

Case of High Vaginal Septum with Vaginal Atresia

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Ms. Kamlesh, a 14 yrs, old girl was admitted at MNMH on 13/6/2000 with C/o continuous pain abdomen 15 days, Cyclical pain : 2 months, Primary amenorrhoea, Past history : Appendicectomy done 4 year back, L/E : ext. genitalia normal, hymen imperforate no bulge (Fig. 1).

P/R : uterus enlarged, bulge felt ant. to rectum, 4 cm away from the vulva



Fig. 1

Investigation :

USG : Transabdominal scan

Cervix & uterus : grossly enlarged, ballooned 12x6x4.5 cm, with anechoic contents with int. echoes s/o haematometra, endometrium is thinned, cervix dilated, a small vagina seen 2 cm distended with altered blood, vag : atretic, adenexa : Both show cystic masses with homogenous int. echoes of 52x51 mm if 29 x 27 mm s/o haematosalpinx, ovaries : normal, kidneys : normal

Transperineal sonography with water enema in Rectum confirmed the finding of TAS (Fig. 2,3,)



Fig. 2



Fig. 3

Discussion : This case merits discussion on the grounds that the mullerian contribution to the vagina specifically underwent agenesis while the rest of the mullerian system is well developed & functional. Thus, it appears to be a case of specific complete vaginal agenesis. This diagnosis has got significant bearing both on the planning of surgery and the further obstetric performance of the patient.

Operation : Vaginoplasty with laparoscopy planned – Bladder catheterized ; labial stitch applied – Vaginal dimple visualized & opened with a cruciate incision. Rectovesical fascia dissected & rectovesical space developed. Uterine bulge felt. Sharp dissection done and upper part of vagina opened after Needle aspiration. Collected blood allowed to drain. Edges of vagina reanastomosed by intermittent stitch. Hemostasis achieved. Mould shaped out of Dental teeth material, loaded with collagen covering introduced in the neo-vagina. Secured with vicryl sutures. Intra mould drain connected. Patient withstood the procedure well (Fig. 4,5,6,7.)

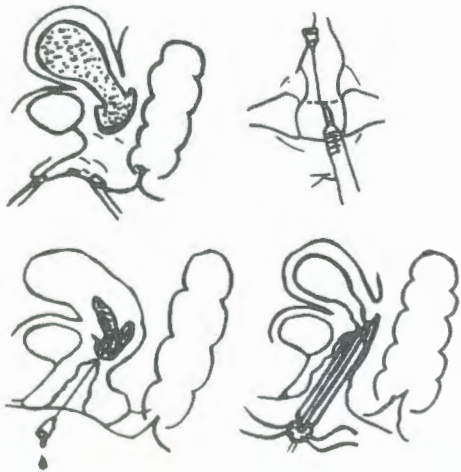


Fig. 4

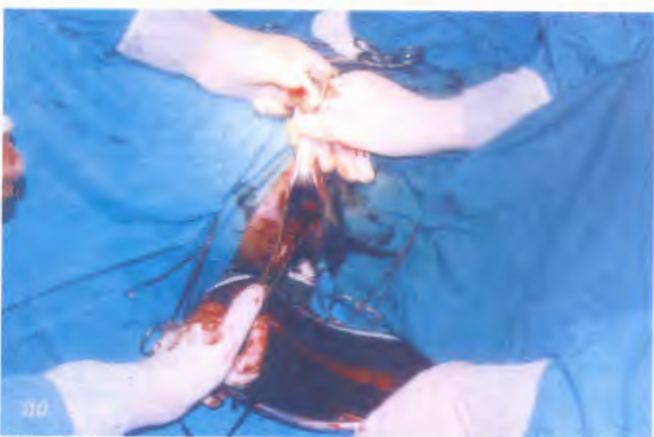


Fig. 5



Fig. 6

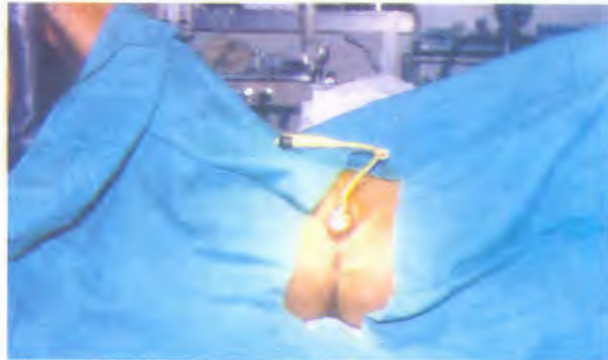


Fig. 7

Follow up : 3rd day, mould with collagen dressing changed.

Future planning for educating the girl to use vaginal dilators and if needed a skin graft vaginoplasty later on.

Follow up : Self dilatation using Estradiol gel and Framycetin ointment with Hegar's no. 20 dilator for a month. Dilatation to be done 5 times a day lasting 1 hour each (Fig. 8)



Fig. 8