AGENESIS OF THE VAGINA WITH SOLITARY ECTOPIC KIDNEY

(A Case Report)

by

BARUN KALA SINHA,* M.S. (Patna)

and

M. QUADROS,** F.R.C.O.G.

In most of the cases of vaginal agenesis there is an association of congenital absence or under development of the uterus. Almost all of them have normal ovaries with well developed breasts and other secondary sex characters.

A case of primary amenorrhoea with agenesis of vagina, associated with malformation of urinary system is presented. In this case there was a solitary right kidney which was ectopic and placed low in the pelvis. The left kidney along with the ureter was found absent.

Case Report

Mrs. L.D., aged about 30 years was admitted in the Gynaecological ward of this hospital on 12-5-1877 for primary amenorrhoea and sterility. For amenorrhoea she had been treated unsuccessfully by many gynaecologists. Her mother did not suffer from any significant disease during this pregnancy. Her sister and brother are nomal She was having normal sex life.

General Examination: She was an average built woman, well nourished, with height of 5'2", weight 60 Kg. Pulse 80 per minute, blood pressure 110/70 mm-g. Cardiovascular and respiratory systems were within normal limits. All secondary sex characters were well-developed. Breasts were well formed, pubic and axillary hairs were present in plenty. On abdominal examination slight tenderness in the right iliac fossa was the only positive finding.

Pelvic examination revealed normally developed external genitalia. Vagina was absent. Vaginal introitus was covered with the hymeneal membrane. This membrane was made into a false tunnel of about 3" in depth due perhaps to frequent natural coitus.

On rectal examination: The body and cervix of the uterus were absent. There was a soft lump on the right side of the pelvis, the mobility of which was restricted. On the left side of the pelvis there was no palpable pathology.

Laboratory Investigations: Hb. 70% Total W.B.C. & R.B.C., routine examination of urine and stool, were all within normal limits. Buccal smear was taken for chromatin study. She was found to be chromatin positive. Examination under anaesthesia (E.U.A.) was done on 25-5-1977. External Genitalia normally developed. Vagina absent. Rectal examination revealed a bud of firm fibromascular tissue in place of uterus. On the right side of the pelvis there was a mass of the size of about 6" x 5" with restricted mobility and of soft consistency. The left side of the pelvis was free of any palpable pathology. A provisional diagnosis of pelvic kidney or ovarian cyst was made. Intravenous pyelography (I.V.P.) was done before undertaking laparotomy, and it was a very interesting pyelogram.

Pyelography Report: Dye used was Urograffin 20 cc. There is evidence of congenital absence of left kidney and ureter and the right kidney is placed in the pelvis (Figs. 1 and 2).

Excretion of the dye through the right kidney is normal. The calyces show normal cupping

*Registrar, Department of Obstetrics & Gynaecology, Bhagalpur Medical College Hospital, Bhagalpur (Bihar).

**Head of the Department of Obstetrics & Gynaecology and Director, Post Partum Programme, Bhagalpur Medical College Hospital, Bhagalpur (Bihar).

Accepted for publication on 8-2-1978.

and pelvis of the kidney is normal. The right ureter is short. The urinary bladder is normal in shape, size and position."

Thus diagnosis of ectopic right kidney with absence of left kidney and ureter with agenesis of the vagina was confirmed.

Taking into consideration the successful sexual life of the patient and the type of congenital malformation, surgical intervention was throught inadvisable. The patient and the husband were made to understand the pros and cones of the abnormality and was discharged on 30-5-1977 with an advice to come for follow up.

Discussion

The present communication describes our experiences of diagnosis and the management of the case of vaginal agenesis with a pelvic lump. This case illustrates, how thorough investigations are needed before proceeding for laparotomy for removal of an odd pelvic lump. Had we not done the E.U.A. followed by I.V.P. we could have subjected the patient to unnecessary laparotomy. Kundu in 1974 opinioned the similar view. In his case provisional diagnosis was ectopic pregnancy and pelvic kidney was only seen on laparotomy. Kapoor, *et al* (1976) have reported an interesting case of unilateral fused kidney with a big haematometra in a 70 years old woman due to menopausal cervical stenosis. An unusual case of vaginal atresia and other derivatives of Mullerean ducts and an absent kidney on the same side has been reported by Sarojini (1976).

In this case no surgical intervention of any type was advisable taking into account her normal sexual life and the kind of congenital defect. She was enjoying normal marital relation without being aware of the defect. She had a normal reaction to sex.

She comes for regular follow-up. She has last attended on 15-9-1977 and is in satisfactory health. Blood urea 19 mgm%. Routine urine examination did not reveal any abnormality. This strict follow up is to detect any urinary trouble which she is more prone by having a single ectopic pelvic kidney.

Summary

A case of vaginal agenesis with primary amenorrhea in association with a solitary pelvic kidney is presented. Here the diagnosis was made before laparotomy was undertaken.

Acknowledgements

I am thankful to Prof. (Miss) M. Quadros, F.R.C.O.G., Head of the Department of Obstetrics and Gynaecology, and Director, Post-Partum Programme for her constant guidance and encouragement. My sincere thanks are due to Dr. B. N. Jha, M.S. Superintendent, Bhagalpur Medical College Hospital, Bhagalpur for his kind permission to publish the hospital record.

References

1. Kapoor, M., Gupta, K., Sexena, H. N. and Singh, K. P.: J. Obstet. Gynaec. India **26**: 776, 1976.
2. Kundu, G.: J. Obstet. Gynaec. India **24**: 6000, 1974.
3. Sarojini, T.: J. Obstet. Gynaec. India **26**: 469, 1976.

See Figs. on Art Paper XI