PP 7

Hematometra and fallopian tubal occlusion in uterine didelphys with unilateral cervical atresia in an adolescent girl - A case report.

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Background - Genital tract anomalies consist of a set of structural malformations resulting from abnormal development of the paramesonephric ducts. The prevalence ranges from 0.001-10% in the general population. However uterine anomaly with cervical atresia is very rare.

Case report - A 14-year-old girl presented with regular menstrual cycles with primary dysmenorrhoea since menarche. She also felt progressive abdominal distention. Sixteen weeks' size firm mass was palpated abdominally. Pelvic examination revealed a single cervix at the apex of a normal vagina. A second cervix and foreshortened vaginal vault were not seen. An ultrasound revealed the existence of two distinct hemi uteri. The left one was normal; the right one formed an angle of about 90 degrees which contained fluid in its cavity. Bilateral kidneys were present.

Patient underwent exploratory laparotomy. The findings were left side normal uterus, one fallopian tube and ovary; right side haematometra and tubal block with normal ovary. Haematometra was released via incision on the uterus. Cervical opening was created through uterine incision and silicon catheter was placed to maintain patency. Examination under anaesthesia was performed to confirm the patency of the cervix after 6 weeks. Since then she was followed-up regularly, and completely asymptomatic.

Conclusion - Hematometra usually distorts anatomy due to endometriosis and adhesions. But this patient had tubal block on the same side, which prevents retrograde menstrual flow and endometriosis. Management of this complex congenital anomaly requires careful anatomic consideration for surgical reconstruction to restore menstruation. Maintenance of a patent genital tract is challenging.