Clinical Features and Management of Obstetric Fistula at the Protestant Hospital of Ngaoundéré (Cameroon)

Présentation clinique et prise en charge des fistules obstétricales à l'Hôpital Protestant de Ngaoundéré (Cameroun)

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ABSTRACT
La fistule obstétricale est un orifice entre le vagin et la vessie ou le rectum, voire les deux, qui provoque une incontinence urinaire et/ou fécale. Le gouvernement Camerounais a mis sur pied des centres de prise en charge de ces fistules gratuitement à l’instar de celui de l’Hôpital Protestant de Ngaoundéré. Nous avons réalisé une étude transversale descriptive dont l’objectif était d’évaluer la prise en charge des fistules obstétricales dans ce centre de prise en charge des fistules obstétricales. Cent quarante-deux (142) patientes constituaient notre échantillon. Le groupe d’âge le plus représenté était celui de la tranche d’âge comprise entre 26 et 35 ans (40%) et la cause de la fistule était l’accouchement dystocique dans 57% des cas. Les fistules vésico-vaginales étaient les plus fréquentes (79,41%). Lors de la prise en charge, l’abord chirurgical par voie basse a été utilisé dans 93% des cas et la fistulorraphie comme technique de réparation dans 80,98%. Nos résultats montrent l’efficacité du centre de prise en charge des fistules de l’Hôpital Protestant de Ngaoundéré. Des efforts plus globaux s’imposent cependant pour atteindre le but d’éradiquer les fistules obstétricales.

INTRODUCTION
Obstetric fistula is an injury of the pelvic tissue caused mostly by a prolonged obstructed labor in the absence of appropriate obstetrical medical care to handle, as such leaving a woman incontinent of urine or feces or both [1,3]. Literally, it is a hole between the vagina and the rectum or bladder that is caused by prolonged obstructed labor, leaving the woman incontinent of urine or feces or both, thus, leaving some harmful effects on the health state of the patient life in society [4,5]. It is estimated at about 2 to 2.3 million women suffering permanently from problems related to obstetric fistula in developing countries with 50 000 to 100 000 new cases each year [7,8]. In 2014, about 289 000 women death record was registered during pregnancy or labor in the world [9]. Almost all the death records, that is 99% were registered from developing countries, hence more than 50% in sub-Saharan Africa either 57%, as such making Africa the region of the world where maternal mortality is very high [9,10]. For each woman who dies, 20 to 30 women suffer from an invalid postpartum pathology such as obstetric fistula [11,12]. On the other hand, more than 3 million newborn babies dies each year, either 12.99% in

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developing countries [12,13]. Yet, obstetric fistula continues to damage peoples life in developing countries notably those of Asia and sub-Saharan Africa [8,14]. In Cameroon, it is more than 19 000 women who suffers from obstetric fistula, amongst which more of the patients are from the Far-North region of Cameroon [15]. Related impacts of this obstetric fistula is a consequence of anatomic functions of the women and social exclusions, stigmatization and sexual discrimination [16, 18]. The Cameroonian government has put in place specialized centers of obstetrical fistula care services whereby the protestant hospital of Ngaoundéré since June 2014 is recognized as the reference center for the regions of East and Adamawa (Cameroon). The healthcare service of obstetric fistula of the protestant hospital of Ngaoundéré opened since two years from study date, thus the importance to carry out this study so as to find out and determine the epidemiological aspects and efficiency of care rendered till date. The aim of the work was to evaluate the care of obstetric fistula in the specialized center of obstetrical fistula of the Protestant Hospital of Ngaoundéré. Our specific objectives were to describe the epidemiology, the clinical features and the surgical management of obstetric fistula at the protestant hospital of Ngaoundéré (Cameroon).

METHODOLOGY

Type of study,
It was a descriptive cross sectional study

Setting
Center of obstetric fistula care service of the protestant hospital of Ngaoundéré

Study period
Nine month period of study from April to December 2016

Population study
All women suffering from obstetric fistula who recived care at the center of fistula care of the protestant hospital of Ngaoundéré during the study period.

- **Inclusion criteria**
  Were included in this study all obstetric fistula patients cured in the center of fistula care of the protestant hospital of Ngaoundéré going from June 2014 to June 2016.

- **Non-Inclusion criteria**
  All patients with incomplete medical file from the sample size of study and patients with bad diagnosis of obstetric fistula

MATERIALS AND METHODS

Materials
- Obstetric fistula register
- Patients medical file
- Questionnaire
- Hospitalization register of patients
- Anesthesia and resuscitation files
- Register of surgical intervention

Methods
Data were collected from patients’ medical files and registers. Each patient had a medical file where his identity, clinical and biological analysis, diagnosis, treatment received and evolution of the pathology are revealed. Data from different registers were recorded through a questionnaire and analyzed through EPI Info version 7

Study limits
1- Absence of some medical files.
2- Insufficient information in some patients’ medical file.

RESULTS

Age
The distribution of obstetric fistula with age on the population study shows that the most represented age group were those between 26 and 35 years with 40% then follows those of 15 to 25 years and 36 to 45 years respectively with 33.57% and 14.29%. Other age groups are less represented.

![Figure 1: distribution of patients following age](image-url)
Type of fistula
Between the different types of fistula registered in this center, vesicovaginal fistula (VVF) is the most represented with 79.41% followed by (vesicovaginal fistula) VVF-rectovaginal fistula (RVF) and RVF with respectively 8.09% and 6.62%.

Surgical technics used for treatment
The distribution of surgical technics used during the repair procedure of obstetric fistula is fistulorraphy in more than 80.99%.

Recurrence
We notice that 20% of the population sample who came back for their control rendezvous had recurrences, while 80% did not.
DISCUSSION

Firstly, concerning the socio-demographic characteristics of this study, it is shown clearly that women aged between 26 to 35 years were the most represented with 39.43%. It approaches results found by Mugwaneza in Rwanda, study carried out in 2004 where he affirms that the age group most represented is that below 35 years with a percentage of 49%[53].

Secondly, concerning the causes of obstetric fistula, dystocia labor is the most incriminated with about 57%. These results join the study of the UNFPA in 2003 where dystocia labor remains dominant in low income countries with low medication supply thus constituting about 97% of the whole vesicovaginal fistula [27]. This may be as a result of the lack of healthcare infrastructures for prenatal consultations and obstetrical emergencies. UNICEF and other NGO in 2013 found that only 8.2% to 35% of women presenting complications due to labor during delivery received care in an appropriate center in certain under developed country [56].

Amongst the different types of fistula registered in the Ngaoundéré protestant center, vesicovaginal fistula is the most represented with 79.41%. This great predominance was found equally in Mali by Qi and al either 79% [57]. Spinal anesthesia was the most practiced anesthetic type during study period with 70.40%; which is a little bit less than the 80% obtained by Moulaye in 2006 in Mali [58].

The predominance of the use of this anesthetic type may be as a result of its adaptive pattern in urogenital pathologies such as obstetric fistula. The surgical access mostly used in the study was that of low pathway with 93.2%, slightly higher than that obtained by Laurent in 2006 in a study that states that the treatment by low pathway was applied in 91.4% [55]. This is explained by the fact that the low pathway prevents from a laparotomy hence a comfort guaranty for post-surgery recovery. The surgical technique used in this study for the treatment of fistula shows that fistulorraphy is the most used technique with 80.89% on the patients. It was similar for Laurent in 2006 who obtained with the technic of fistulorraphy 65.7% [55].

Concerning the use of urinary probe during fistula cure, we notice that dwelling urinary probe was predominant in 50.40% which is greater than the results of Hinrichsen and al where they obtained spontaneous healing upon draining in 15 to 20% of the cases [59]. Concerning after surgery follow-up, we notice a success rate of 80% the first time of cure. Obtained results are similar to those of Hategekimana who obtained 70% of healing without incontinence of effort during first surgery. Also our results are similar to those of Gweyes and al in Senegal where in 1992, they obtained a global healing rate of 86% [60]. Similarly, still Laurent in 2006 obtained in 80% of cases the cure of fistula without any incontinence [55].

Concerning relapses, we noted that after surgery follow-up when the mixed access was used, we had 33.33% relapse which is less than the percentages obtained by Daouda in Mali in 2013 who obtained 50% [61]. Concerning the upper access pathway, we registered 0% of relapse in this study while Daouda registered 15%; percentage far greater than ours. We realize as such that the tendency of relapse is far greater with the mixed access technique than in upper access pathway in both cases.

CONCLUSION

Coming to the end of this study where we had to evaluate the care of obstetric fistula at the protestant hospital of Ngaoundéré, we obtained:

- 80% success rate at departure
- 20% of relapse

At the observation of these results, we can say that this center put in great efforts for the eradication of Obstetric fistula but still more effort has to be done so as to attain the objectives of the creation of this center that was to eradicate obstetric fistula.

REFERENCES


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