

UTERUS DIDELPHYS WITH COMPLETE UNILATERAL VAGINAL ATRESIA WITH HAEMATOMETRA AND HAEMATOSALPINX

(A Case Report)

by

VEERBALA N. PARIKH,* M.D., F.I.C.S., D.G.O., D.F.P.

Obstructive lesions of genital tract leading to accumulation of menstrual blood may be congenital or acquired.

In Masani's (1967) series, haematometra due to some form of congenital abnormalities in genital tract, was in 46%. Uterus didelphys with complete atresia of vagina on one side is still rarer. Heera (1973) reported two cases of complete unilateral vaginal atresia, resulting to haematometra and haematosalpinx.

CASE REPORT

Mrs. S.I., a 18 years old married girl was brought to the outpatient department on 30-1-1978, for severe pain in lower abdomen for last 6 days. She had her menarche 3 years back and she was married for last 2 years. Her menstrual cycles were irregular coming at intervals of 4 to 6 months, with very severe pain in abdomen. This period she had after 8 months interval and since 1st day she was having severe pain and it has persisted even after bleeding had stopped.

On examination she was of average build, with fairly well developed secondary sex characters. Pulse, blood pressure, temperature and systemic examinations were within normal limits.

On abdominal examination, an irregular, cystic, tender mass was palpable about 3" above

and on left side of pubic symphysis. On vaginal examination, vagina, cervix and uterus were normal.

There was a cystic, tender mass of about 3" in diameter palpable well above in left fornix. Provisional diagnosis of twisted ovarian cyst was made.

Investigations: Hb—10 Gms; urine—NAD; W.B.C.—T—6500.

Exploratory laparotomy on 31-1-1978 revealed a double uterus with haematometra and haematosalpinx on left side. There were not many adhesions. When left hemiuterus was lifted up, there was a broad band about 1" thick of uncanalised fibrous tissue between the uterus and the vagina. Left hemiuterus and haematosalpinx were removed. She made uneventful recovery and was discharged on 10th post operative day. At follow up I.V. pyelography revealed both kidneys and ureters normal.

Acknowledgements

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References

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*Asst. Hon. Obstetrician and Gynaecologist at N. M. Wadia Charitable Hospital, and Dr. V. M. Medical College, Solapur 413 001.

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See Figs. on Art Paper IV