Hematometrocolpos secondary to vaginal atresia: US and MRI findings

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Obstructed uterovaginal anomalies most frequently become manifest at puberty, when the onset of menses results in the accumulation of menstrual blood and secondary distention of the vagina and/or the uterus. Hemocolpos (HC in figures) refers to a distended vagina filled with blood sloughed endometrium, hematocolpos is distention of the vagina and uterus, and hematometra (HM in figures) is distention of only the uterus.¹

Vaginal atresia may present as an isolated congenital anomaly; it also may occur as a component of a syndrome. Mayer-Rokitansky-Kuster, Kaufman-McKusick, Fraser, Winter, and congenital adrenal hyperplasia syndromes are the known examples of such associations.²

A 15-year-old girl presented to our hospital with a complaint of lower abdominal pain. Transabdominal ultrasonography demonstrated significant fluid accumulation within a distended vagina and the uterine cavity (Figure 1). Axial (Figure 2) and sagittal (Figure 3) slices of the magnetic resonance imaging (T2 weighted images) confirmed that two main collections and corresponded to a distended vagina and uterus. Distal vaginal atresia and hematometrocolpos were confirmed at surgery.

Figure 1
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