Hematocolpos associated with imperforate hymen mimicking glob vesicale

Glob vezikaleyi taklit eden imperfore hymene bağlı hematokolpos

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Özet

Çocuklarda ve adölesanlarda akut üriner retansiyon nadir görülen bir durumdur. Nörolojik hastalıklar, üriner sistemin infeksiyonları, konjenital anomaliler, ilaçların yan etkileri ve ayrıca üretra darlığı, komşu organların üretraya baskı yapması sonucu gelişen obstrüktif patolojiler akut üriner retansiyon ile ilişkilidir. Ek olarak, büyük boyuttaki hematocolpos radyolojik görüntülemelerde glob vezikale şeklinde yanlış tanı alabilir. Bu yazıda, 14 yaşında imperfore hymen nedeniyle gelişen ve glob vezikaleyi taklit eden hematocolpos vakasını sunduk.

Anahtar Kelimeler: Hematokolpos, İmperfore Hymen, Glob Vezikale

Abstract

Acute urinary retention is a rare condition in child and adolescents. Neurological disorders, urinary tract infections, congenital anomalies, adverse drug affect and also obstructive pathologies such urethra stenosis and supression of urethra by adjacent organs may associated with acute urinary retention. Additionally, massive hemotocolpos lead misdiagnose as glob vesicale in radiologic imaging. In this paper, we present 14 years-old girl with hematocolpos -due to imperforate hymen-mimicking globe vesicale.

Keywords: Hematocolpos, Imperforate Hymen, Glob Vesicale

Introduction

Acute urinary retention (AUR) is a rare and emergency condition in childhood period. Neurological disorders, lower urinary tract stones, congenital anomalies, urinary tract infections, constipation, adverse drug affect and iatrogenic or psychogenic disorders can cause AUR (1). Also obstructive pathologies such urethra stenosis, urethra stones and supression of urethra by adjacent organs may associated with AUR (2).

Hymen which perforate later stages of the embryonic development, is embryological remnant of the mesodermal tissue and occurrence of imperforate hymen (IH) is one of most common obstructive lesions of the female genital tract (3). If hymen remains imperforate, the mucus will be reabsorbed and the child usually remains asymptomatic. But after menarche, increase in the amount of blood in the vagina cause hematocolpos (4) .

In this case, we aim to present 14 years-old girl with hematocolpos mimicking globe vesicale.

Case

Fourteen years old girl admitted to pediatric emergency room with lower abdominal pain and suprapubic tenderness. There was no history of fever, nausea or vomitting but she reported cyclical lower abdominal pain in last 2 months. Secondary sexual characteristics were present but menses had not started yet. In physical examination, an abdominal mass extending from the pelvis to the umbilicus was noted and abdomial ultrasonography revealed globe vesicale and dilated uterine cavity and vagina.

Bladder catheterization was indicated and during the urethral catheterization thin, blue-grey bulging hymen was noted and after the catheterization any urine was drained. Imperforate hymen was diagnosed. To exclude

complicated genitourinary abnormalities, abdominopelvic Magnetic Resonance Imaging (MRI) was performed. After the family was informed and written informed consent was obtained from patient parents. Hymenotomy was performed and nearly 1000 ml dark menstrual blood was drained. Next day patient was discharged and on her controls she had no problems and had regular normal menstrual cycles.

Discussion

Imperforate hymen is an uncommon genital anomaly with a 0.1 % incidence in newborn females (5). In neonatal period, IH may cause variable degree of hydronephrosis, fetal asit and renal failure (6). Ideally, diagnosis should be done at birth by detailed examination of external genitalia. If hymen remains imperforate until menarhe, depending on the accumulation of menstrual blood, the clinical symptoms including cyclic lower abdominal pain, chronic constipation, low back pain, dysuria and acute urinary retention may distinguish (1,3,4). Differently, in this case, IH did not cause AUR but in radiologic findings IH mimic AUR.

Diagnosis depend on physical examination and radiological imaging. For IH, bulge along the posterior aspect of the introitus is typical. Ultrasound is most preffered radiological method for diagnosis but in our case, ultrasound mislead hematocolpos and reported as AUR (7). Additionally MRI performed in cases in which ultrasound is insufficient and complicated obstructive abnormalities are suspected. Hymenectomy is only treatment modality with X, T or cruciform incisions to remove hymenal tissue (8). The outcomes after surgical procedure is exelant. In our case, hymenectomy was performed with T incision and patient gain regular normal menstrual cycles.

In conclusion, imperforate hymen is not a common situation but physicians should keep this diagnosis in mind if women who are 12-18 years of age admits with primary amenorrhea, lower abdominal pain and/or lower back pain, also, haematocolpos mimicking acute urinary retention is another presentation which should drive physicians' attention.

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