

Transverse vaginal septum involving cervix: A rare case managed in Pakistan

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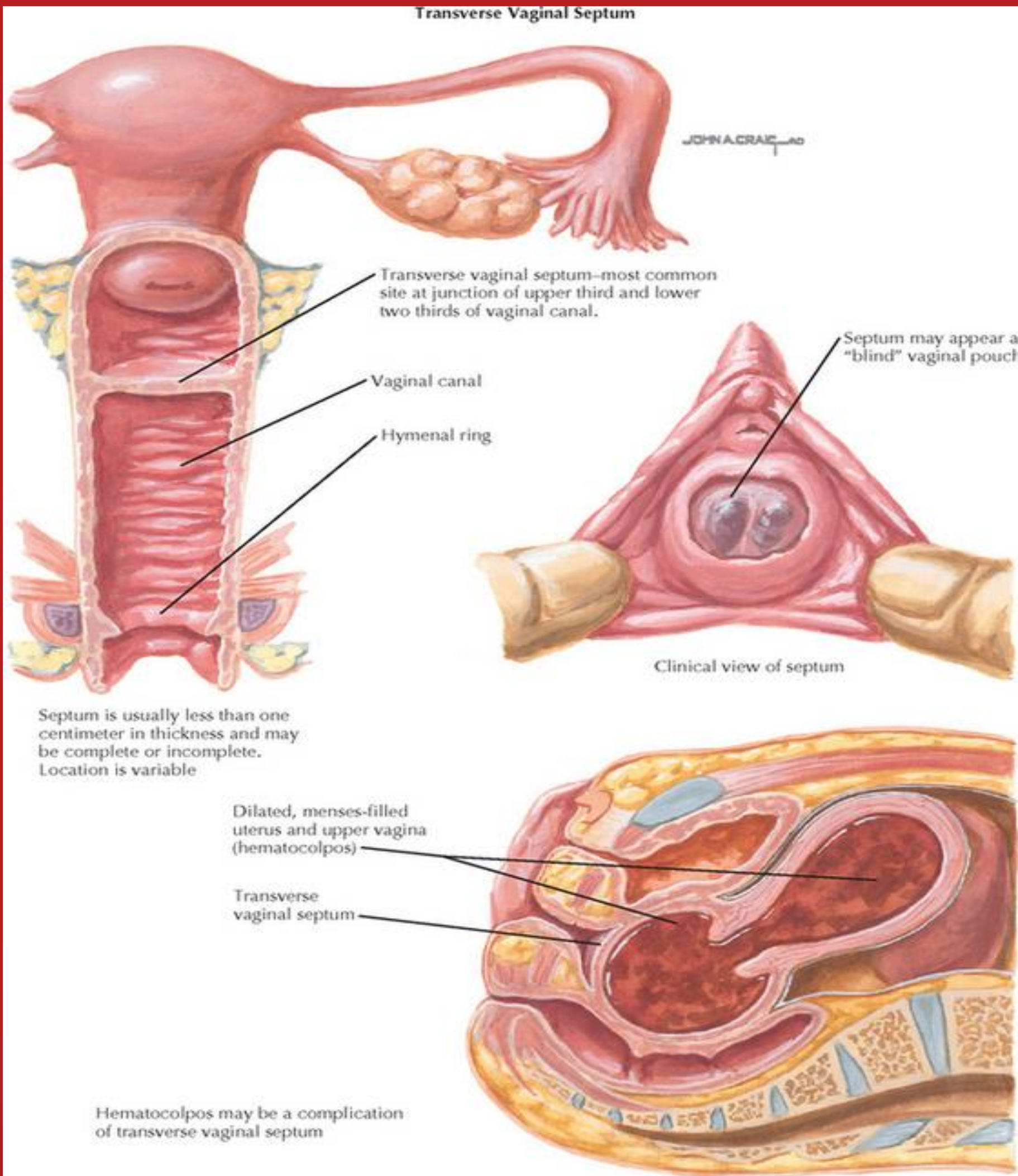
Background and Purpose

Transverse vaginal septum is a rare congenital disorder affecting 1 in 30,000 to 1 in 84,000 women affecting physical, psychological and sexual health of young women. This case highlights the diagnostic challenge, complications, multidisciplinary approach to management ensuring optimum health in physical and psychological aspects.



Case Description

An 18-year-old girl presented to our hospital with presenting complaint of primary amenorrhea. She had persistent abdominal pain with cyclical intensity mostly around mid of the month every month since past 3 years. She was of average height and build, with BMI of 18kg/m2. Secondary sexual characteristics included breast upto Tanner stage IV, pubic and axillary hair distribution upto Tanner stage III. In the past, an ultrasound was done at the age of 14 which identified normal uterus and ovaries. She was then given 2 further years to wait for her periods. At the age of 16, when she failed to menstruate, a progesterone challenge was given, in a primary care centre, which failed. On abdominal examination, suprapubic tenderness was elicited, uterus palpated at around 14 weeks size. On pubic examination, normal development of vulva seen, normal urethral and anal orifices. Vaginal examination showed a dimple, no bulging of hymen visible. On rectal examination, a mass palpated anteriorly likely corresponding to upper part of vagina. The pain was affecting her quality of life significantly. It would not relieve by OTC analgesics and codeine.



Imaging

An ultrasound was arranged which revealed enlarged uterus, hematometro-colpos, bilateral hydrosalpinges and bilateral endometriomas.

MRI was done following this report which showed bilateral endometriomas measuring 8.2x7.4 cm and 9.2x7.1cm, bilateral tubular structures in adnexa measuring 24mm and 30mm in widest diameter, uterus enlarged measuring 12x8x9cm. The vaginal septum measured 2.8cm, involved upper two thirds of the vagina; cervix could not be identified.

MDT

An MDT was conducted including gynaecologist, radiologist, plastic surgeons. Considering patient's age, socio economic status options discussed were laparoscopic assisted drainage of hematometra vs abdominal hysterectomy and vaginoplasty were discussed. While keeping MRI image in view, it was not possible to create an outflow tract hence drainage would have to be a repetitive procedure. The alternative option of hysterectomy would give the benefit of vaginoplasty for sustenance of sexual life. An outpatient appointment was arranged to discuss the options with the patient. She decided for abdominal hysterectomy, removal of endometriomas and interval surgery for vaginoplasty.

Patient Responses (translated from Urdu)

Initial evaluation

"I am having intense abdominal pain which I have been dealing with for more than 2 years now. I have failed to menstruate which has made a topic of joke among my peers. Moreover, my family thinks my problems will be solved if I get married but I am anxious about what will happen if it does not"

After MDT and follow up

"This is extremely overwhelming as my family is not very liberal and I don't think they will support the idea of hysterectomy but I don't have enough resources to come back for a surgery again and again. This decision might also affect my engagement."

6 weeks follow up after TAH

- "My pain is a lot settled, I feel better in carrying my daily chores. I am hopeful that I will not be skipping my college as well. I am looking forward to vaginoplasty."

Total abdominal hysterectomy done with bilateral cystectomies. Patient was discharge on OCPs for maintenance of endometriosis

Interval surgery planned for vaginoplasty after 6 months of hysterectomy via Mc Indoe procedure

Follow up in plastics clinic for 6 months arranged to assess proper healing after vaginoplasty. Successively increasing size of moulds advised to ensure patency of vagina.

Conclusion

Transverse vaginal septum is an outflow tract obstruction cause by fusion defect leading to vaginal bands of variable thickness at different levels. They can be classified according to their thickness or position. Primary complaint remains primary amenorrhea and cyclical pain. MRI is the gold standard for diagnosis. They are amenable to surgical management.

Transverse vaginal septum is rare diagnosis. Early diagnosis can help in appropriate management and avoiding complications such as in this case. The management is essentially based on surgery while taking into account the risks of postoperative stenosis and the repercussions on the upper genital tract. Psychological support remains an important part of management.

References

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