

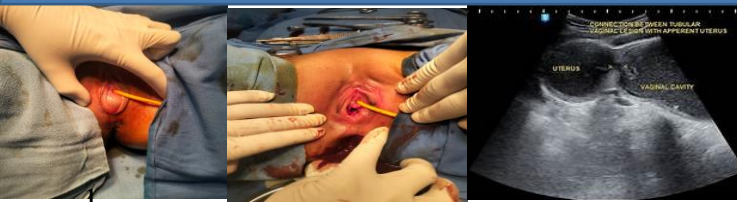
- **Poster Number: EP 192 Name: DR NANDINI**
- **Title: MOSAIC OF VARIOUS PRESENTATIONS OF TRANSVERSE VAGINAL SEPTUM**

INTRODUCTION

A transverse vaginal septum one of the variants of mullerian duct anomalies, caused as a result of defective fusion or recanalization of vaginal and mullerian organs, which obstructs the vaginal outflow tract, partially or completely. Associated symptoms depend upon the location of the septum (low, mid and high and also classified on the basis of thickness..

Incidence of transverse vaginal septum in India is 1 in 80000 to 1 in 30000.

Hereby presenting 4 varied presentations in different age groups depending on the location of the transverse vaginal septum. All patients had normal secondary sexual characteristics, normal karyotyping, . All patients underwent usg and mri pelvis.



1.Primary amenorrhoea with TVS in the lower 1/3rd of vagina

A 15 year old girl presented with severe cyclical abdominal pain with primary amenorrhoea..Pt. called during periods..

P/A- a suprapubic bulge seen.L/E- on suprapubic pressure, retracting labia minora thin fibrous vaginal septum+. A Cruciate incision was given

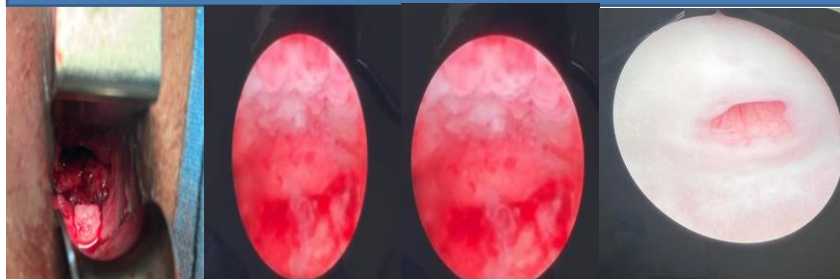
2.Nonconsumation of marriage due to transveres vaginal septum in the middle 1/3rd of vagina

21 years old female, p/w failure of consumation of marriage & pateint menstruating normally till now but since 6 months flow was reduced with dysmenorrhoea, difficulty penetration & unable to mantain coital activity. o/e- abdomen soft, l/e-a membranous septum seen in vagina with small cribriform opening. The same opening was enlarged, hysteroscopy done to confirm uterus, cervix, vagina.. Vaginal flaps created and margins created. Pateint was given vaginal mould for serial dilatation.



3. Fenestrated transverse vaginal septum at the junction of lower & middle 1/3rd of vagina with secondary amenorrhoea

An 18 year old presented with secondary amenorrhoea and secondary severe dysmenorrhoea. O/E- abdomen soft, L/E- on retraction of labia thick fibrous septum seen at the junction of middle and lower 1/3rd and middle 1/3rd of vagina Rx- vaginoplasty with Z- plasty technique used.



4. Primary infertility due to transverse vaginal septum in the upper 1/3rd of vagina- Pateint p/w primary infertility & was called during menses & a small punctum was identified & hysteroscopy done- uterus, cervix, vagina identified Vaginal flaps everted



CONCLUSION

Hence every pateint presenting even with secondary ammenorrhoea or dysmenorhiea should be examined to rule out TVS.

Also these pateints with cribriform openings in TVS should be called upon during their periods to confirm the exact location before surgery to prevent trauma to nearby structures.

RESULT

All pateints were follwed up and had a smooth recovery.