RECURRENT HEMATOMETRA—AN UNUSUAL PRESENTATION WITH CONGENITAL ATRESIA OF UPPER VAGINA

by

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Introduction

A case of congenital atresia of upper vagina with arcuate uterus who came at 35 years of age with history of recurrent hematometra is reported because of the rarity of clinical presentation.

CASE REPORT

Mrs. G.C., aged 35 years, was admitted 8th March, 1984, for severe colicky pain and a slowly increasing lump in lower abdomen for 8-10 days. Her menstrual period was due very shortly.

Previous menstrual history was very typical. Onset of menarche was at 15 years of age. Since menarche patient had menstruated at the interval of every two to three months. Few days before every period she used to develop severe pain and a lump slowly increasing in size in lower abdomen. The lump used to regress with the menstrual flow which was profuse, thick and brown in colour. She had never concieved.

The patient looked toxic and restless because of her pain. She was afebrile, not pale, pulse and blood pressure were normal. Abdominal examination revealed a mass arising from pelvis of 20-22 weeks gravid uterine size, palpable more on right side of midline. The mass was well defined with a regular smooth surface, tender and not mobile. Speculum examination showed a small half inch vagina. On rectal examination, the abdominal lump coud be palpated high up. Fornices were free.

Patient started menstruating on the next day of admission. Speculum examination at this time showed a small opening in the shallow vagina through which blood was coming out. The abdominal lump was diagnosed as a hematometra which was now draining.

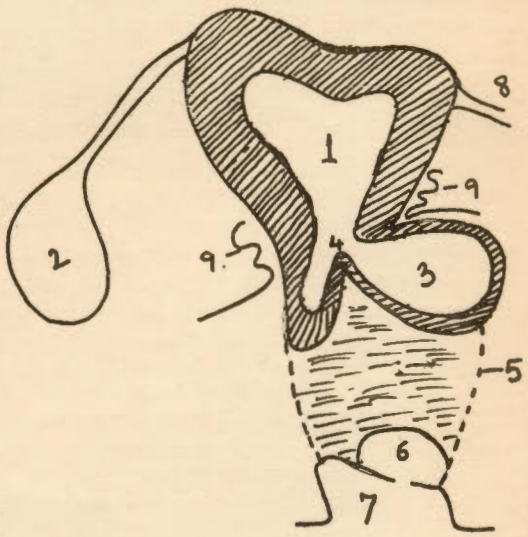

Fig. 1

Examination under anaesthesia was done after the menstrual flow had ceased. The abdominal lump was now palpable two fingers above pubic symphysis. Speculum examination showed a short half inch vagina with a small central opening. This opening was extended by making lateral transverse incisions which led to a false cavity one inch in diameter. It contained small amount of altered blood. This cavity

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had no epithelial lining. Cervix was not visualized.

Routine preoperative investigations were normal. I.V.P. showed normal kidneys, ureters and bladder.

Laparotomy was done on 19-3-84.

Uterus was found to be very much enlarged and thick walled with arcuate fundus. Small hematosalpinx was present on right side and left tube was buried in adhesions. Omental adhesions were present in the region of anterior uterovesical pounch.

A cystic mass 2" in diameter was palpable in the region of cervix extending laterally on the left side. After ligating the uterine vessels on left side, when a clamp was applied on left mackenrodt ligament and out, the cystic mass opened and thick altered blood drained. This cavity was found to be communicating with uterine cavity. Subtotal hysterectomy with right salpingectomy was done. On removal of body of uterus, cervix was found to be septate and thick walled. There was hematocervix on-left. Both cervices looked bind lower down, no canal or opening could be identified. Patient made an uneventful post-operative recovery.