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Case report/Kazuistyka

Mid cavity complete transverse vaginal septum: Ultrasound diagnoses and management

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ABSTRACT

Background: Genital outflow tract obstruction is a common cause of primary amenorrhea. Patients typically present with abdominal/pelvic pain due to hematocolpos and hematosalpinx. **Case:** Two cases are presented here. Fifteen and fourteen-year-old patients complaining of primary amenorrhea and complete transverse vaginal septum on ultrasound. After vaginal septum resection, the patient began menstruating. **Conclusion:** Hematocolpos is a sequel of distal outlet obstruction. Transverse vaginal septum can be seen on ultrasound evaluating its thickness, assessing its level and excluding distal vaginal atresia.

Introduction

The incidence of congenital uterine anomalies is difficult to determine since many with such anomalies are not diagnosed, if they are asymptomatic [1–7]. Classification of congenital abnormalities of the female reproductive system is important in the treatment of infertility and symptoms [8]. Many classifications exist; Buttram and Gibbons [9], According to the modified AFS classification [10], uterovaginal anomalies are categorized as dysgenesis disorders or vertical or lateral fusion defects. Anomalies are subcategorized into obstructive or non-obstructive forms, since their treatment differs. Obstructive uterovaginal anomalies require immediate attention because of retrograde flow of trapped mucus and menstrual blood. Transverse vaginal septum occurs in approximately 1 in 30 000 to 1 in 80 000 women [11]. These septa approximately 46 percent are found in the upper vagina, 35–40 percent in the middle portion and 15–20 percent in the lower vagina [12]. The septa are generally less than 1 centimetre in thickness and may have a small central or eccentric perforation [13–15]. The majority have a fenestration. In this report, we describe

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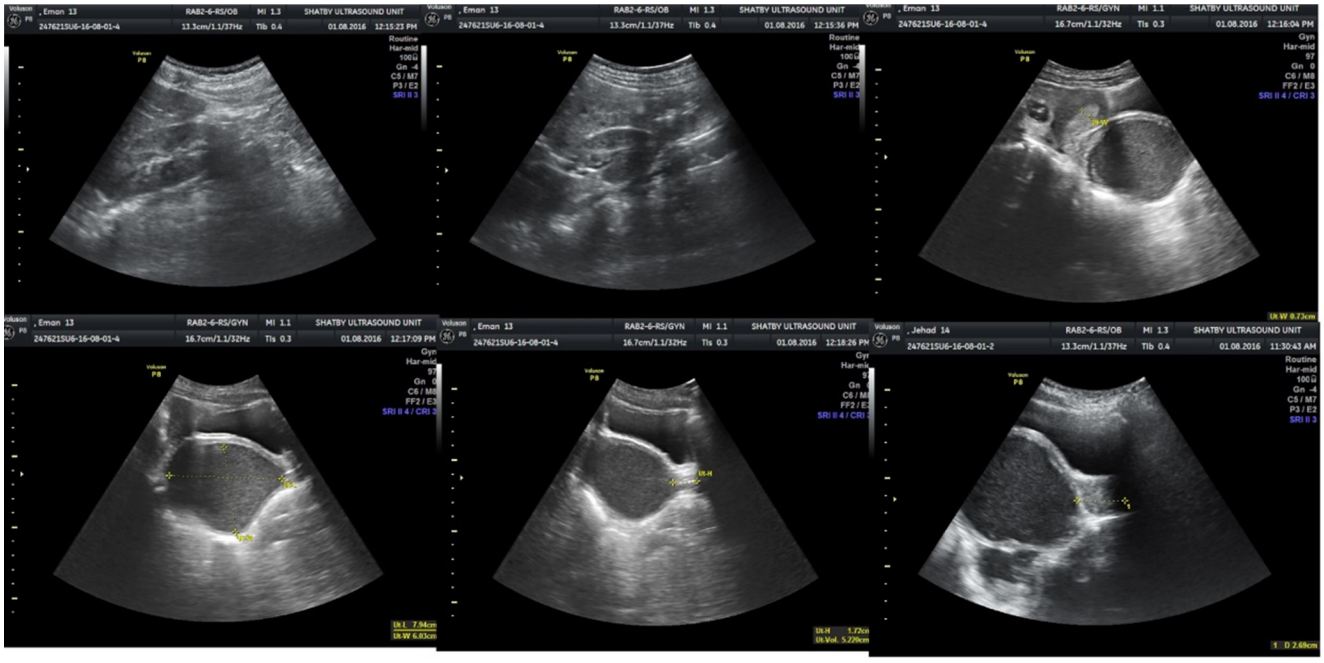

Fig. 1 – Ultrasound showing hematocolpus with septum about 1 cm in thickness and 5 cm from hymen with both kidneys seen

the presentation of two girls diagnosed and operated in Shatby Maternity University Hospital in Alexandria, Egypt.

Case 1

14-year-old girl presented with suprapubic pain for months. Pain started at age of twelve years. Rectoabdominal (PR) examination revealed a mildly tender soft mass palpated just above the examining finger. Trans-abdominal pelvic U/S showed hematocolpos with no hematometria or hematosalpinx with both kidneys seen. Site of obstruction was midcavity transverse vaginal septum that was half cm in thickness and about 5 cm from hymen (Fig. 1). Excision under gernal anaesthesia was done after examination that revealed mid cavity septum above a blind pouch. Two Allis forceps were used to pull the septum out with scalpel incision revealing dark blood followed by excision of the septum with marsupilization with interrupted vicryl 2/0 sutures and patient was discharged after 2 days with regular menses after.

Case 2

15-year-old girl presented with suprapubic pain for months. Pain started at age of eleven. Rectoabdominal (PR) examination revealed soft mass palpated just above the examining finger. Trans-abdominal pelvic U/S showed hematocolpos with hematosalpinx and hematometria with both kidneys seen. Site of obstruction was midcavity complete transverse vaginal septum that was half cm in thickness and about 3 cm from hymen (Fig. 2). Excision under gernal anaesthesia was done as the previous case and patient was discharged after 2 days with regular menses after.

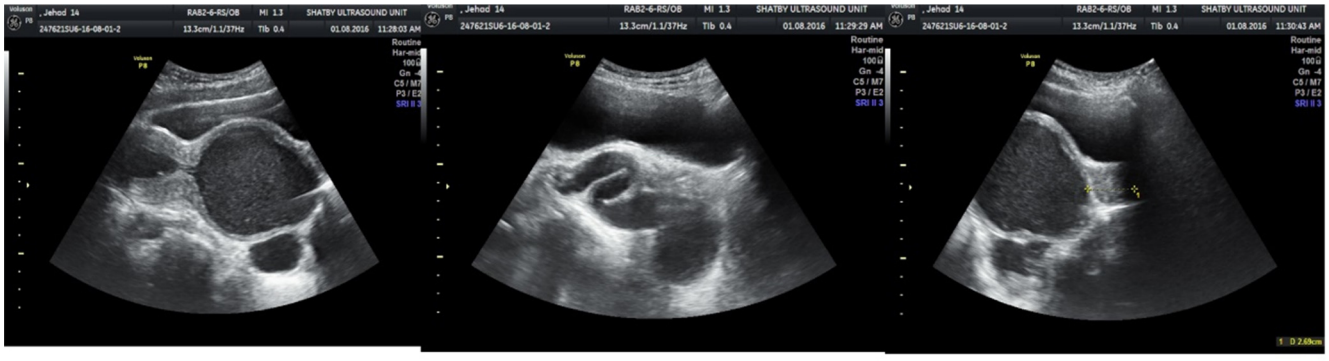

Fig. 2 – Ultrasound showing hematocolpos, hematometrra and hematosalpinx with septum 3 cm from hymen with no distal vaginal atresia

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