

## CONGENITAL ATRESIA OF THE CERVIX

by

J. OJHA\*  
G. VIJAY\*\*

and

S. SHUKLA\*\*\*

Majority of developmental anomalies of mullerian duct are symptomless but congenital atresia of cervix in presence of a functioning endometrium, though extremely rare needs surgical intervention. Here is a case report.

### Case Report:

Mrs. G. 17 Years, Hindu was admitted on 1-9-79 at A.G. Hospitals, Bikaner for primary amenorrhoea and cyclic abdominal pain of 2 years occurring every month and lasting 6-7 days, which has become progressively more severe. She was having normal marital life. There was no family history of menstrual disorder or congenital malformation.

Physical examination revealed weight 126 pounds, 5½ feet tall, Secondary sex characters were present with developed breasts, areola and nipple. Axillary and pubic hairs were of normal consistency and distribution. No hirsutism was apparent.

The external genital organs were normal. The hymen was torn, on speculum examination, vagina was found normal but cervix was neither seen nor palpable bimanually or recto-vaginally. A globular mass of 6 weeks pregnancy (uterus) was felt in the center which was mobile. No adenexal mass was felt. An I.V.P.

\*Lecturer, Gynaecology and Obstetrics.

\*\*Professor and Head, Gynaecology and Obstetrics.

\*\*\*Lecturer, Anatomy Department, S.P. Medical College, Bikaner.

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showed an essentially normal excretory system. Examination performed under anaesthesia revealed same findings. Evidence of regular ovulation was obtained by means of vaginal cytology, taken just before the next expected episode of abdominal pain. Patient was taken for exploratory laparotomy with the diagnosis of haematometra due to congenital atresia of cervix.

### Operation Notes:

On opening the abdomen uterus was enlarged to 8 weeks size. Right ovary was showing corpora haemorrhagica. On left side haematosalpinx and fimbrial adhesions were seen. Uterus was freely mobile with no cervix and no communication with vagina. On making a longitudinal incision in the lower part of uterus, old menstrual blood came out. Stay sutures were applied to the cut ends. Patient was put in lithotomy position and a new channel was dissected between the urethra and rectum with the help of pointer directed from abdomen. The cut ends of the lower part of uterus were stitched with the created hole of vagina and a rubber drain was placed in. Uterine wound was stitched in layers. Tube testing was done, both tubes were found patent. Adhesions on left side were removed. Rectum was injured during dissection and was repaired. Abdomen was closed in layers.

Post operative period was uneventful. Rubber drain was removed after 3 weeks of operation. On 10-10-79 examination revealed, new created channel at the apex of the vagina. Menstrual blood was seen coming (1st period after operation). Patient did not come for further follow-up.