

An Unusual Case of Cryptomenorrhoea

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Abstract

A Case is reported of an unusual occurrence of cryptomenorrhoea in a 14 year old female. The case was a rare entity of Mullerian anomaly- cervical aplasia causing haematometra and haematosalpinx.

Introduction

Atresia of the uterine cervix is an uncommon Mullerian malformation which may be associated with vaginal aplasia. Its incidence is unknown and management of women with this malformation remains controversial. Total hysterectomy remains the classical treatment of this malformation.¹

Case Report

Miss M, a 14 year old female came with complaint of recurrent pelvic pain since past 6 months. Pain was cyclical, spasmodic, restricted to right iliac fossa associated with the formation of a palpable pelvic mass of 8 cm X 3 cm.

The patient had undergone appendectomy 1 ½ years back where incidental diagnosis of Genital Kochs was made. Patient was given 9 months of antitubercular drug treatment following which she started developing the symptoms of pelvic pain.

On examination, the patient's vitals were stable. She used to be relieved of her symptoms on giving antispasmodic medications. Secondary sexual characters were developed till Tanner Stage III and had adult axillary and pubic hair development. Per rectal examination revealed presence of a cystic pelvic mass high up in the right fornix. Under sedation a per speculum examination was attempted with a small speculum which showed presence of a blind vaginal pouch of 2 cm length.

Ultrasonography of pelvic region was done. It showed the presence of distended uterus and distended right sided fallopian tube with hypoechoic collection. Findings were confirmed on a CAT scan. Ultrasonographic tapping was done of the fluid which turned out to be blood stained and was sent for culture and AFB Culture, both of which came negative. An MRI was done as cervical tissue was not evident. The MRI revealed cervical hypoplasia/atresia with evidence of haematometra of 40 ml and haematosalpinx of 70 ml collection.

Decision of Exploratory Laparotomy was taken and patient was operated under general anaesthesia. In situ findings indicated a rare mullerian anomaly of a bicornuate uterus, non fused, with separate rudimentary blind uterine horns. The left horn was rudimentary, cord like with normal fallopian tube and ovary. The right horn had functioning endometria which had resulted in the formation of haematometra and haematosalpinx. The haematometra containing horn had no apparent cervical tissue. The blind vaginal pouch-apex was felt at a distance of 5 cm from the lower pole of the haematometra (Fig. 1).

In view of the large separation and obvious long standing haematometra and haematosalpinx decision for hemihysterectomy was taken. Same sided salpingoopherectomy was performed (Fig. 2). The left sided ovary was preserved (Fig. 3). Patient had an uneventful recovery from the surgery (Fig. 4).

Discussion

Atresia of the uterine cervix is a very uncommon Mullerian malformation associated in 50% of the cases with a vaginal aplasia² Transabdominal or transperineal ultrasound may specify the level of

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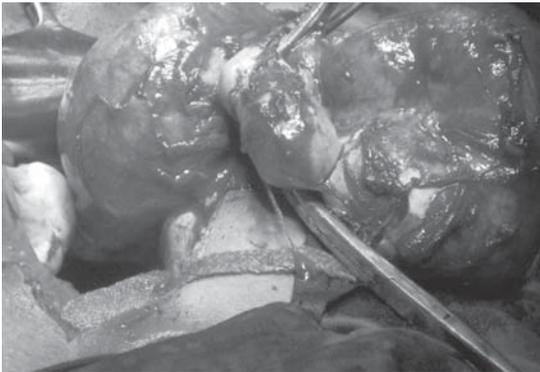


Fig. 1 : In Situ Hemiuterus with haematometra and haematosalpinx

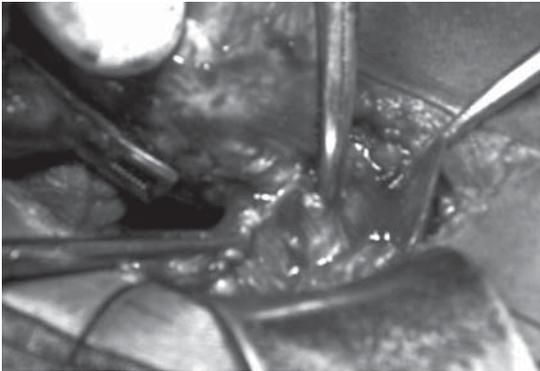


Fig. 2 : Hemihysterectomy Being Performed

obstruction of the genital tract but seems not very reliable for the diagnosis of the uterine cervix atresia. Magnetic resonance imaging (MRI) currently appears to be the most reliable morphological examination for the diagnosis of utero-vaginal malformations with a surgical correlation of more than 80%.³

Conservative surgical treatment of uterine cervical atresia mainly cervical drilling has been associated in some cases with deadly peritonitis.⁴ Moreover, some authors speculated that chances of subsequent pregnancies are few, particularly when associated with vaginal aplasia.² Consequently hysterectomy was recommended as a first line treatment by many authors.⁵ Some rare cases of successful pregnancies, however have been recently reported after conservative



Fig. 3 : Post Removal Intrapelvic View

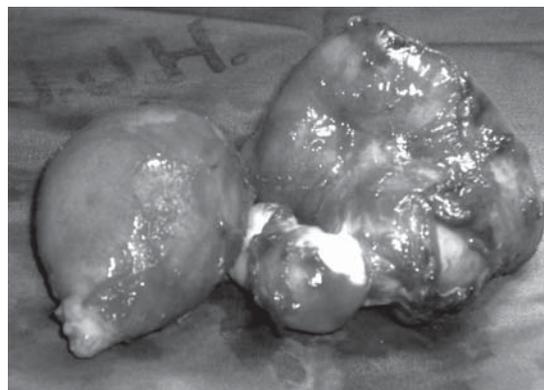


Fig. 4 : Hemihysterectomy Specimen with Haematosalpinx

surgical management of cervical aplasia.^{6,7}

In conclusion, the diagnosis of uterine cervix atresia should be made as early as possible to avoid genital complications that may lead to aggressive surgery such as adnexectomy or hysterectomy. Utero-vaginal anastomosis appears to be a feasible option, however repeated peritonitis and recanalisation for secondary stenosis may be needed. By preserving uterus, reproductive function are conserved.

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CONTRACEPTIVES AND CERVICAL CANCER

'This collaborative reanalysis confirms that current and recent use of combined oral contraceptives is associated with an increase in the risk of invasive cancer of the uterine cervix'

Combined oral contraceptives have been classified as a cause of cervical cancer. As the incidence of cervical cancer increases with age, the contribution of hormonal contraceptives to the lifetime incidence of cervical cancer will depend largely on the effects at older ages. Jane Green and colleagues reanalysed individual participant data from 24 studies worldwide to examine the relation between cervical cancer and the pattern of contraceptive use. Their analysis suggests that current and recent use of combined oral contraceptives is associated with increased risk of cervical cancer, and the relative risk increased with longer duration of oral contraceptive use. The increased risk diminished with time since last use of combined oral contraceptives and was similar to never users after 10 or more years. However, in a Comment Peter Sasieni warns that there is reason for caution over concluding there is a causal relationship between combined oral contraceptives and incidence of cervical cancer, since their use is linked with exposure to human papillomavirus, a known cause of cervical cancer.

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