PRIMARY PYOCOLPOS

(A Case Report)

by

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Pyocolpos is a rarity in gynaecological practice. It is almost always diagnosed after drainage. Pyocolpos results from infection of mucocolpos or haematocolpos. A case of pyocolpos has been reported here. The aetiology most probably is post-coital trauma.

CASE REPORT

Mrs. B.R.D., 15 years young girl was admitted as a Gynaecological emergency case with the complaints of severe pain in the lower abdomen for 2 days and retention of urine for 3 days. She felt mild pain in the abdomen off and on for 15 to 20 days.

She did not attain menarche and got married just 1 month back. The first act of coitus caused severe pain with moderate amount of bleeding per vaginam and pyrexia for 4 to 5 days for which she was treated by a quack at the village. Thereafter, she had low grade fever and mild pain in the abdomen.

On examination she looked pale, the pulse was 90 per minute, blood pressure was 100/60 mm. of Hg and the temperature was 99°F. Cardiovascular and respiratory systems were found to be normal. On abdominal examination there was a midline cystic lump in the supra-pubic region, size of 18 weeks' pregnant uterus. It was dull on percussion and was very tender.

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Catheterization was done and 1000 ml. of urine was drained. Catheterization was done by a nurse at the village 24 hours earlier too. After emptying the bladder the abdominal lump reduced to 16 weeks' in size.

On examination of the genital parts, the labia majora and minora were found to be normal. The hymen was intact, very rigid, tense and bulging. The colour of the hymen was pale, unlike the typical bluish discolouration of haematocolpos.

An urgent haemogram was done. The haemoglobin was 9.5 gm%, total W.B.C. was 14,500/cumm., poly. 75%, lymph. 20%, eosino. 3% and monocytes 2%. Urinalysis did not reveal any abnormality.

Under anaesthesia with intravenous Pentothal sodium a cruciate incision was made in the hymen. As soon as the hymen was incised, frank pus with foul smell oozed out. A total of 300 ml. of pus drained spontaneously. Edges of the incised hymen were everted and stitched in interrupted manner with chronic catgut. A sample of pus was sent for culture and sensitivity. The culture report showed profuse growth of Staphylococcus albus and aureus, sensitive to Terramycin, Penicillin, etc. Postoperative period was smooth. She could pass urine herself. Purulant vaginal discharge continued for 6 to 7 days. She was given Terramycin injections in the postoperative period. A gentle vagnal examination was done on the 10th day and the pelvic organs were found to be quite normal. She was discharged from the hospital on the 12th day with advice to return for a follow up after 3 weeks, but unfortunately she never turned up.

Discussion

Pyocolpos is a very unusual clinical con-

dition. It is due to secondary infection of mucocolpos or haematocolpos as reported by Maliphant (1954), Sen (1949) and Upadhyay and Mitra (1954). A very unusual case of pyocolpos has been reported by Kiran and Hathi (1977), caused by monocot seed inserted in the Vagina leading to secondary closure of the introitus. Jeffcoate (1967) has mentioned the possibility of haematocolpos becoming pyocolpos due to agglutination of nymphe in childhood.

In the present case the history of recent injury due to coitus which was followed by bleeding, pain and fever is quite suggestive of infection with closure of the raw hymenal edges leading to collection of pus in the vagina. There was no history of periodical pain suggestive of haematocolpos. Moreover, there was no coital injury is reported here.

Summary

An unusual case of pyocolpos due to blood in the collected pus.

References

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