

Title: TRANSVERSE VAGINAL SEPTUM WITH HEMATOMETROCOLPOS IN A YOUNG FEMALE

INTRODUCTION

Primary amenorrhea is defined by the absence of menstruation by the age of 15 years in the presence of normal growth and secondary sexual characteristics and/or the absence of menses by 13 years of age if there is a complete absence of secondary sexual characteristics. Transverse vaginal septum is rare outflow tract disorders that may sometimes cause primary amenorrhea. The septa are usually less than a centimeter thick and are variably located in the vagina.

AIMS / OBJECTIVES

To report a case of Transverse vaginal septum as a cause of Hematometocolpos .



MATERIALS / METHODS

We report a case of 13 year old with lower abdominal pain since 3 days. She had history of chronic cyclic abdominal pain. On per abdomen uterus is corresponding to 14 weeks size and tenderness is present in hypogastrium. On local examination external genitalia is healthy. Per vaginally hymenal opening is present, vagina admits 1 inch, thick palpable transverse septum present. Pelvic ultrasound showed a normal sized uterus with presence of 300ml homogeneous fluid with coarse internal echoes noted extending from lower uterine segment up to the entire vaginal canal. MRI pelvis -cystic dilatation of vagina with hemorrhagic content involving uterine cavity and whole of vagina. Suspicious vaginal septum of 2mm, in favour of impending hematometocolpos with transverse vaginal septum.

RESULTS

The patient underwent surgical excision of septum. That consisted of making a transverse incision in the center of vaginal septum draining the hematometocolpos. About 500 ml of thick dark reddish brown blood was drained. Upper vaginal wall and lower vaginal wall are sutured in circumferential manner with 2.0 vicryl with interrupted sutures. vaginal toileting is done with betadine.



DISCUSSION

A vaginal septum is an uncommon outflow tract disorder that occurs due to a fusion defect resulting in a fibrous band of variable thickness within the vaginal canal .TVS are commonly classified on the basis of their location: low (14 %), mid (40 %), and high TVS (46%). Imperforate hymen and TVS are the main differential diagnosis , and these can be distinguished by physical examination . A bluish bulge is often seen between the labia in the case of an imperforate hymen which undergoes visible distension on application of suprapubic pressure, this being absent in the case of TVS. The management of TVS is primarily surgical, which is aimed at removal of the septum without significantly shortening the vaginal canal.

CONCLUSION

The transverse vaginal septum remains a rare anomaly of female genital tract. Hematometocolpos remains a main consequence of this. The management is essentially based Of surgery while taking into account the risks Of postoperative stenosis and repercussions on upper genital tract.