17th World Congress in Fetal Medicine

A rare case of lower transverse vaginal septum presenting as haematocolpus

Sinha P, Noor F
Tawam Hospital, ABU DHABI, United Arab Emirates

Objective

Transverse vaginal septum is a rare type of congenital utero-vaginal anomaly occurs in approximately 1 in 70, 000 females. Usual presentation is with primary amenorrhoea and cyclic pelvic pain. It is a type of vertical fusional defect and can be either perforate (incomplete) or imperforate (complete) results from varying degrees of failure in reabsorption of the tissue between the vaginal plate and the caudal aspect of the fused Mullerian ducts.

Methods

A 14 yrs old, presented to emergency room with abdominal pain. Ultrasound showed vaginal cavity distended with large amount of ecolucent fluid (measuring 11x8x9cms) suggestive of haematocolpos. Pelvic MRI, findings were consistent with haematocolpos likely cause due to imperforate hymen. She was taken to theatre for examination under anaesthesia (EUA), findings were not consistent with a typical imperforate hymen. There was intact septum one inch inside the vaginal introitus which was difficult to visualized from the outside and not bulging. It was incised and about 700ml of old thick blood has been drained. She was discharged home with a follow up in outpatient department in 3 months. She remained amenorrhoeic, repeat USS again showed collection in the vagina. Repeat EUA and drainage of haematocolpos was carried out. Findings were consistent with low transverse vaginal septum obliterating the vaginal introitus. After draining the haematocolpos, edges of the septum were trimmed and dilated with hegar dilators and size of the opening was increase by extending the incision downwards towards the perineum. She had an uncomplicated recovery, and was discharged with a follow up appointment.

Results

This rare case presenting as primary amenorrhea was indeed a complete transverse vaginal septum which was confused initially with the intact hymen which was present in the lower third of the vagina. While it may occur in isolation it is often combined with other mullerian duct anomalies such as uterus didelphys. Often a surgical excision of the septum is performed to cure the problem to avoid further complication. It can occur at almost any level of the vagina. Reported prevalence in terms of position include 1: • superior vagina (~46%) • mid-vagina (~40 %) • inferior vagina (~14%).

Conclusion

Transverse vaginal septum is a developmental failure of vertical fusion of female genital tract, the incidence of which is very rare with unknown etiology. The usual presentation of the condition is either in neonatal period with mucocolpus, or at or after puberty with pain and/or amenorrhea and haematocolpus, haematometra and haematosalpinx.