

Creation of a Patent Cervix in a Novel Way in Case of Mullerian Dysgenesis – Case Report

S. N. Tripathy, H. Pattnaik

AIKCG Medical College Berhampur Orissa

Creation of a vagina in a case of mullerian dysgenesis is easier and the result is also gratifying. But the creation of a neocervix when it is not there, is very difficult. Even if one creates it, the patency is very difficult to maintain and always it gets closed. The author herself had created 3 new cervixes, but ultimately did hysterectomy as the patency was lost, and much suffering was there to the patients. Other authors have the same experience, and some even opined that primary hysterectomy saves lot of problems for the patient. We are reporting a new way to keep the patency.

Miss E, a muslim girl of 14 years age came to the OPD with severe pain & a lump in the lower abdomen. On further enquiry, she revealed that she has not menstruated yet, but gets lower abdominal pain every month.

On examination, her built was average, wt 30 kg. Pulse 90/min, B.P 100/70 mm Hg and she had moderate degree of anaemia. Her heart & lungs were clinically normal. On per abdominal examination liver & spleen were not palpable and there was a firm mass in the suprapubic region measuring 6" x 4" in size and, mobile from side to side but not from above downwards. Inspection of the external genital organs revealed a dimple in the vaginal area. On PR, the mass was felt high above. Provisional diagnosis of hematometra due to mullerian dysgenesis was made. USG confirmed the hematometra.

As she was suffering from severe pain, an emergency colpotomy was scheduled. On EUA, there was no vagina. The vaginal space was dissected completely, but no blood came out. Through what was supposed to be the cervix a needle was passed up to 4 cms. and blood came out. Dissection was done in the

same place and after about 3 cm of dissection, 2 litre of chocolate coloured blood gushed out. An ordinary catheter covered with amniotic membrane was inserted in to the uterus and brought out in the centre of the vaginal mould which was also covered with amniotic membrane. The pt was discharged with the advice to keep the area clean and to report after 3 weeks. When she came she told that the catheter got displaced after 7 days. The vagina was nicely formed, the cervical opening was visible. It was dilated by metal dilators, she was advised to use a mould in the vagina. The next month she menstruated, but in the next cycle she had scanty flow & thereafter there was no menstruation.

After 2 months, the patient came with pain in lower abdomen and a mass of 6" x 4" size. Under anaesthesia, cervix was dilated and a Foley's catheter of 20 No. was inserted. The bulb was inflated with 1 cc of distilled water and kept above the internal os. The pt was instructed to keep the area clean and report after 3 months. After 3 months the vagina was admitting 3 fingers and the cervical os was visible. The catheter was changed & it was kept for another 3 months, then finally removed. Now since 1 year she is menstruating regularly. She was 14 when she started treatment, now she is almost 17.

In our opinion, this is a very simple way of giving a healthy life to these unfortunate young girls.