Traumatic female urethral avulsion in the absence of a pelvic fracture is an exceedingly rare entity, with no consensus on its management. Here, we present a 35-year-old pregnant woman with severe anterior vaginal wall laceration and complete urethral avulsion secondary to straddle injury. Management consisted of primary urethral and vaginal repair.

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injury, repair may be performed vaginally, transabdominally, or combined. In our patient, the repair was accomplished transvaginally. Anatomically, the female urethra is embedded in the anterior wall of the vagina. The urethra itself consists of 3 layers: 1) the mucous layer, which is continuous with the bladder epithelium; 2) the thin layer of spongy erectile tissue, which includes the plexus of veins and bundles of smooth muscle fibers located immediately below the mucous layer, with both taken together during end to end anastomosis; and, 3) the muscular layer, which is continuous with the muscular layer of the bladder and closed as a second layer over the anastomosis. In some reports, authors maintain the urethral catheter for 3 weeks, while others keep it for 6 weeks. In our patient, it was maintained for 4 weeks to allow proper healing and as a diversion for urine.

In conclusion, early recognition and proper management with primary urethral and vaginal repair can prevent the subsequent risk of morbidity.

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