A Rare Case of Cervico Vaginal Atresia

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Few cases of cervico-vaginal atresia of an otherwise normal uterus have been reported in the literature. Developmentally, uterus and upper three quarters of the vagina is formed by fusion and canalisation of mullerian ducts. Lower one quarter of the vagina is formed by the sinovaginal bulb and is usually well developed in this case. A case of malformation resulting from the partial atresia of both mullerian ducts resulting in cervical atresia and atresia of upper three quarters of the vagina presented clinically as haematocervix and haematometra.

Ms T, a 15 year old girl was admitted on 6-5-2000 with 1 year history of cyclic pain in abdomen lasting for 6-7 days a month. She had not reached menarche so far. On examination her height was 4 feet 10 inches, wt 32 k.g. Systemic examination and general physical examination were within normal limits and she had normal external genitalia, hymen and lower vagina 1 inch in depth.

Investigation : Hb 12.3 G%, PCV 37%, TC, DC and ESR bleeding and clotting time and renal function tests were within normal limits.

Ultrasound abdomen revealed a distended uterus and distended cervix with collection of about 100 ml fluid and normal ovaries.

Examination under general anaesthesia

Patient underwent exploration under GA on 9-5-2000 which revealed normal external genitalia and hymen and lower vagina with ½ inch depth. Blunt dissection was attempted with a provisional diagnosis of vaginal septum. Cervix could not be felt and there was a mass very high up, no vaginal septum detected. Explorative laparotomy done a week later on 16-5-2000 revealed a distended uterus, distended fallopian tubes, ballooned out cervix and normal ovaries. A vertical incision was made on the lower uterine segment and chocolate coloured altered blood was drained and total abdominal hysterectomy was done thereafter. Both the fallopian tubes were distended with chocolate coloured blood (haemotosalpinx). Both tubes were removed separately after total hysterectomy leaving behind both the normal ovaries. Specimen examination revealed absent cervical os, distended cervix, distended uterus and fallopian tubes. Uterus was otherwise developed normally.

Among the malformations of genital tracts incomplete canalisation of mullerian ducts are well known. Rarely when congenital atresia of cervix with otherwise normal uterus is present, it is common to encounter absence of lower vagina. In this case, we found the normal lower one quarter of vagina with absent upper three fourths of vagina in addition to cervical atresia and normal uterus.