

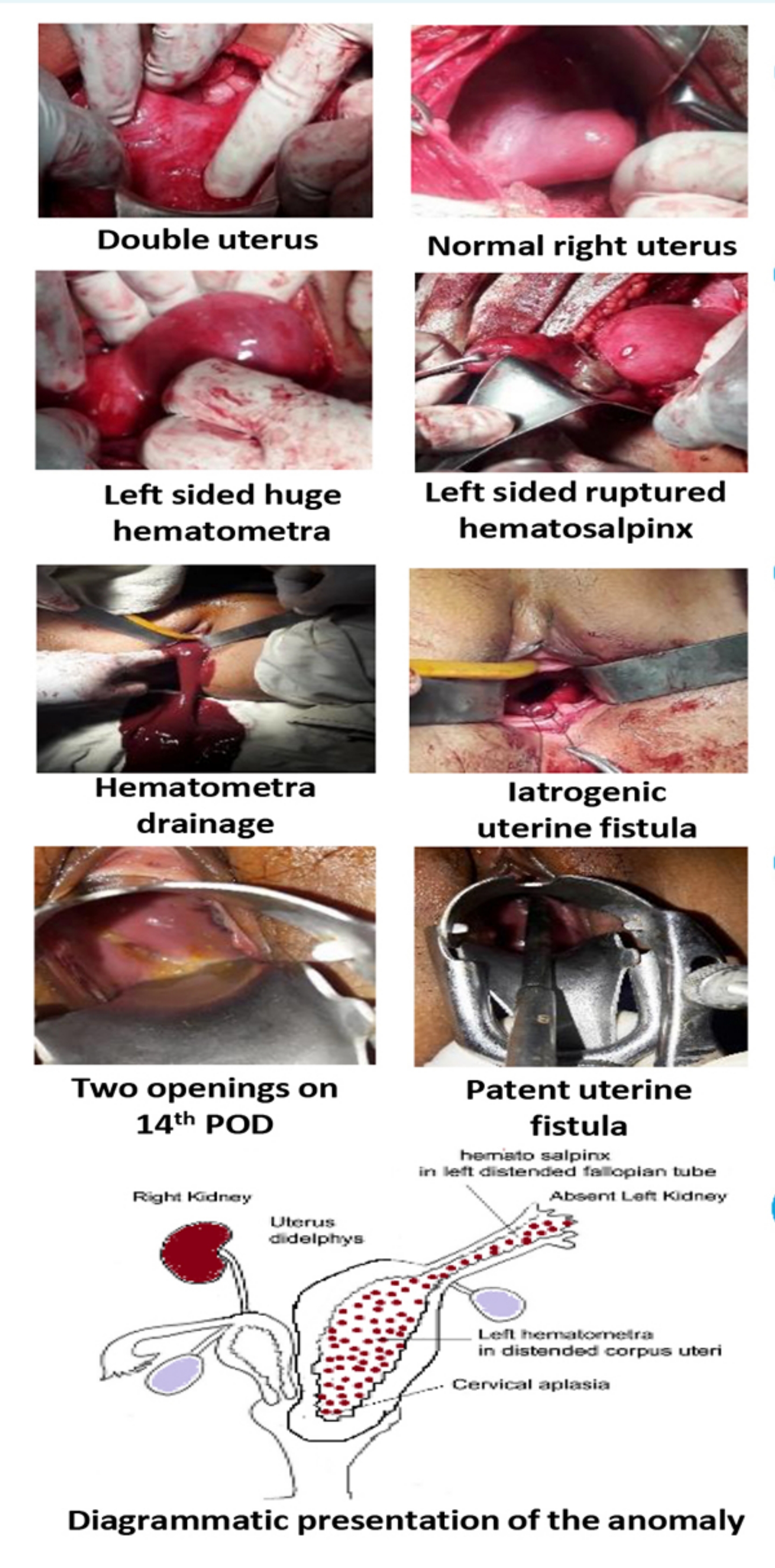
Hemoperitoneum in an adolescent girl: unveiling a rare congenital anomaly.

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Background: A complex genital tract anomaly involves multiple organs or parts of the genital tract, and sometimes multiple stages of embryological development. The Mullerian ducts, which are the precursors of the female reproductive system, can develop abnormally, leading to various reproductive anomalies. These ducts are closely related to the Wolffian ducts, which means that abnormalities in the Mullerian ducts often result in associated kidney and urinary tract issues. This report presents a rare case of combined Mullerian and Wolffian duct anomalies in an adolescent girl. The unusual presentation of this case made its management particularly challenging.

Case-Summary: A 12-year-old girl from Netrokona was admitted to Mymensingh Medical College Hospital with severe lower abdominal pain for the past 3 days and a progressively enlarging pelvic lump for the last 2 months. Her last menstrual period occurred 4 months ago, accompanied by increasing dysmenorrhea and scanty flow. Upon examination, a soft, tender, smooth-surfaced lump with ill-defined margins was noted, occupying the hypogastric, left iliac, and left lumbar regions. Pelvic examination revealed a single dilated vagina with a tense, tender, bluish lump in the upper left side of the vagina. Her ultrasonography and MRI findings were inconclusive but suggested hematometra due to a possible Müllerian abnormality, with a suspicion of left renal agenesis.

The patient underwent further examination under anesthesia, along with laparotomy. Findings included a double uterus with a left-sided hematometra and a ruptured left hematosalpinx. A left-sided salpingectomy was performed. Approximately 500ml of old inspissated blood was drained through an incision on the vaginal bulging. A uterine fistula was created through marsupialization via the vaginal route. On the 14th POD, EUA revealed two patent openings. The first was an underdeveloped natural cervix, measuring less than 0.5 cm in length, while the second was an iatrogenic fistula. The final diagnosis was uterine didelphys with left sided hematometra due to left cervical agenesis contralateral and cervical dysgenesis with single vagina with ipsilateral renal agenesis.



Discussion: Complex genital tract anomalies are less common than often assumed. OHVIRA syndrome is characterized by a triad: uterine didelphys, an obstructed hemivagina, and an ipsilateral renal anomaly. Our case presents a rare variant of this syndrome, notable for the unique finding of cervical agenesis, resembling the cases previously reported by Alchek et al, knight R J et al and Lee CL et al.

Conclution: The varied anatomical and clinical manifestations of genital tract malformations necessitate personalized management plans tailored to each case. These plans must account for both functional outcomes and psychological well-being. The primary objective is to raise awareness about these complex anomalies and provide guidance for their effective management.

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