Author's reply to letter from Dr. Ahmed Al-Badr on: "Trends in the aetiology of urogenital fistula: a case of 'retrogressive evolution'?"

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I am grateful to Dr. Al-Badr for his letter in response to my commentary on trends in the aetiology of urogenital fistula. I made the point that there appear to be secular trends in the aetiology of fistula both in high-income countries (with an increasing risk of vesicovaginal fistula and ureteric injury following hysterectomy) and in low- and middle-income countries (with an increasing risk of iatrogenic fistulae in comparison with true obstetric fistulae). My thesis was based on data from the UK and USA and from correspondence with colleagues in sub-Saharan Africa and Asia.

Dr. Al-Badr highlights a small series of vesicogenital fistulae from Saudi Arabia, all of which were described as being iatrogenic, with three quarters following obstetric surgery. He may therefore add another country to the list of countries in which obstetric intervention is seen to carry significant risk to the urinary tract. It should be noted that Saudi Arabia is a high-income country based on World Bank data (2014). It is also worthy of note that these were only 16 cases treated over a 7-year period; extrapolation to the national position in Saudi Arabia, with a population of >30 million, should be made only with caution.

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