factors include trauma, pelvic inflammatory disease and diabetes.

Most common imaging modality is a fluoroscopic cystogram where contrast outlines the fistulous tract. On CT, contrast excretion is seen in the vagina on delayed contrast enhanced. On MRI, the fistulous tract is centrally hypointense (fluid) on T1, tract is hyperintense on T2, and on T1 C+ the tract shows low signal intensity with enhancing wall.



Axial CECT at the level of the pelvis shows the urinary bladder with Foley (star) and the vagina (triangle) posterior to the bladder. Black arrow demonstrates contrast within the vagina. A presumed fistulous connection between the bladder and the vagina results in contrast to flow from the bladder to the vagina



Sagittal CECT shows a Foley catheter within the bladder (arrow). Contrast is seen within the bladder as well as in the vagina (solid arrow) likely from a fistulous communication between the bladder and the vagina