



Editorial: Repair of Urethrovaginal Fistula Secondary to Pelvic Fracture with a Labiaminora Skin Flap in Young Girls

Ali Atan^{1*} and Altuğ Tuncel²

¹Department of Urology, Gazi University, Turkey

²Department of Urology, Ankara Numune Research and Training Hospital, Turkey

Editorial

I have read a paper entitled “Repair of urethrovaginal fistula secondary to pelvic fracture with a labiaminora skin flap in young girls” published in 2017 [1]. I congratulate the authors for successful surgeries in these difficult cases. The treatment of traumatic urethrovaginal fistula is very troublesome especially in children. No standard method for each patient was identified. It is best to perform a surgical treatment according to the size of the fistula, the localization of the fistula and the condition of the surrounding tissues. The problems in these cases are to reach the fistula and how to repair the vagina and urethra and to avoid the recurrence.

Vaginal approach in children is not possible. Therefore, suprapubic or transpubic approach is required. Authors had done the surgery using transpubic approach [1]. The vaginal side can be primarily closed as mentioned in the paper. The urethral repair is a problem because of the calibration of the urethra in children. The use of peripheral tissues is necessary for urethral repair. Authors had used labia minora skin flap for their cases. Anterior bladder wall should also be considered to repair urethra in these cases. In our case, we had used a rotation flap prepared from bladder neck [2]. To avoid recurrence of the fistula, suture line between vagina and urethra should not be overlapping. For this aim, it is useful to place a tissue between the vagina and the urethra to prevent fistula formation. In our case, a rectus abdominis muscle flap was used for interposition between the vagina and urethra [2]. Although our case had two previously unsuccessful surgeries, recurrence of the fistula was not seen and voiding was normal without any residual urine. A rectus abdominis flap should be considered in the cases of urethrovaginal fistula due to patient's age, the small size of the vagina and the small amount of labial tissue.

OPEN ACCESS

*Correspondence:

Ali Atan, Department of Urology, Gazi University School of Medicine, Ankara, Turkey,

E-mail: aliatanpitt@hotmail.com

Received Date: 05 Sep 2017

Accepted Date: 14 Nov 2017

Published Date: 22 Nov 2017

Citation:

Atan A, Tuncel A. Editorial: Repair of Urethrovaginal Fistula Secondary to Pelvic Fracture with a Labiaminora Skin Flap in Young Girls. *Clin Surg*. 2017; 2: 1751.

Copyright © 2017 Ali Atan. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

References

1. Jiang D, Chen Z, He L, Lin H, Jin L, Xu M, et al. Repair of urethrovaginal fistula secondary to pelvic fracture with a labiaminora skin flap in young girls. *Urology*. 2017;103:227-9.
2. Atan A, Tuncel A, Aslan Y. Treatment of refractory urethrovaginal fistula using rectus abdominis muscle flap in a six-year-old girl. *Urology*. 2007;69(2):384.e11-3.