

**A CASE OF RARE PRESENTATION OF IMPERFORATE HYMEN IN A  
13 YR OLD GIRL: A CASE REPORT**

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**ABSTRACT**

**Introduction.** In a child Acute urinary retention is rare event. Haematocolpos is an important rare event that can cause a mechanical obstruction, resulting in acute urinary retention. **Case Report.** A 13-year-old girl presented to the urology department with a one-day history of acute urinary retention and suprapubic tenderness. She had not attained menarche but had described period-like pains every month for the past one year. On examination, she had a palpable bladder with over 500mls of residual urine and on per vaginal examination bluish-grey bulge posterior to her urethral meatus. An US scan showed a large mass posterior to her bladder resembling a haematocolpos. She was catheterised initially to relieve the retention of urine and eventually underwent a hymenectomy using a cruciate incision. She made a good recovery postoperatively. **Conclusion.** In the case of a peripubertal female presenting with acute urinary retention, haematocolpos should be considered as a diagnosis.

**Keywords:** Acute urinary retention,

**1. INTRODUCTION**

This is a case report of acute urinary retention as a result of an imperforate hymen causing haematocolpos and haematometra. The incidence of imperforate hymen is 1 in 2000 girls,

and approximately half of these will present with urinary retention [5]. Haematocolpos is a rare condition, where the vagina is filled with menstrual blood, caused by uterovaginal pathologies such as an imperforate hymen [4]. Haematometra is collection of blood in the uterus. Most cases of imperforate hymen are sporadic in nature; however there have been reports of familial cases, where both recessive inheritance and dominant inheritance have been shown [3].

**Case**

In September 2014, a 13-year-old girl presented to the obstetrics and gynaecology department with a one-day history of acute urinary retention associated with suprapubic pain and dysuria. There was no history of vomiting or a change in bowel habit. She reported cyclical abdominal cramping pains in the preceding one year but denied having

On examination, her abdomen was soft with mild tenderness suprapubically and in the left iliac fossa. Her bladder was palpable and she was noted to have a nontender bluish-grey bulge posterior to the urethra on examination of her external genitalia. (Fig 1) Neurological examination was normal. Urine dipstick was normal, and a urinary pregnancy test was negative. A bladder scan revealed over 500mls of residual urine; therefore, a 10 Ch urinary catheter was inserted, which relieved her suprapubic pain. On repeat examination, the bladder was no longer palpable and a PR examination revealed a palpable mass. Initial blood tests showed a mildly raised WCC at 11.7 and raised neutrophils at 10.15; all other blood results were unremarkable.

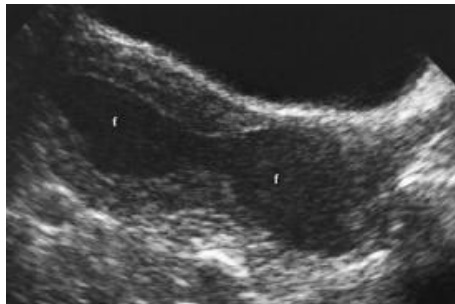
**Fig 1**



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An ultrasound scan of the kidneys showed an 11 × 7.8 × 8 cm fluid-filled mass lying posterior to the bladder, inseparable from and lying immediately inferior to the uterus (fig2) Fluid filled endometrial cavity & vagina

**Fig 2**



Subsequently, she underwent a hymenotomy (using a cruciate incision)(Fig 4) with drainage of her haematocolpos. (fig 2) Postoperatively, she made a good recovery with a successful removal of the urinary catheter.vaginal patency was maintained.(Fig 5) Since returning home, she has started experiencing normal menses and has had no further urinary problems.

**Fig 3**



**Fig 4**



**3. DISCUSSION**

Acute urinary retention is not a common presentation in children and is more common in males [2].When young females present, the causes can include mechanical obstructions (urinary tract stones, urethral strictures, trauma to external genitalia, and imperforate hymen), neurological disorders, and urinary tract infection [2]. Imperforate hymen is a rare genital tract anomaly which has an incidence of about 1 in 2000 [5]. Acute urinary retention can subsequently occur due to the pressure effect imposed on the bladder and urethra [1]. This case serves to illustrate that in peripubertal females with amenorrhoea and acute urinary retention, even though uncommon, a diagnosis of haematocolpos should be considered and excluded.

**Conflict of interests**

The authors declare that they have no conflict of interests.

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