



Obstructed Hemi-Vagina and Ipsilateral Renal Agenesis (OHVIRA)

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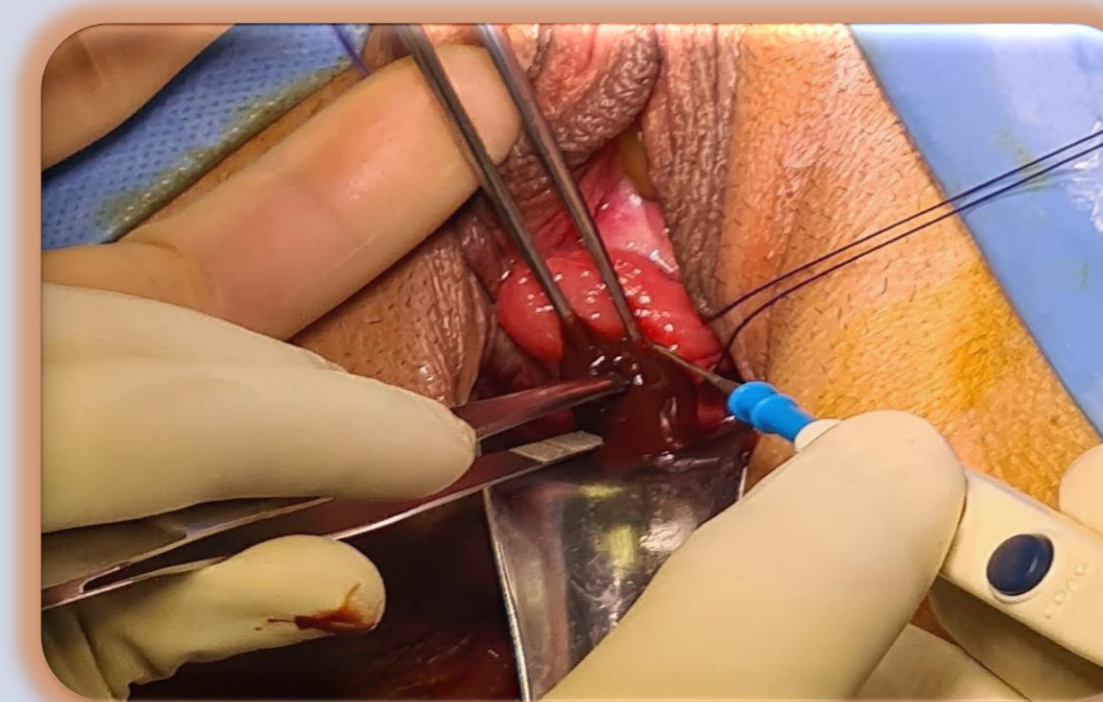
Case Report

- A 14 years old girl with difficulty in emptying bladder intermittently for over a year along with urinary hesitancy, unassociated with menstruation.
- Dysmenorrhea beginning a day before every cycle, lasting for a day or two.
- Rest of the history, general physical and abdominal examination unremarkable.
- Vulva normal and digital examination revealed a soft bulge on right side in vagina.
- Baseline workup including CBC, UCE, UDR and UCS were normal.

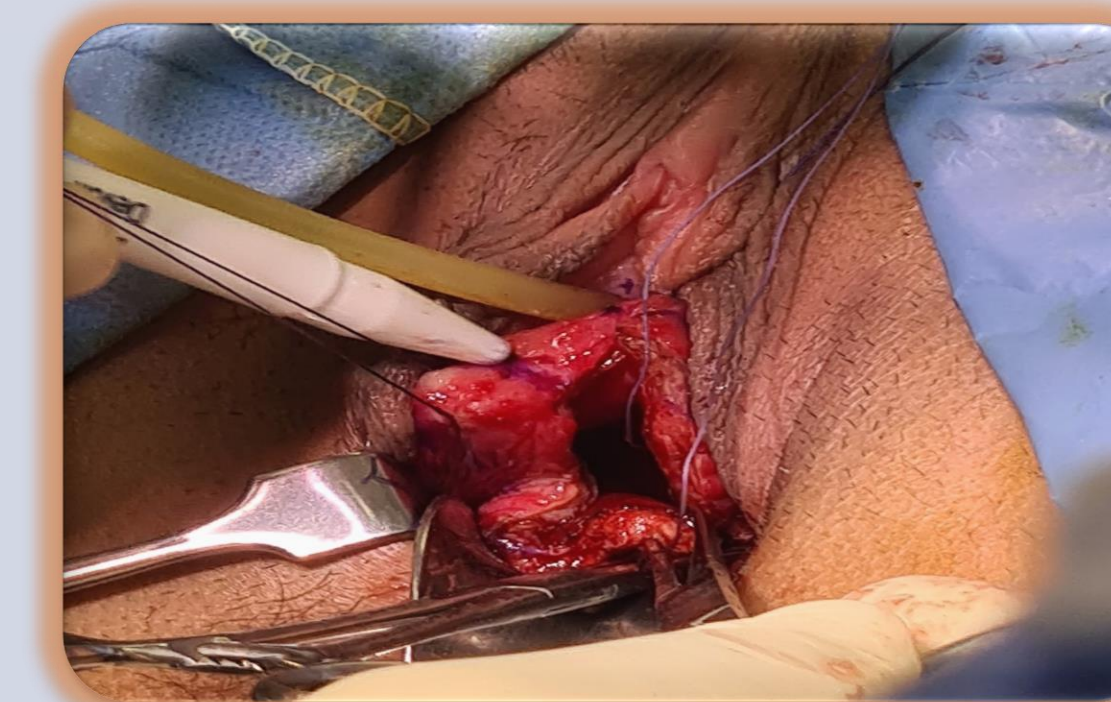
Management



Resection of vaginal septum with cystoscopy and vaginoscopy



Around 50 ml clotted blood drained

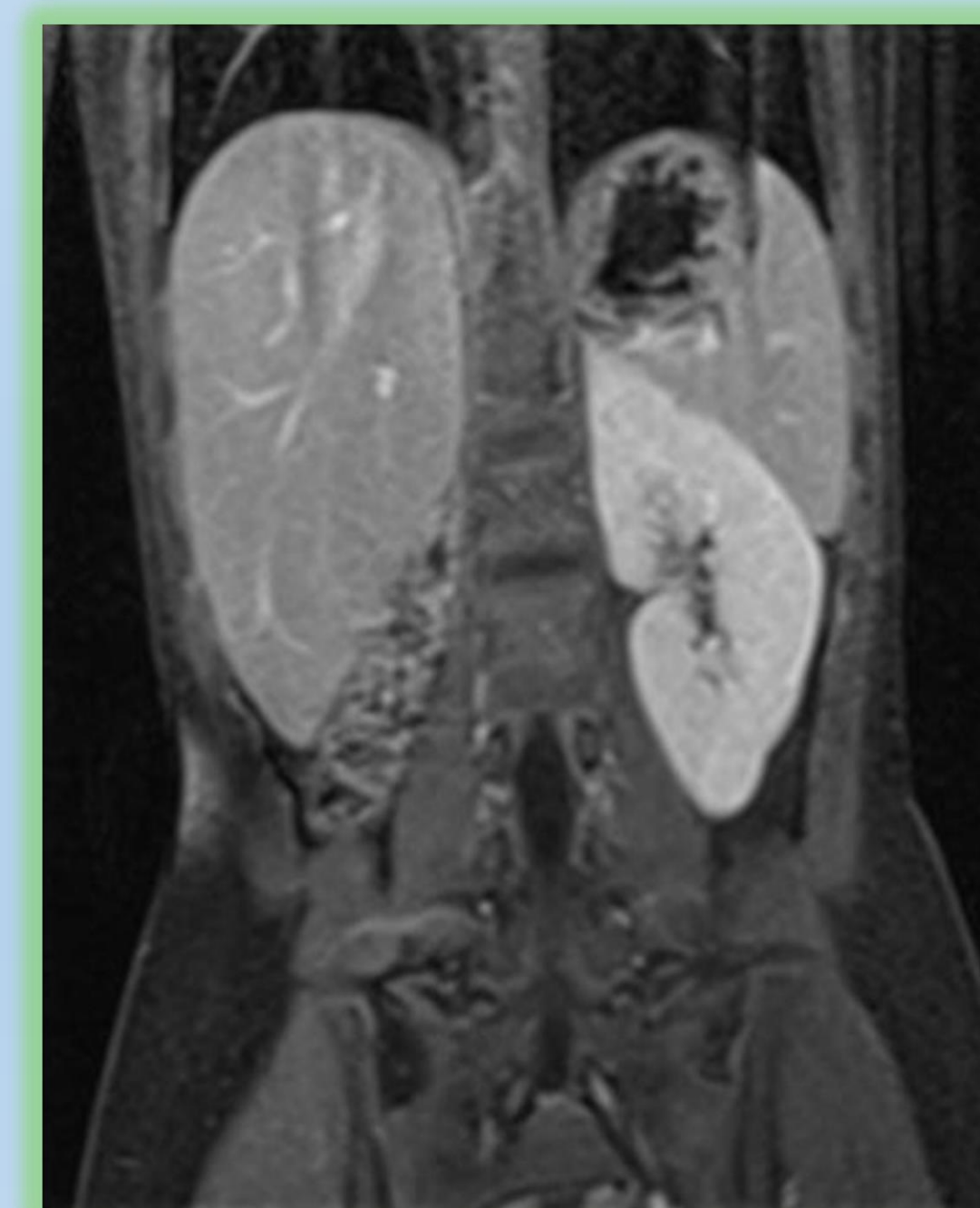


Septum was resected, edges marsupialized

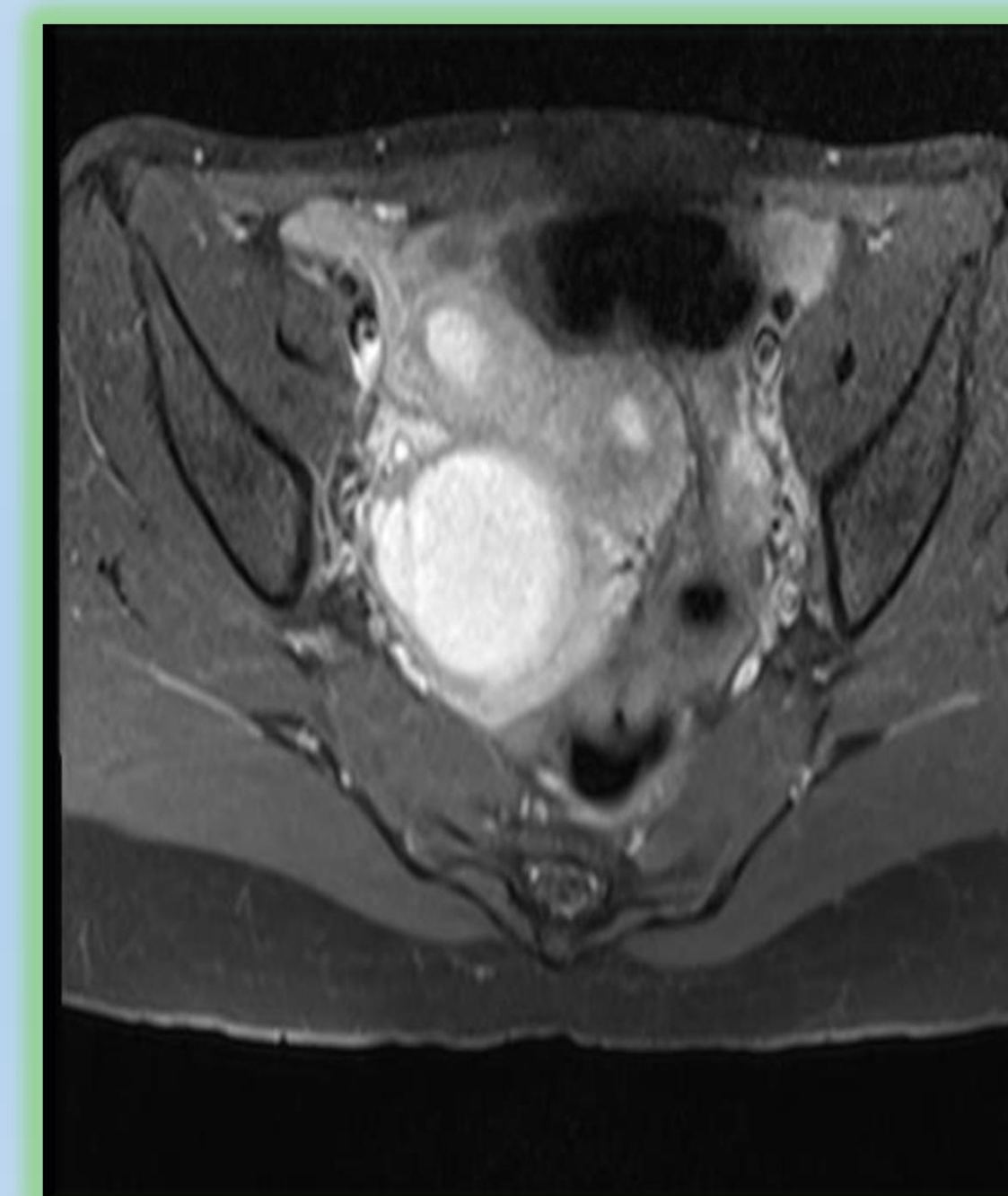
- Twenty-four gauge foleys tamponade inserted and vagina packed with gel gauze which was removed the next day.
- Recovery uneventful.
- Post operative follow-up after a month unremarkable.
- 6 months later, she came to clinic with urinary hesitancy but regular cycles. Ultrasound was normal with nil post residual volume hence patient reassured.
- One year follow-up in clinic unremarkable and she had regular cycles.

MRI pelvis and abdomen confirmed diagnosis as it reported

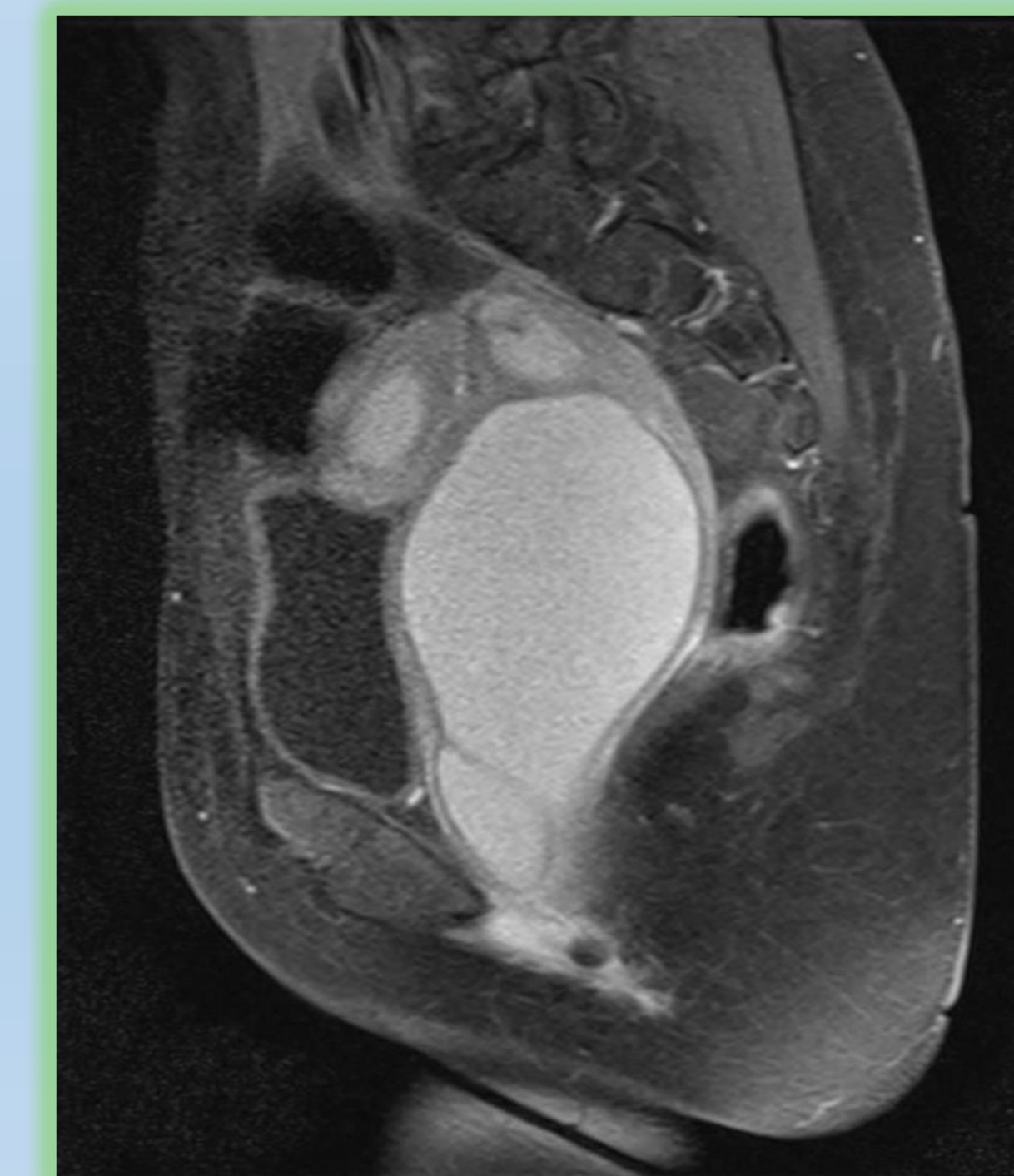
- Two separate uterine horns showing uterine didelphys
- Right sided hematometrocolpos
- Absent right kidney



Absent right and hypertrophic left kidney



Axial view: Two uterine cavities



Sagittal view : right hematometrocolpos

Take home

- OHVIRA has a variety of clinical presentations thus can be missed easily.
- Recurrent urinary symptoms in a young adolescent female should elicit a high suspicion of OHVIRA.
- MRI is the gold standard investigation.
- Surgical correction at its earliest should be performed to relieve the symptoms and prevent long term complications.