



## CRYPTOMENORRHOEA DUE TO IMPERFORATE HYMEN: CASE REPORT

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**ABSTRACT**

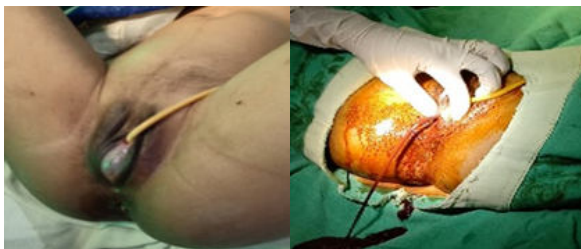
Imperforate hymen is a rare obstructive congenital anomaly of the female genital tract which arises as a result of complete failure of canalisation of the inferior end of the vaginal plate at the junction between the urogenital sinus and the vagina. Here presenting a case of 17 year old girl who came with complain of lower abdominal pain since 5-7 days with the swelling in lower abdomen not associated with nausea, vomiting and diarrhoea. She has not attained her menarche but her secondary sexual characters were developed with breast, pubic hair and axillary hair in tanner stage 4. Transabdominal ultrasound revealed hematometra and hematocolpos with imperforate hymen. Hymenotomy by cruciate incision was performed and approximately 1000 ml of thick tarry coloured blood was drained. Her post operative period was uneventful. Patient was discharged in satisfactory conditions. On follow up after 1 month, patient resumed normal menses.

**KEYWORDS :** Genital anomaly, imperforate hymen, puberty.**INTRODUCTION**

Imperforate hymen is a rare obstructive congenital anomaly of the female genital tract with prevalence of 0.05%- 0.1%. It arises as a result of complete failure of canalisation of the inferior end of the vaginal plate at the junction between the urogenital sinus and the vagina.<sup>1,2</sup> Imperforate hymen prevents passage of blood causing accumulation of menstrual products in the vagina or uterus. The most common age of presentation is around puberty.<sup>1,2</sup> Treatment is simple, virginity preserving, socially acceptable surgical procedure known as hymenotomy with a few types of incisions on an imperforate hymenal membrane to provide an annular intact hymen.

**CASE STUDY**

A case of 17 year old girl who came with complain of lower abdominal pain since 5-7 days with the swelling in lower abdomen. She has not attained her menarche but her secondary sexual characters were developed with breast, pubic hair and axillary hair in tanner stage 4. Transabdominal ultrasound revealed hematometra and hematocolpos with imperforate hymen. Hymenotomy by cruciate incision was performed and approximately 1000 ml of thick tarry coloured blood was drained. Her post operative period was uneventful. Patient was discharged in satisfactory conditions. On follow up after 1 month, patient resumed normal menses.

**DISCUSSION**

Imperforate hymen is a rare condition where vagina and uterus is filled with menstrual blood. It is an isolated anomaly but rarely can be associated with other female genitourinary tract anomalies or genetic disorders.<sup>1,2,3</sup> Most cases are sporadic, however multiple familial cases with both recessive and dominant inheritance have been reported. Hymen is the membranous structure at the junction of sinovaginal bulb and urogenital sinus which becomes patent during fetal life to establish a connection between vagina and perineum. During prepubertal period hymen provides physical barrier to infection when vaginal immunity is not fully developed. The diagnosis is easy with detailed history and genital examination. It is usually asymptomatic until the patient

attained menarche. However, after menarche, blood start to accumulate in the vagina and uterus resulting in hematocolpos, hematometra, hematosalpinx leading to following symptoms:

- Amenorrhoea
- Recurrent cyclical lower abdominal pain.
- Retention of urine- acute and chronic.
- Vaginal bulge at introitus (bluish in color).
- Mass per abdomen.
- Retrograde menstruation.
- Rarely intestinal obstruction and constipation.<sup>2,3</sup>

Differential diagnosis of imperforate hymen includes other obstructive reproductive tract anomalies like lower vaginal septum. The associated vulvar distension however, uniquely suggests imperforate hymen. The treatment is surgical hymenotomy under anaesthesia after catheterisation. Care should be taken to avoid injury to urethra. The outcome of the surgery is excellent and recurrence is rare.

**CONCLUSION**

Imperforate hymen is a rare condition but easy to diagnose. Young girls presenting with amenorrhoea and cyclical abdominal pain should be suspected of the condition and treated by virginity preserving hymenotomy.

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