



A Case Report : Recurrent Hematocolpos With Transverse Vaginal Septum

KEYWORDS

Amenorrhoea, cyclical abdominal pain, hematocolpos, vaginal septum.

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A vaginal septum is a congenital partition within the vagina such a septum could be neither longitudinal nor transverse.

Transverse vaginal septum is a rare condition that can form during embryogenesis when the Mullerian ducts fuse improperly to the urogenital sinus . Its incidence is estimated at 1 in 30000 to 1 in 80000 women ⁽¹⁾. A complete transverse septum will block the menstrual flow and is a cause of primary amenorrhoea .This septum can be located at any level in the vagina . A surgical incision may relieve the condition but it may reoccur.

CASE:

A 5 year old girl presented in the gynaecology OPD with complaint of cyclical lower abdominal pain for 3 months .She attained menarche surgically 3 months back, when she underwent hematocolpos drainage for the similar complaints somewhere outside the hospital. No similar history was found in her sibling. On examination her secondary sexual characters were well developed. On physical examination she was small statured with no other physical abnormality seen. On abdominal examination uterus was not palpable. On recto-abdominal exam midline structure was present with bulge in upper and middle part with distended vagina. Examination under anaesthesia revealed no vaginal opening.

Radiological examination revealed hematotracheolus and body of uterus measuring 6.6*3.*5.8 cm .Its cavity is distended and is filled with particulate fluid. Cervix is markedly enlarged measuring approx. 13.6*6.9*7.7 cm. Cervical canal is distended and is filled with particulate fluid.

So, the case was diagnosed as recurrent hematocolpos : cause transverse vaginal septum and was planned for hematocolpos drainage along with transverse vaginal septum resection.

A small horizontal niche was given on the introitus at the position of vaginal opening.no.6 Hegar dilater was guided into the artificial opening made. Dark collected blood started draining. After drainage the transverse vaginal septum was exposed with the help of Alle's forceps and is resected out. After it the exposed vaginal margins were stitched with the skin margins nearby using vicryl 3-0 sutures.And a medium sized glass mould with opening at tip is introduced into the vagina to drain any residual collected blood.

DISCUSSION:

The vagina is a composite structure formed partly from

the mullerian duct and partly from urogenital sinus. Vaginal septum resulting into hemotocolpos or hematotracheolus is quite a rare finding. The management includes vaginal septum resection and drainage of the hematocolpos. Many classification of subtypes of congenital abnormalities of the female reproductive system exist : Buttram and Gibbons . according to the modified AFS classification ,uterovaginal anomalies are categorised as dysgenesis disorders or vertical or lateral fusion defects. Anomalies are further subcategorized into obstructive or nonobstructive forms, since their treatment differs⁽²⁻³⁾.

Our case was a care of recurrent hemotocolpos resulting due to transverse vaginal septum ,it is an obstructive anomaly.We resected the septum and were able to achieve the primary outcome of patent genital tract although patient need further follow up for her obstetric outcome.

CONCLUSION:

We have presented a rare care of transverse vaginal septum with with recurrent hematocolpos. Its a rare condition and presents with amenorrhoea and cyclical pain in lower abdomen that needs prompt evaluations and intervention. Transverse vaginal septum resection along with hematocolpos – not only restores anatomy and reduces morbidity but also improves the quality of life.



Figure 1 Insertion of vaginal mould



Figure 2 insertion of vaginal mould



Figure 3 vaginal septum

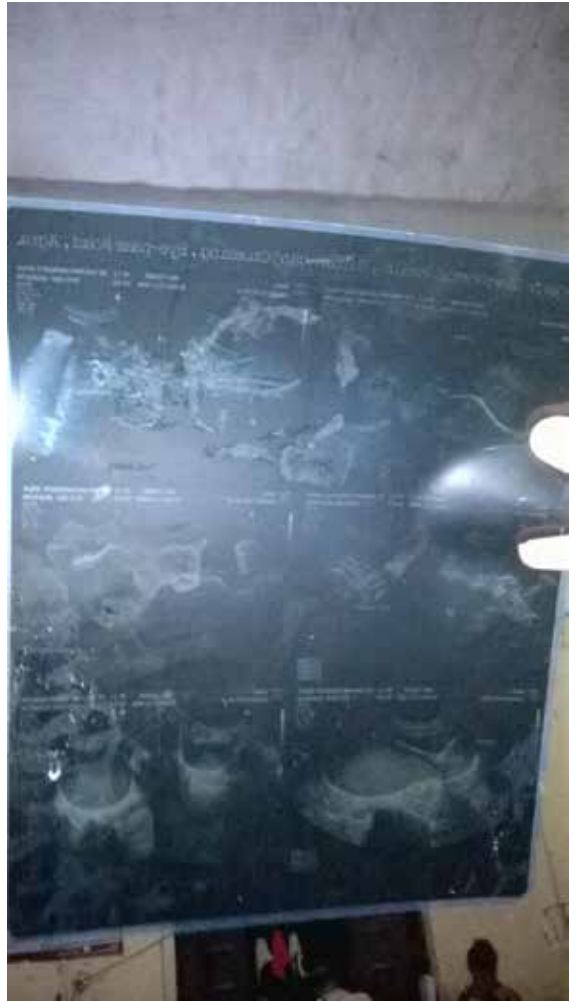


Figure 4 usg lower abdomen and pelvis showing hematocolpos

REFERENCE

1. D.V.Caloia, H.Morris, and M.R.Rahmani, " Congenital transverse vaginal septum : vaginal hydrosonographic diagnosis," Journal of Ultrasound in Medicine ,vol. 17 ,no.4, pp.261-264, 1998. | 2. Buttram VC Jr, Gibbons WE (1979) Mullerian anomalies : a proposed classification. (An analysis of 144 cases). Fertil Steril 32:40-46 | 3. Rock JA , Adam RA (2000) Surgery to repair disorders of development Gynecologic, obstetric and related surgery. (2nd edition). St. Louis Mo: Mosby. |