A case of transverse vaginal septum presenting with a large pelvic mass

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Introduction

- Transverse septum in the vagina a rarest congenital abnormality of female genital tract resulting due to urogenital sinus fusion defects with mullerian ducts.
- Early diagnosis and surgical treatment is essential to minimize gynecological complications in adult life.
- This is a case of transverse vaginal septum in a young girl presented with a pelvic mass mimicking an endometrioma.

Case History

- 16 year old, averagely built girl, presented with primary amenorrhoea, cyclical pelvic pain for 1 yr with secondary sexual characteristics.
- She had a large, soft abdomino-pelvic mass, a pink colour bulging at the introitus without a visible vaginal opening
- During digital rectal examination large haematocolpos was palpable.
- Findings were suggestive of a transverse vaginal septum in the lower vagina.
- USS showed large cyst posterior to uterus which was continuous with vagina suggestive of a haematocolpos.
- Surgical drainage of haematocolpos was performed with a cruciate incision made at the center of the transverse septum of lower vagina.
- Remaining edges of the vaginal incision was sutures.
- Follow up arranged in gynecological clinic to assess vaginal patency.

Discussion

- Commonest differential diagnosis is imperforated hymen.
- Observation of a pink bulge and thick septum favors diagnosis of a transverse septum.
- Unlike in transverse septum, suprapubic pressure will cause increase in bulge in introitus if imperforated hymen present, due to its reduced thickness.
- USS imaging of abdominal mass with a cystic appearance filled with homogenously echogenic material mimicking a chocolate cyst will cause a dilemma in radiological diagnosis.
- If undiagnosed and untreated, can cause vaginal stenosis, endometriosis, fibrosis and scarring leading to infertility.
- Treatment modality is surgical, with drainage of haematocolpos. Ideally septum should be removed before menarche to prevent complications.
- Surgical approach include laparotomy with abdomino-pelvic vaginoplasty, laparoscopic resection of vaginal wall or simple vaginal excision.
- In Grunberger method, cruciate incision is placed in the caudal part of the septum and facilitates drainage of haematocolpos.
- Edges of incision are sutured to prevent approximation

Conclusion

- Transverse vaginal septum is a rare anomaly of the female genital tract which need early detection and treatment to prevent complications in adolescent girls
- Surgical resection is the mainstay of treatment.
- Routine follow up after surgery is essential to prevent vaginal stenosis and recurrence