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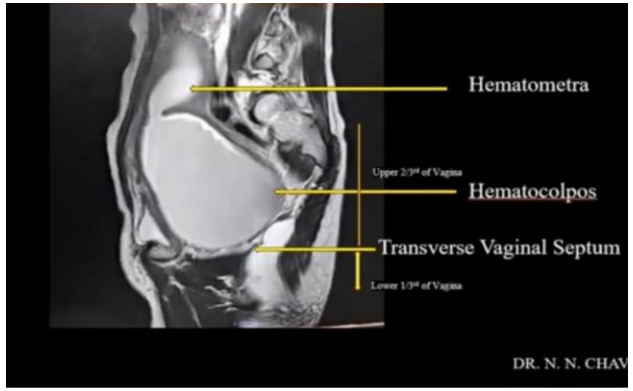
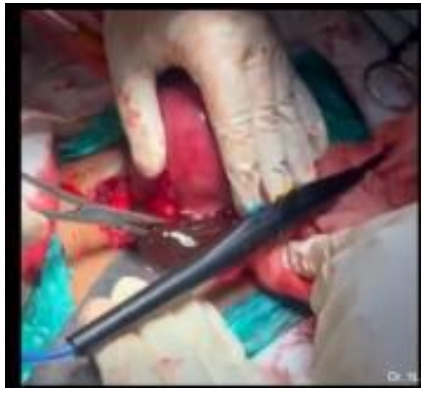
Title: Surgical management in a teenager with primary amenorrhea due to mullerian anomaly

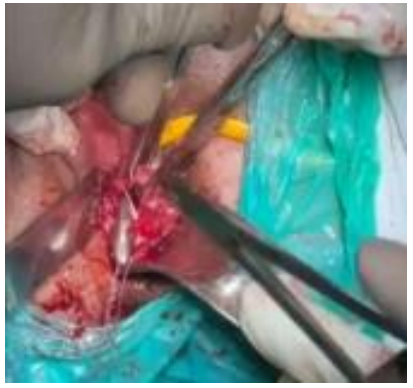
Introduction:Transverse vaginal septum is often undiagnosed until menarche. The main treatment is early diagnosis and surgical drainage of hematocolpos. Complications of TVS include infertility, endometriosis, and restenosis.



Case report: 15 year old with primary amenorrhea with abdominal pain went to private hospital for further management. She was diagnosed with imperforate hymen and was operated for the same during colpotomy there inadvertent opening of rectum causing rectovaginal fistula which was reapired in the same sitting and was referred to LTMGH . On examination under anesthesia P/A: cystic mass of 18-20 weeks of size non tender with limited mobility. L/E: external genitalia appears normal, urethral vaginal and anal opening seen, hymenal opening seen, blind vaginal pouch of 1cm depth with pinkish membrane seen. P/R: abdominal findings confirmed bilateral adnexal structures not palpable

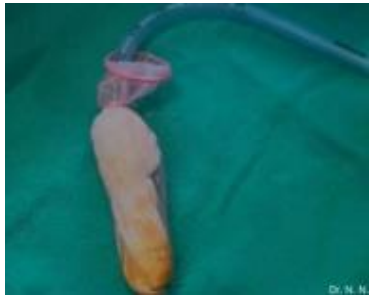
On sounding bladder 2cm thick intervening tissue felt between b ladder sound and rectal mucosa, distance from vaginal opening to uterus is 4 cm.





USG : 450 cc fluid with internal echos in endometrial cavity and upper vagina , thick band of 3 mm noted at junction of middle and lower third of vagina , B/L hematosalpinx . Transverse vaginal septum> imperforate hymen

Surgery : Exploratory laparotomy with drainage of hematometra and heatocolpos (500 cc) through uterine incision followed by creation of neovagina through abdomino perineal approach with mould insertion with right salpingostomy and left ovarian cystectomy



Conclusion: Congenital anomalies often require a multidisciplinary approach, proper surgical management planning, and regular long-term follow-up.