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Fetal hydrometrocolpos as ultrasound finding of imperforate hymen.

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Case report

A 20-year-old primigravida was referred to fetal medicine unit at 32 weeks of gestation following a routine anomaly ultrasound scan which had detected an abnormal pelvic mass. A further ultrasound assessment confirmed a bilobulated hypoechoic mass of 10x4cm, and unilateral right hydronephrosis; the abdominal mass was described as a hydrometrocolpos, and MRI was performed. Three MRI sequences were performed (T2, sagittal and coronal), hydrometrocolpos was confirmed with the following characteristics: dilated vaginal tract with 6.7x5.6x11.4 cm, uterus of 3.7x3.5x4.3 cm; and bilateral hydronephrosis resulting from mass compression.

At 38.1 weeks of gestation, a 2635 g female newborn was delivered vaginally with good apgar scores. When Physical examination was performed a bulging membrane covering the vaginal opening were detected, which lead to imperforate hymen diagnosis. An abdominal ultrasound was performed with similar findings than those prenatally. A hymenotomy was performed at second day of life without complications, and hospital discharged at 4 days of life fully recovered. Other disorders such as McKusick-Kaufman or Ellis-van Creveld syndromes were excluded.

Conclusion

The use of ultrasound and magnetic resonance has improved the prenatal diagnosis in fetal abdominal masses with a better differentiation of anatomical structures, this improving perinatal management.



Figure 1. Sagittal view US image, hypoechoic fluid-filled abdominal mass, involving uterus and vaginal

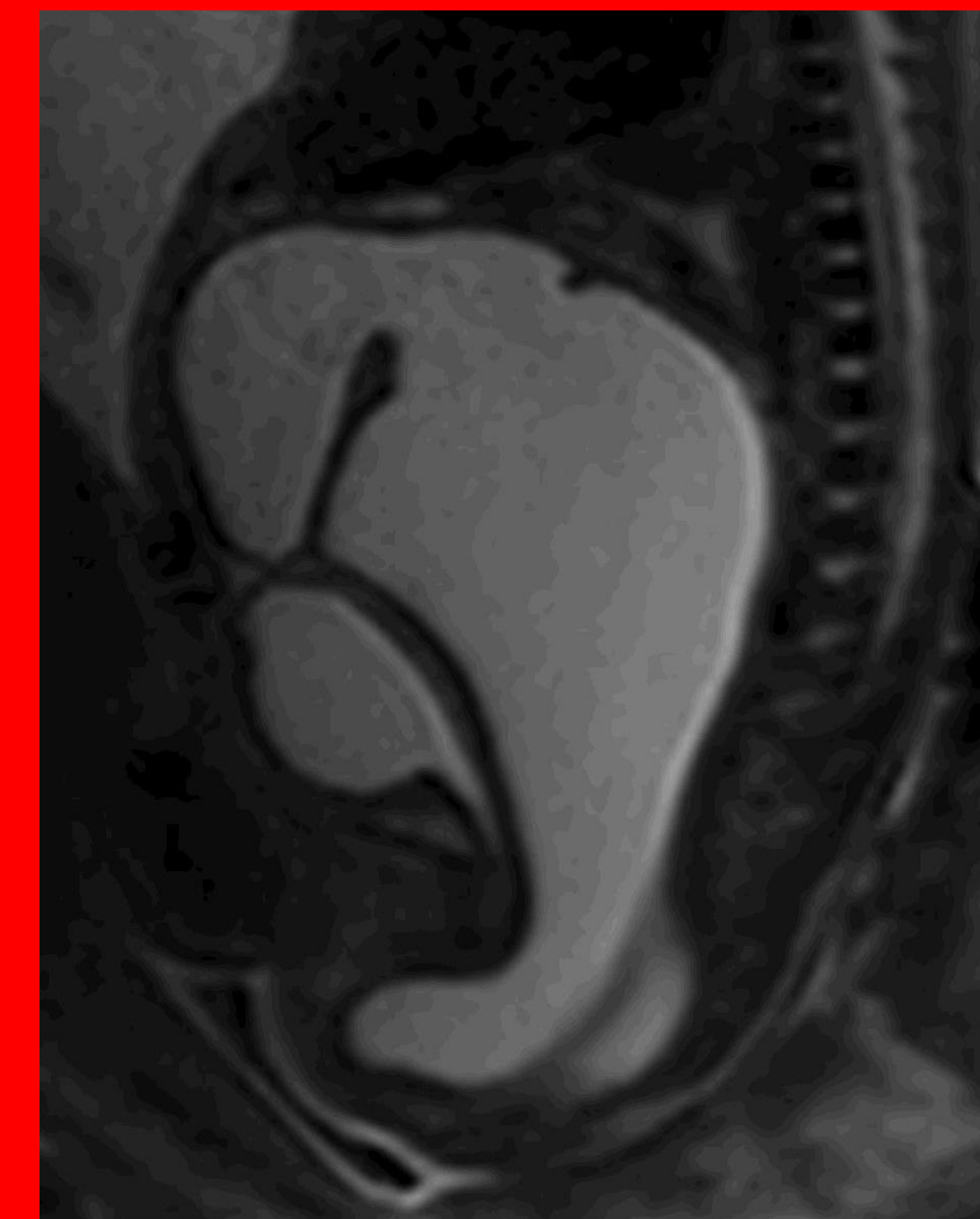


Figure 2. Sagittal view MRI T2 of the pelvis, demonstrating the presence of a hydrometrocolpos.