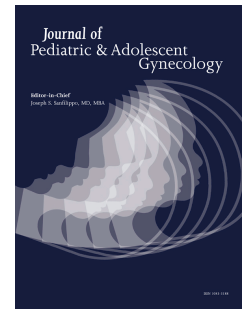


Accepted Manuscript

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PII: S1083-3188(17)30434-5

DOI: [10.1016/j.jpbg.2017.08.006](https://doi.org/10.1016/j.jpbg.2017.08.006)

Reference: PEDADO 2151

To appear in: *Journal of Pediatric and Adolescent Gynecology*

Received Date: 12 July 2017

Revised Date: 13 August 2017

Accepted Date: 14 August 2017

Please cite this article as: Tardieu SC, Appelbaum H, Microperforate Hymen and Pyocolpos: A Case Report and Review of the Literature, *Journal of Pediatric and Adolescent Gynecology* (2017), doi: 10.1016/j.jpbg.2017.08.006.

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Microperforate Hymen and Pyocolpos: A Case Report and Review of the Literature

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Abstract:

Background: Microperforate hymen (MH) is a rare congenital anomaly characterized by a small pinpoint opening in the hymen; girls with this anomaly are prone to develop ascending pelvic infections and recurrent urinary tract infections.

Case: We report the case of a 3-year-old girl who presented with fevers, abdominal pain, recurrent vaginitis and dysuria. She was found to have a MH and pyocolpos. She was treated with IV antibiotics and underwent hymenotomy and drainage of 150cc of purulent fluid.

Conclusion: This case highlights the need to perform thorough genital inspection and to consider hymenal anomalies in the differential diagnosis of girls who present with recurrent dysuria, vaginitis, fevers and abdominal pain. Early intervention may prevent the development of pyocolpos and other sequelae associated with this anomaly.

Introduction:

Microperforate Hymen (MH) is considered a rare partially obstructive congenital anomaly (1). Its exact incidence is unknown with only 20 cases of MH reported in the literature (1). Because of a paucity of data, there is no clear consensus on diagnostic criteria or treatment recommendations.

Anatomically, the hymen is a thin fold of membrane located at the distal aspect of the vaginal canal. The hymen usually canalizes before birth, and its opening varies in shape and diameter. Once canalized, the hymenal orifice establishes a communication between the vagina and the exterior for egress of cervical gland secretions and eventually menstrual blood products.

MH results from an incomplete canalization of the fetal hymen which usually occurs shortly before birth. MH usually exists as an isolated anomaly, however, in rare instances, it has been seen in association with bifid clitoris, duplicate ureter, hypoplastic kidneys, imperforate anus and other anorectal malformations (2).

Compared to imperforate hymen, girls born with MH are prone to recurrent UTI, vulvovaginitis and ascending pelvic infections (3,4). However, since MH is only partially obstructive, its diagnosis may be delayed until after puberty when young women may present with light and irregular menstrual periods (5) or inability to insert a tampon. Patients with MH may also complain of obstructive symptoms such as abdomino-pelvic pain, recurrent signs and symptoms of UTI, urinary retention, and purulent vaginal discharge which may result from pyocolpos.

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