



HEMATOCOLPOS IN A CASE OF PRIMARY INFERTILITY – USG DIAGNOSIS

Radiology

Dr. Amruta Varma Resident, Dept. of Radiodiagnosis, Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha, Maharashtra, India -442001

Dr. Suresh .V. Phatak* Professor, Dept of Radio- diagnosis, Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha, Maharashtra, India – 442001 *Corresponding Author

KEYWORDS

Respected Sir,

Hematocolpos with hematometra is seen together most of the time in teen age girls but isolated hematocolpos is rarely seen. We are presenting the USG findings of hematocolpos in a 26 year old female presenting with primary infertility, spotting and whitish discharge per vaginum. On examination transverse vaginal septum was seen and hematocolpos was drained.

Hematocolpos means a blood-filled dilated vagina due to menstrual blood in the setting of an anatomical obstruction, usually caused by an imperforate hymen. When there is associated uterine distention, the term hematometrocolpos is used. There are four possible causes of hematocolpos: Imperforate hymen, cervical atresia, vaginal atresia and transverse vaginal septum(1).

In older women, hematocolpos occurs due to near or complete vaginal occlusion secondary to radiation therapy for cervical carcinoma or from scarring caused by surgical procedures such as cone biopsy. Rarely, vaginal obstruction may be due to postmenopausal atrophy, endometriosis, or vaginitis, leading to scarring or adhesions

When clotted blood is present within the uterus, echoes emanating from the clotted blood can be seen. These are usually mobile when the patient is scanned in various positions(2). A rectal ultrasonographic approach is preferred method to aid in diagnosis of imperforate hymen when transvaginal approach is not feasible. It is useful because of its close proximity to the pelvic organs (3). In pubertal age group, on abdominal sonography, the distended uterus or vagina appears as a pear-shaped structure that can have either anechoic or echogenic internal content. (4) However, MRI of the pelvis should be performed for the confirmation of diagnosis, to know the extent of collection and to rule out possible coexisting anatomical variations of urogenital tract(5).



Figure 1 - Uterus sagittal view showing normal uterine fundus, body and cervix. A large hypoechoic lesion with debris and fluid-fluid level is visualized in vagina suggestive of hematocolpos

REFERENCES:

1. Hartman P, Diddle AW. Vaginal stenosis following irradiation therapy for carcinoma of the cervix uteri. Cancer 1972; 30:426–429.
2. Fleischer A, Manning F. Pelvic pathology of vagina and uterus, Sonography in obstetrics and gynaecology: Principles and practice 5th ed., Appleton and Lange, Stanford, Conn., 1996.

3. Kushnir O, Garde K, Blankstein J. Rectal sonography for diagnosing hematocolpometra. A case report. J Reprod Med 1997; 42(8):519-20.
4. Fleischer A, Manning F. Pelvic pathology of vagina and uterus, Sonography in obstetrics and gynaecology: Principles and practice 5th ed., Appleton and Lange, Stanford, Conn., 1996
5. Eftychia Kapsalaki, Alexandros Daponte, Efthimios Deligeorgiou, Apostolos Zavos, Ioannis Fezoulidis, Ioannis E Messinis. The role of MRI in young adolescent girls with hematocolpos European Journal of Radiology Extra 2011; 78(2):e97-e100.