

IMPERFORATE HYMEN WITH HAEMATOCOLPOS

(Report of 6 Cases)

by

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Six cases of imperforate hymen with haematocolpos are reported here. The incidence as given by Senthal and Blocke is 1 : 1000-2000 of the total gynaecological admissions. Even in big hospitals there are hardly 2 to 3 cases per year. Secondly, because this simple condition is sometimes missed in girls between 11 to 20 years coming with abdominal pain, tumour or urinary complaint, unnecessary laparotomies are performed. These laparotomies can be avoided if, while examining girls of 11 to 20 years of age with abdominal pain, this condition is kept in mind. Two of the reported cases were referred as "acute abdomen" and one case was admitted as acute appendicitis and prepared for appendicectomy.

It is difficult to trace from the literature when the first case was reported. Paré was the first to describe this condition about 300 years ago. Due to amenorrhoea, abdominal swelling and pain he thought the patient was pregnant. In 1939 Thompkin reviewed 113 cases and reported 5 cases of his own. In 1956 Doyle found 156 cases in the literature and added his own 20 cases. Between 1942 and

1951 only 12 cases were added in the literature. In 1955 Wanner and Maun reported 5 cases, making the total 193. Since then there are not many reports. According to Wanner and Maun, this condition is not so commonly found in gynaecological practice. Some physicians might not have seen a case in their whole career while a gynaecologist may see only a few in his lifetime. The author came across 6 cases of imperforate hymen with haematocolpos since 1951, which are reported here.

It is not exactly known why the hymen does not perforate. There are different views about it. These are (i) the centrally placed epithelial cells do not degenerate and so do not perforate the hymen. (ii) Infection during childhood or even intrauterine life produces fibrosis and an imperforate hymen. (iii) The cells just behind the septum may not regress but on the contrary may proliferate resulting in an imperforate hymen. (iv) Any anomaly resulting in non-patent vagina also will naturally cause imperforate hymen.

The commonest symptom is abdominal pain in the hypogastrium or in the back. In these 6 cases, the pain was in the lower abdomen, but in 5 there were monthly attacks with menstrual molemena. The duration of symptoms was from 3 to 6 months in

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TABLE I
Summary of cases

Date	Name	Age	Complaints					
			Retention of urine	Pain abdominal	Lump	Vomiting	Headache	Constipation
1	2	3	4	5	6	7	8	9
12-3-51	RH	13 years	+	+	—	—	+	—
11-6-54	BM	15 years	+	+	—	+	—	+
11-7-55	NB	19 years	+	+	+	—	—	—
11-10-60	J. J.	13 years	+	+	—	—	—	—
11-12-62	J. G.	13 years	+	+	—	+	—	—
11-6-65	C. M.	12 years	—	+	+	—	—	—

		Examination				Amount of Blood removed.
Married or unmarried.	Lump:	Tenderness	per rectum	Vulval		
10	11	12	13	14	15	
Married	+	+	Distended vagina.	Bulged out hymen at vaginal orifice with gaping of labia.	38 oz.	
Unmarried	+	+	Cystic swelling pressing on the perineum.	Bluish distended hymen.	42 ozs.	
Unmarried	+	+	Tense vagina.	Bluish distended hymen	30 ozs. blood.	
Unmarried	+	+	Swelling pressing on perineum, ballotable	Bulged out hymen at vaginal orifice with gaping of labia.	40 ozs.	
Unmarried	+	+	Uterus felt as solid tumour above the swelling.	Bulged out hymen.	18 ozs.	
Unmarried	+	+	Distended vagina.	Bulged out hymen.	24 ozs.	

4 cases, and the other two had pain for 2 to 3 days and came for medical advice.

According to Ealvin and Nichamin, urinary complaints are present in 50% of the patients. Common urinary symptoms are dysuria, frequency, urgency, incontinence and complete retention. In some cases retention of urine is the only symptom. Five cases in this series had retention of urine for 2 to 5 days. One case had intermittent retention for 15 days. In one case even catheterisation was difficult.

The patient may come with a lump in abdomen. One out of six cases came with mass in the abdomen, retention of urine and abdominal pain.

Amenorrhoea is usually not a common symptom, because the relatives feel that the girl may start menstruation after some time. Secondly, the girl does not know exactly when menstruation starts.

Of the six cases reported here, 5 were unmarried girls while one was married but she was aged 13 years.

The diagnosis is usually easy when the condition is kept in mind. The protruding hymen at the introitus with the retained blood giving it a bluish colour makes diagnosis apparent. A thick vertical translucent septum was present in all the cases in this series. The bulged out hymen at vaginal orifice may cause gaping of labia as in case 5 (Fig. 1).

The enormously distended haematocolpos with or without haematometra and haematosalpinx is felt per abdomen as an elastic mass. On rectal examination the large palpable

sausage-shaped cystic mass is felt filling the sacral hollow. One case of the six had a mass in the abdomen and retention of urine.

Gaudin reports the changes in the urinary system. There is elevation of urethra, vesical neck, trigone and floor of bladder. The mucosa of the trigone is oedematous. Hydroureter and hydronephrosis have been reported.

The condition needs differentiation from pregnancy and tuberculous peritonitis, both of which cause amenorrhoea and abdominal swelling, acute or subacute appendicitis, true amenorrhoea, ovarian cyst, pelvic kidney—this is common when the vagina is absent and may be mistaken for haematometra.

Treatment

Antibiotics should be administered. The hymen is incised in a cruciate fashion followed by excision of the four quadrants of hymen. The edges of the incision are sutured with continuous locked or interrupted catgut sutures to secure haemostasis.

Prognosis

Imperforate hymen with haematocolpos if not drained promptly is likely to produce haematometra, haematosalpinx or haematoperitoneum. If only haematocolpos is present and the patient is treated there is a good chance of pregnancy occurring. Sterility may occur in cases associated with haematosalpinx. Doyle reported a case with haematocolpos, haematometra and haematosalpinx who gave birth to two children within 4 years of the

operation. One case in the series conceived 5 years after the treatment. Follow up in the remaining 5 cases was not possible.

Summary

1. Six cases of imperforate hymen with haematocopos are reported.
2. Literature is reviewed.
3. Age, symptoms, signs, prognosis and treatment of imperforate hymen are discussed.

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Fig. on Art Paper VI