

## AN UNUSUAL CASE OF PYOCOLPOS

### (A Case Report)

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Pyocolpos is rarely seen in gynaecological practice. Pyocolpos results from infection of a haematocolpos or a mucocolpos. Cases of mucocolpos, have been reported by Maliphant (1954), Sen (1949) and Upadhyaya and Mitra (1954).

A case of pyocolpos caused by monocot seed arrested in the vagina because of secondary closure of the introitus is reported.

#### CASE REPORT

Patient 'A' 14 years, unmarried was admitted on 14.4.1974, in Umaid Hospital with complaint of retention of urine for 5 days and difficulty in passing motion. She had cyclical pain in the abdomen for 3 months.

**Menstrual History:** Not yet Menstruated.

**On Examination:** Well built girl 5½' with secondary sex characters well developed. Anemia +; Tongue coated; pulse 116/mt., regular; blood Pressure 120/80; temperature normal. Heart N.A.D. Lungs—Clear.

**Abdominal Examination:** Abdomen distended, mostly in the suprapubic region and flanks. Consistency soft, no mass felt, no fluid thrill, liver and spleen not palpable.

**Examination of Vulva:** Urethra, Labia minora and majora, normal; Hymen intact, rigid bulging but no discolouration present. Bladder catheterised, about 500 ml. of clear urine drained.

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Accepted for publication on 30-9-75.

**Investigations:** Hb—66%; RBC—3.1 million/cu. ml. TLC—11,800/cu.ml.; DLC—poly 78%, lympho 20%, eosino Nil, mono 2%; ESR—114 mm/1 hr.; Blood Group—B III Rh +ve.

**Urine:** Albumin—Trace; Sugar—Nil; Microscopic—Occasional pus Cell.

**Urine Culture:** Sterile.

**Operation:** Under intravenous pentothal examination was done, Hymen was bulging. A cruciate incision was made in the hymen. Nearly 300 ml. of foul smelling, thin, yellowish pus drained with two small brown hairy foreign bodies looking like insect or seed. The same sent for histological examination. Pus sent for culture and sensitivity.

**Rectal Examination:** Rectal Examination done under anaesthesia. No communication felt between rectum and vagina. Small cervix and uterus felt.

**Treatment given:** Inj. Kemicetine 500 mg. I.V. 6. hrly. Inj. Crystalline Penicilline 10 lacks I.M. 6 hrly. Head end of the bed raised.

Histopathology report of the foreign body—monocot seed.

**Pus culture and sensitivity:** E. Coli and Staphylococcus grown; Sensitive to; Chloromycetin +; Penicillin +; Garamycin ++; Kanci +

Patient did not pass urine on her own. A self retaining catheter put in. On 3rd day catheter was removed and soap and water enema given. Patient started passing urine herself. Bimanual Vaginal examination was done on 9th postoperative day. Cervix felt high up. Uterus small retroverted. Patient left against advise on the 10th day. Patient remained afebrile throughout the postoperative period.

#### Discussion

From the history given and clinical findings it appears that seeds found their

way into the vagina through a perforated hymen which later on got sealed off due to chronic infection and fibrosis. Jeffcoate (1967) has mentioned that inflammation raws the edges of nymphae which then becomes adherent in the midline leaving a small opening for the escape of urine. In babies the initial infection may pass unnoticed and at menarche retained menstrual discharge may get infected leading to pyocolpos. In the present case it could not be ascertained as to when did the seeds enter? Whether there was any injury and/or inflammation. It happened to have passed unnoticed since she developed complaint only on attain-

ing menarche. The interesting feature of this case is the sealing off of the introitus by fibrosis and the monocot seed acted as a nidus for infection which got flared up at menarche. When the menstrual blood got collected in the vagina it lead to pyocolpos.

#### References

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4. Upadhyaya, S. N. and Mitra, S.: Jour. Obst. & Gynec. of India, 4: 259, 1953-54.

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*See Fig. on Art Paper I*