Imperforate Hymen; A Rare Cause of Urinary Retention: A Case Report

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Imperforate hymen is an uncommon obstructive anomaly of the female reproductive tract. Although it is usually sporadic, familial cases have been reported. The patient usually presents with intermittent abdominal pain. Acute urinary retention is a rare symptom. It is rarely diagnosed in the neonatal period, and most cases occur in the adolescent period. Pelvic ultrasonography is the essential initial diagnostic radiological modality to confirm the diagnosis. We report a 13 year-old girl who presented main complaint of acute urinary retention and hematocolpos diagnosed by ultrasonography due to imperforate hymen.

Key Words: Imperforate hymen, Hematocolpos, Ultrasonography,
performed. Postoperative US of the pelvis showed resolution of hematocolpos. She was discharged from the hospital on the following day.

Figure 1: Pelvic ultrasonography showing dense fluid in the vagina (hematocolpos) (arrows) (A-B).

Figure 1A

Figure 1B

DISCUSSION

Imperforate hymen is an uncommon anomaly of the female reproductive tract. Embryologically, the hymen is derived from the epithelium of the urogenital sinus, and during the fetal stage it represents the distal part of vagina. An imperforate hymen is usually the result of the urogenital sinus not canalizing. It is rarely associated with other müllerian abnormalities. Thus, extensive investigation for such anomalies is often unnecessary in view of the rarity of such associations.3,4

Familial cases have been reported but are more often sporadic.5 It is rarely diagnosed in the neonatal period. The patient usually presents in the teenage years. In female infants, it may present with a bulging hymen which is a mucocoele. The patient usually presents in the adolescent period with complain of lower abdominal pain, which is usually cyclical. If the condition remains undetected, retained menstrual blood collects in the vagina, causing a slow dilation from hymen to cervix; thereafter, it progresses to hematometra, and finally to hematosalpinx. Acute retention of urine is another symptom. The accumulation of menstrual blood in the vagina may result with a mechanical effect on the urethra and bladder and lead to the obstructive urinary symptoms. Acute urinary retention may be the first sign leading to a diagnosis of imperforate hymen.5,6 Low back pain and pelvic mass are the other symptoms.

Pelvic US is the essential initial diagnostic modality to confirm diagnosis, and it may be performed via the transabdominal, transperineal, or transrectal route. A pelvic US most often demonstrates a hematocolpos, hematometra, and possibly hematosalpinges when the diagnosis is made after the onset of menarche.7

The differential diagnosis of primary amenorrhea, pelvic pain, and pelvic mass in pubertal developmental stage includes transverse vaginal septum, longitudinal vaginal septum, vaginal agenesis, and cervical atresia. Magnetic resonance imaging (MRI) will demonstrate these abnormalities and is considered gold standard to diagnose female pelvic disease.8

The treatment for uncomplicated imperforate hymen is cruciate hymenectomy. The patients with imperforate hymen were managed using a Foley catheter as a new technique without damaging the structure of the hymen.9,10 This new technique is less invasive than other methods and prevents many social problems by preventing destruction of the architecture of hymen and providing annular-intact hymeneal ring.

In conclusion, the symptoms of imperforate hymen do not always suggest a gynecological disorder. Pelvic US is the essential initial diagnostic modality to confirm diagnosis. The treatment is surgical, and the prognosis is good.

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