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Case Report

Microperforate hymen and labial fusion: an unusual case

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ABSTRACT

Genital tract abnormalities are uncommon, occurring in approximately 7% of female population. Among these cases, hymenal abnormalities are the most frequent, with imperforate hymen occurring in 1 in 2000 girls. Imperforate and microperforate hymen is a congenital disorder of hymenal configuration which does not permit normal menstrual flow. We report a case of 26 year old primigravida at 28 weeks gestation with threatened preterm labor and was incidentally found to have fused labia minor and microperforate hymen. Scope examination through the hymen revealed a normal looking vagina and cervix. Urethral meatus was not made out. She was taken up for elective caesarean section at 37 weeks of gestation with hymenectomy. Intraoperatively, urethral orifice was identified after incising the fused labia minora. A uterine angle fibroid was found, myomectomy done. No uterine anomalies were noted.

Keywords: Micro perforate hymen, Labial fusion, Genital tract abnormality

INTRODUCTION

Genital tract abnormalities are uncommon, occurring in approximately 7% of female population.[1] Among these cases, hymenal abnormalities are the most frequent, with imperforate hymen occurring in 1 in 2000 girls.[2]

Imperforate and microperforate hymen are a congenital disorder of hymenal configuration which does not permit normal menstrual flow.[3]

What appears as an apparently isolated vaginal malformation after preliminary diagnostic evaluation may be associated with uterine and other malformations.

CASE REPORT

A 26-year-old primigravida presented at 28 weeks of pregnancy with pain abdomen which was non radiating and dull aching. Conceived spontaneously after 1 year of marriage. Attained menarche at 13 years of age with normal flow and regularity. On examination, she was found to have fused labia minora with micro perforate hymen

(Figure 1). Urethral orifice could not be made out. On retrospective history evaluation, she gave history of splaying of urine. Patient was evaluated with cystoscopy; urethral meatus was not visualised due to fusion of labia minora and the scope was introduced through the microperforate hymen which visualised a normal looking vagina and cervix. USG abdomen revealed normal findings with normal kidneys. Patient was managed conservatively and discharged after ruling out any cause of threatened preterm labor. Patient was subsequently followed up and planned for elective caesarean section with hymenectomy at 37 weeks in view of the added complication of FGR revealed on growth scan.

Intraoperatively

Urethral orifice was identified after incising the fused labia minora, which was serially dilated and catheterised (Figure

2). Vaginal orifice enlarged after cruciate incision and eversion of edges (Figure 3). A live male baby of 2.49kg was extracted. Right uterine angle fibroid of 4×3 cm was noted, myomectomy done. No other uterine anomalies noted.

Figure 1: Fused labia minora with micro perforate hymen.

Figure 2: Urethral orifice after incising the fused labia minora.

Figure 3: Enlarged vaginal orifice.

Post operatively

Indwelling Foley catheter was kept for 5 days, after removal patient was able to pass urine freely without splaying of urine. Suture removal was done on 7th day and patient was discharged. Patient was followed up 6 weeks postnatally and she had normal lochia, urethral meatus was normal and vaginal introitus was found adequate.

DISCUSSION

Imperforate and microperforated hymen tissue occurs during the embryologic development. There are many symptoms which characterise this malformation including primary amenorrhea, pelvic pain, vaginal bleeding, vaginal discharge, dysuria, infertility etc. Usually, the symptoms tend to persist without an early intervention in early childhood.[4] In our case it has shown that spontaneous pregnancy can happen without normal sexual intercourse, possibly due to vulval insemination. Ours is a rare case as the patient did not have any menstrual or urinary problems and has also conceived inspite of the micro perforate hymen and without penetrative vaginal intercourse, probably as a result of vulval insemination. Successful caesarean delivery was performed concomitantly with hymenectomy and urethral dilatation.

Similar case report by Elshani et al described a pregnant woman diagnosed with imperforate hymen which never had penetrative vaginal sex with 2 months of amenorrhea presented without any other complications. She had history of difficult intercourse and prolonged menstrual flow were reported, and subsequent vaginal examination confirmed the diagnosis of imperforate hymen. The pregnancy was followed up to 39.5 weeks and emergency caesarean section was done. Concomitant hymenotomy was successfully performed. The patient was discharged with the baby, and vaginal anatomy was restored.[5]

CONCLUSION

Even with microperforate hymen there maybe chances of spontaneous conception. Such pregnancies are to be taken up electively for caesarean section and an option of concomitant hymenectomy maybe given in order to avoid problems in sexual intercourse and future menstrual problems.

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