

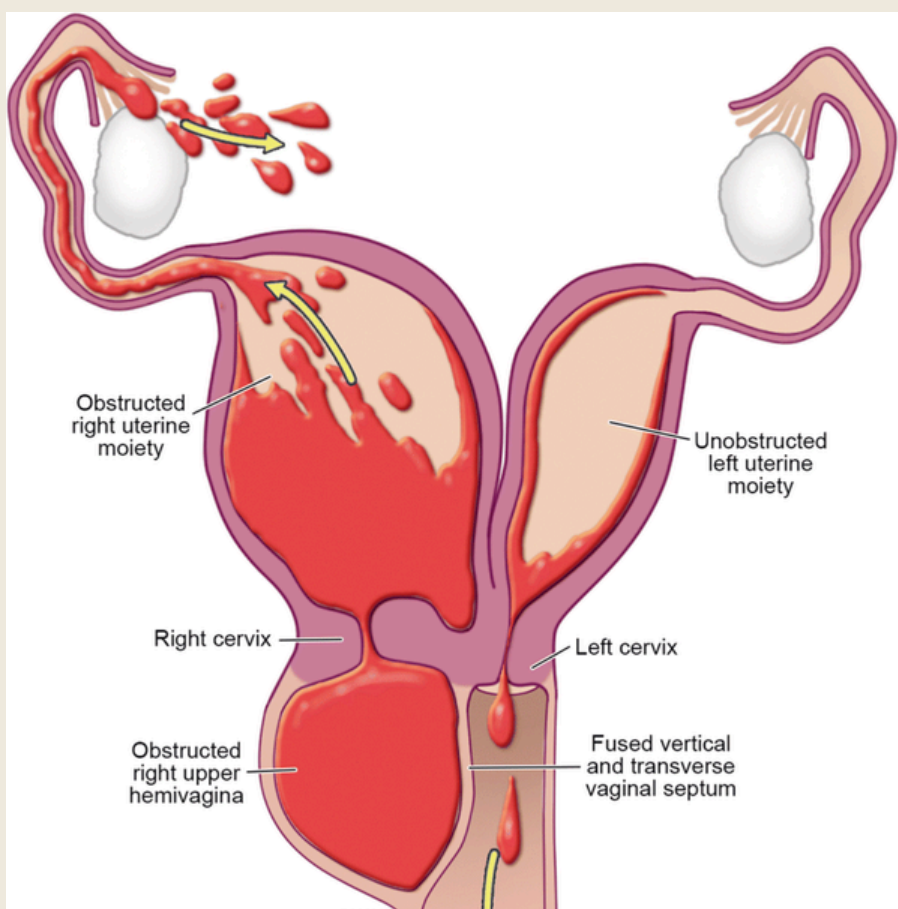
OHVIRA SYNDROME: A RARE CONGENITAL ANOMALY WITH SURGICAL MANAGEMENT

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Introduction

OHVIRA SYNDROME (OBSTRUCTED HEMIVAGINA WITH IPSILATERAL RENAL AGENESIS) IS A RARE CONGENITAL ANOMALY CHARACTERIZED BY THE OBSTRUCTION OF ONE HALF OF THE VAGINA AND THE ABSENCE OF ONE KIDNEY (RENAL AGENESIS) ON THE SAME SIDE. THIS CONDITION TYPICALLY MANIFESTS IN ADOLESCENT FEMALES, PRESENTING WITH PRIMARY DYSMENORRHEA (PAINFUL MENSTRUATION), PELVIC PAIN, AND SOMETIMES INFERTILITY. THE CONDITION ARISES DUE TO THE INCOMPLETE DEVELOPMENT OR NON-FUSION OF THE MÜLLERIAN DUCTS, WHICH ARE RESPONSIBLE FOR FORMING THE FEMALE REPRODUCTIVE ORGANS AND KIDNEYS.

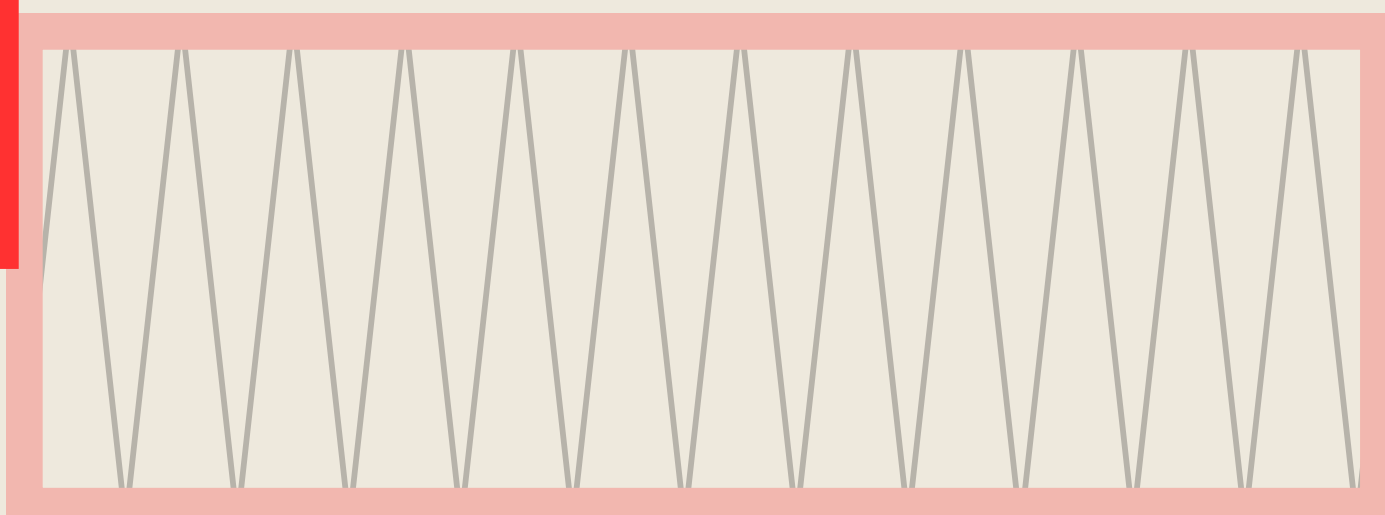
Objective

THE PRIMARY OBJECTIVE OF THIS CASE STUDY IS TO

- HIGHLIGHT THE CLINICAL PRESENTATION, DIAGNOSIS, AND SURGICAL MANAGEMENT OF OHVIRA SYNDROME,
- EMPHASIZING THE IMPORTANCE OF EARLY DIAGNOSIS
- AND INTERVENTION. THE GOAL IS TO DEMONSTRATE HOW TIMELY SURGICAL TREATMENT CAN LEAD TO SYMPTOM RESOLUTION AND THE RESTORATION OF NORMAL MENSTRUATION.

Related literature

- Kudela et al. (2021) – This systematic review and case series of 734 patients provides an in-depth analysis of anatomical variants, surgical interventions, and associated complications such as endometriosis. Notably, uterus didelphys was present in 82.9% of cases, with vaginal septectomy being the predominant surgical approach (86.5%). [Frontiers in Women Health 2:1000002](#)
- Han et al. (2016) – This study explores the clinical implications of OHVIRA syndrome in the prepubertal age group, emphasizing the importance of early diagnosis to prevent complications. [Journal of Adolescent Health 59:1000002](#)
- Sharma et al. (2020) – This literature review discusses the diagnostic challenges associated with OHVIRA syndrome and underscores the necessity for heightened clinical awareness to facilitate early detection and management. [Jafgo 100:1000002](#)
- Cheng et al. (2019) – This study evaluates the efficacy of a minimally invasive "No-Touch" vaginoscopic technique for septum incision in adolescents, demonstrating favorable outcomes with reduced postoperative complications. [Nature.com 1 en.wikipedia.org-1](#)
- Wikipedia Article on OHVIRA Syndrome – An overview of OHVIRA syndrome, including its clinical presentation, diagnostic modalities, and management strategies.



Methodology

A 15-YEAR-OLD GIRL PRESENTED WITH A HISTORY OF CYCLIC LOWER ABDOMINAL PAIN, NAUSEA, AND INTERMITTENT VOMITING SINCE MENARCHE, WHICH OCCURRED TWO MONTHS PRIOR. CLINICAL EXAMINATION REVEALED LOWER ABDOMINAL TENDERNESS. ULTRASOUND IDENTIFIED HEMATOCOLPOS AND TWO DIFFERENT ENDOMETRIAL CAVITIES RAISING THE SUSPICION OF MULLERIAN DUCT ABNORMALITY. MRI CONFIRMED OHVIRA SYNDROME, SHOWING AN OBSTRUCTED HEMIVAGINA, IPSILATERAL RENAL AGENESIS, AND NORMAL CONTRALATERAL ANATOMY. SURGICAL MANAGEMENT INVOLVED TRANSVAGINAL RESECTION OF THE VAGINAL SEPTUM, ALLOWING DRAINAGE OF 600 ML OF RETAINED BLOOD. POST-OPERATIVE CARE FOCUSED ON SYMPTOM RESOLUTION AND RESTORING NORMAL MENSTRUATION.

Results/Findings

POSTSURGICAL OUTCOME :

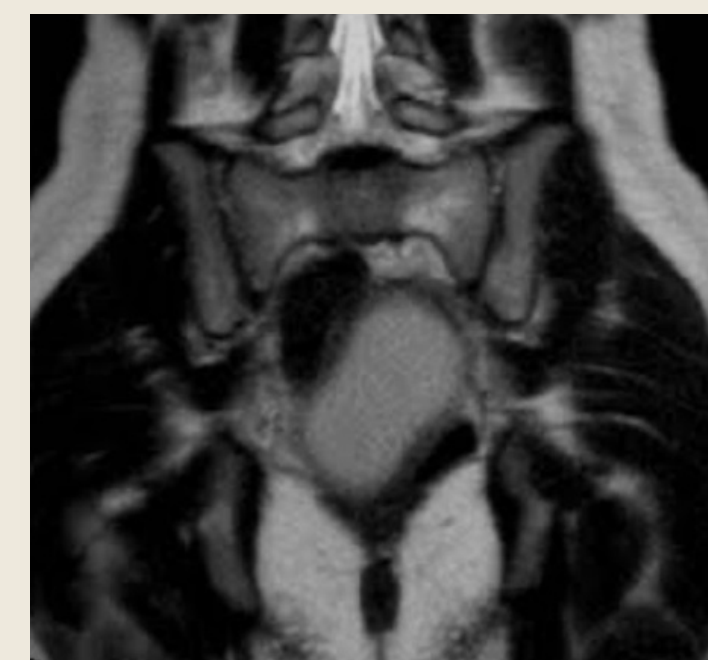
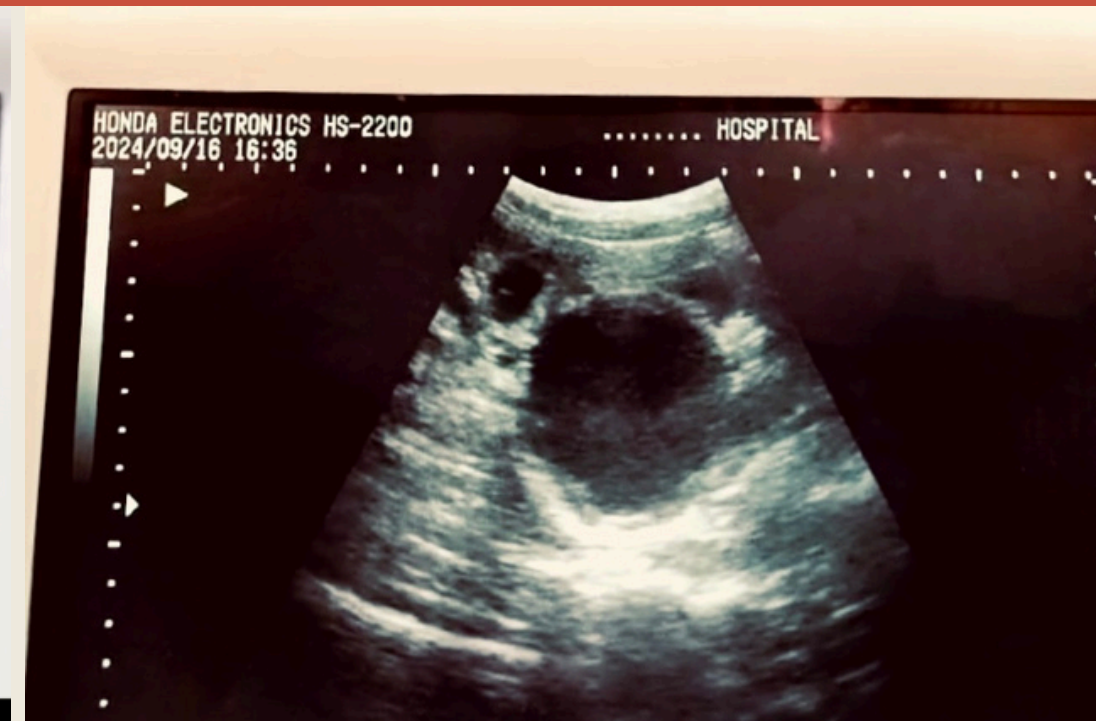
AFTER SURGICAL INTERVENTION, THE PATIENT REPORTED NORMAL MENSTRUATION, WITH A SIGNIFICANT REDUCTION IN PELVIC PAIN AND NO FURTHER ISSUES RELATED TO MENSTRUAL OBSTRUCTION

FOLLOW-UP :

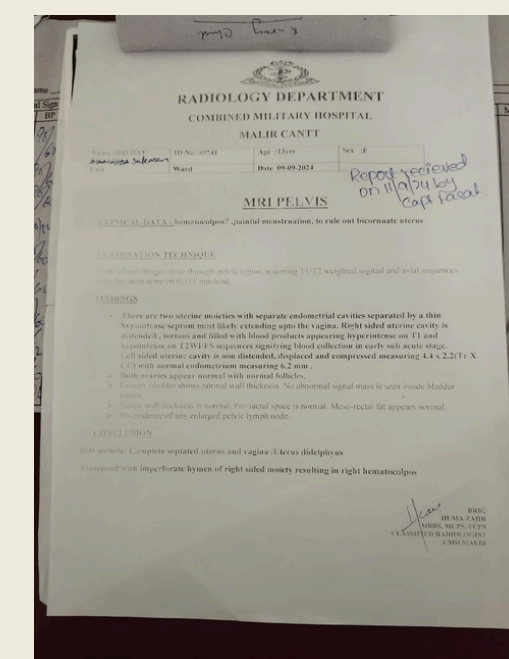
THE PATIENT REMAINED SYMPTOM-FREE DURING FOLLOW-UP PERIOD, WITH NO RECURRENCE OF THE CONDITION OR RELATED COMPLICATIONS.



TRANSABDOMINAL ULTRASOUND: THE UTERUS IS DEMONSTRATED TO HAVE A DIDELPHYS CONFIGURATION, WITH TWO DISTINCT ENDOMETRIAL CAVITIES. THE RIGHT HEMIVAGINA, LOCATED ON THE RIGHT SIDE OF THE PELVIS, APPEARS OBSTRUCTED, RESULTING IN HEMATOCOLPOS



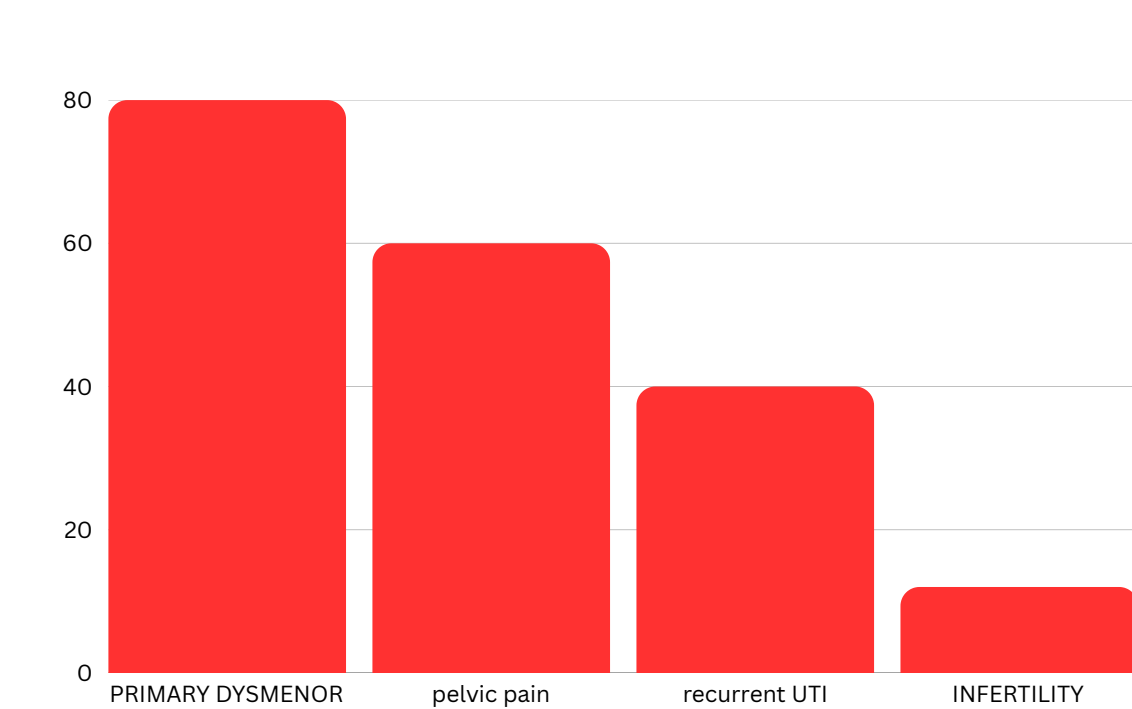
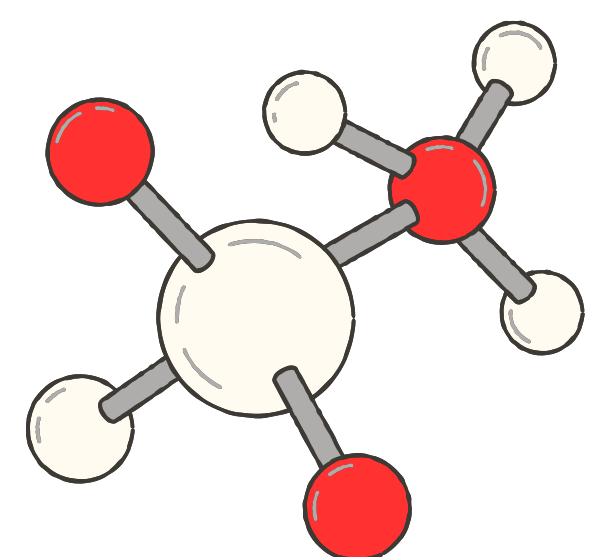
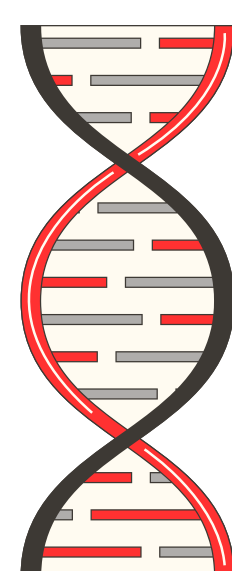
MRI PELVIS:T1 WEIGHTED CORONAL IMAGE SHOWING PELVIS WITH DISTENDED ENDOMETRIAL CAVITY APPEARING HYPERINTENSE DUE TO RETAINED BLOOD



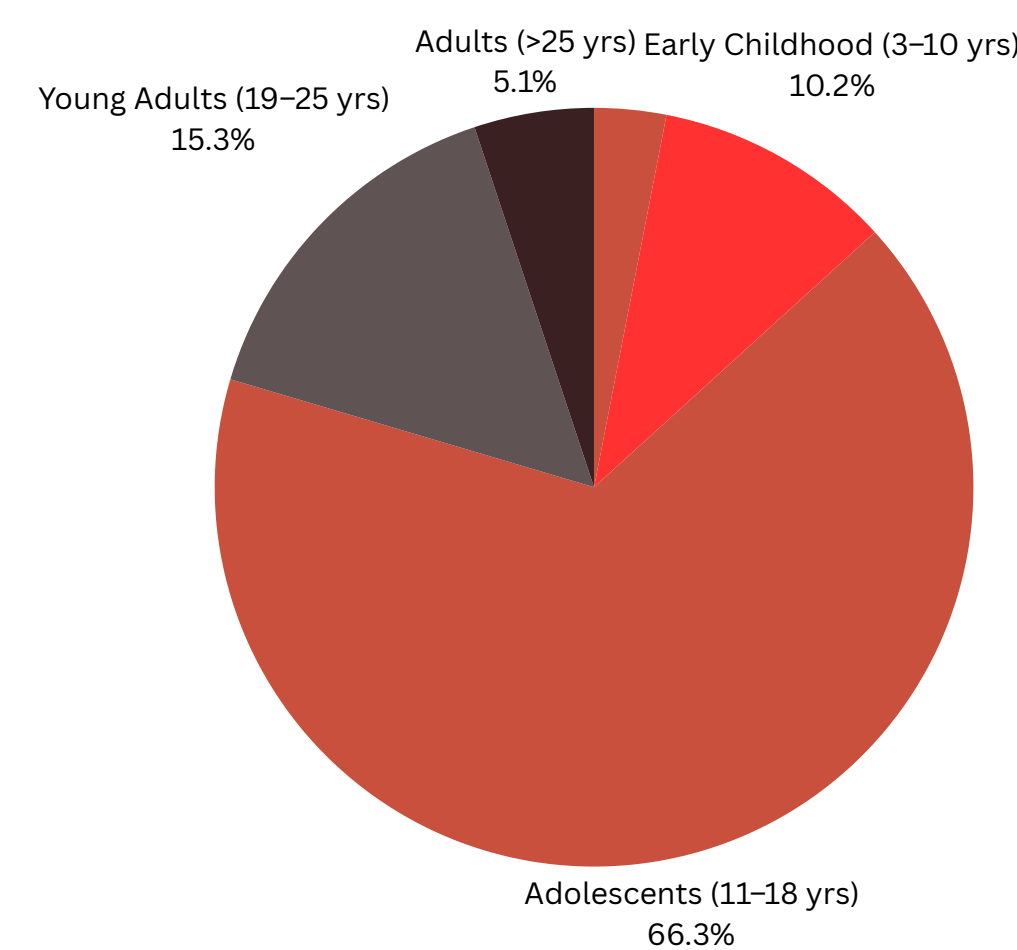
Removal of 500 ml of blood

ANALYSIS

- OHVIRA SYNDROME MOST COMMONLY AFFECTS ADOLESCENT FEMALES, WITH 70% OF CASES DIAGNOSED BETWEEN 10-15 YEARS OF AGE.
- SYMPTOMS INCLUDE PRIMARY DYSMENORRHEA (80%), PELVIC PAIN (70%), AND RECURRENT URINARY TRACT INFECTIONS (40%).
- MRI IS THE PRIMARY DIAGNOSTIC TOOL, USED IN 60% OF CASES, FOLLOWED BY ULTRASOUND (30%).
- SURGICAL MANAGEMENT VIA TRANSVAGINAL EXCISION SHOWS 90% SUCCESS IN SYMPTOM RESOLUTION.
- POSTOPERATIVE FOLLOW UP INDICATES 95% OF PATIENTS REMAIN SYMPTOM- FREE AFTER 1 YEAR.



SYMPTOMS OF OHVIRA SYNDROME



incidence of OHVIRA Syndrome in different age groups

Conclusion

- EARLY DIAGNOSIS THROUGH IMAGING (MRI AND ULTRASOUND) IS ESSENTIAL FOR PROMPT INTERVENTION.
- SURGICAL EXCISION OF THE VAGINAL SEPTUM PROVIDES AN EFFECTIVE SOLUTION, RESTORING NORMAL MENSTRUATION AND ALLEVIATING SYMPTOMS.
- MULTIDISCIPLINARY COLLABORATION IS VITAL FOR OPTIMAL PATIENT CARE AND OUTCOMES.

