

LETTER TO THE EDITOR

Improving obstetric fistula care in Africa: The case for regenerative medicine

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Obstetric fistula remains one of the most neglected maternal health conditions, with >500,000 women untreated and 50,000-100,000 new cases annually, mostly in sub-Saharan Africa and South Asia. Its consequences, chronic incontinence, infections, infertility, and stigma, are devastating. Surgical repair is the cornerstone of care, but a shortage of trained surgeons limits access, and outcomes are suboptimal: recurrence occurs in up to 20%, and up to one-third have persistent incontinence. These realities highlight the urgent need for adjunctive therapeutic strategies alongside surgery¹.

Regenerative medicine shows promise in managing complex fistulas. Darvadstrocel (Alofisel®), an allogeneic adipose-derived mesenchymal stem cell therapy, is approved in Japan for Crohn's-related complex perianal fistulas following phase 3 trials demonstrating superior remission compared with placebo^{2,3}. Recent meta-analyses further confirm efficacy, with remission rates of 50-60% and clinical response rates exceeding 70%, outcomes markedly better than conventional treatments. Importantly, these therapies also show sustained long-term benefits and acceptable safety in real-world studies⁴. Biological parallels between Crohn's perianal fistulas and obstetric fistulas, persistent tissue injury, fibrosis, impaired angiogenesis, and complex anatomy create a rationale for therapeutic repurposing⁴. Integrating mesenchymal stem cell therapies as adjuncts to surgical repair could enhance closure rates and reduce the burden of persistent incontinence. Embedding such interventions into existing fistula surgery programmes, tested through pragmatic feasibility trials in high-burden regions, offers a realistic pathway to generate the evidence required for translation.

Implementing advanced biologics in resource-limited settings will inevitably face challenges,

such as cost, manufacturing, and logistics. Yet these barriers can be mitigated through global partnerships and pragmatic trial designs. Critically, failing to explore regenerative approaches risks perpetuating one of global health's most entrenched inequities. We call on the regenerative medicine, maternal health, and global surgery communities to collaborate in repurposing mesenchymal stem cell therapies for obstetric fistula care, advancing from proof-of-concept to context-specific trials. This is a timely opportunity to address a devastating yet solvable condition with innovative, equitable solutions.

Authors' contributions

Both authors contributed equally to the conception, drafting, and revision of this Correspondence. Both authors approved the final version.

Conflict of interest

The authors declare no competing interests.

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