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Secondry Gynaetresia: A Rare Complication of Traumatic Post Partum Haemorrhage

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Abstract: *Secondary gynaetresia may occur as a result of trauma to the female genital tract with secondary infection and adhesions. Post traumatic s vaginal stenosis after full term vaginal delivery is rarely seen in gynaecology We report a case of 28 year old woman presenting with history of termination of 6 weeks pregnancy with probably oral mifepristone and misoprostol. On examination she was found to have vaginal atresia with a pin point cicatrized hole in the centre. She had full term vaginal delivery 2 years back with history of traumatic post partum haemorrhage in the first delivery.USG showed mixed echogenic lesion of 30×20mm suggestive of retained products of conception. Findings at surgery were vaginal septum with pin point hole in the centre. The hole was sequentially dialated to Hegar's no 8 dialator.Septum was incised. Products of conception removed from vagina and uterus digitally and by suction evacuation. Continuous interlocking sutures taken at bleeding edges of vaginal septum. Post procedure vagina admitted 2 fingers with no dyspareunia on follow up.*

Keywords: *Secondary gynaetresia, post traumatic vaginal stenosis, retained products of conception.*

I. Introduction

Gynaetresia is defined as occlusion of part of female genital tract especially occlusion of vagina by a thick membrane[1].Congenital gynaetresia occurs when there is failure of canalization with resultant partial or complete agenesis, transverse or longitudinal septa while persistence of urogenital membrane results in imperforate hymen.Acquired gynaetresia is much less common than the congenital type in the developed world but the converse is the case in the tropics[2].In the developed countries it is often iatrogenic, following vaginal surgical procedures like colporraphy & hysterectomy or sequel to intravaginal radiation in the treatment of gynecological malignancies. In developing countries acquired gynaetresia is due to some cultural practices and ignorance[3&4].Notable among these are vaginal insertion of local herbs in the treatment of infertility amenorrhoea and in procuring induced abortion. Trauma & infection of the genital tract causes vaginitis with formation of adhesions leading to gynaetresia, other causes include female genital mutilation& prolonged obstructed labor[5&6].

II. Case Report

Mrs. X 28 years old second gravida attended the gynae O.P.D of Mahila chikitsalay (SMS Medical college) Jaipur on4/4/14 with complaints of amenorrhea 1 ½ month with positive urine pregnancy test with H/O taking abortive pill from gynaecologist &history suggestive of mifepristone and misoprostol.After that she had continuous bleeding P.V for 10 days followed by irregular bleeding P.V for 2 months. No H/O passing any piece per vaginum.Menustral history before that was regular normal flow with a cycle of 30 days which lasted for 5 days. She had H/O one full term difficult vaginal delivery of a male child of 3 kg,2 years back at a private hospital followed by traumatic Post partum haemorrhage with vaginal tears which were repaired and & one unit of blood transfusion was done as told by the patient verbally. No documentation available .She had no follow up checkups anywhere. She had slight difficulty in intercourse for which she consulted no doctor. She had H/O hypothyroidism since 5 years& was on Eltroxin50 µg OD.There was no other surgical history.

Her general physical examination was normal. She was averagely built. On local examination vulva was normal. P/S examination showed vaginal septum 3-4cm above the level of hymen with a pin point cicatrized hole in the centre. Artery forceps could be introduced up to a depth of nearly 4-5cm. Altered blood coming out through the opening. On P/V Examination Cervix could not be felt . Uterus was 6 wks size on per rectal examination. All the investigations were normal.UPT was positive & USG showed mixed echogenic lesion of about 30×20mm suggestive of retained products of conception. Patient was posted for examination under anaesthesia.

Under general anesthesia pre-operative findings were confirmed and patient was catheterized. The hole was sequentially dialated by Hegar's dilator up to number 8. Septum was incised horizontally. Products of conception felt in the vagina above the vaginal septum. Same removed digitally. Cervix felt digitally. Post and lateral lip felt. Ant lip merged with ant vaginal wall. Os admitted one finger products of conception removed digitally and with suction evacuation. Continuous interlocking sutures were taken at raw bleeding edges of vaginal septum to secure haemostasis.Now the vagina admitted 2 fingers .Bleeding P.V checked. Vagina swabbed dry. Vaginal packing was done. Same removed on second postoperative day. Patient was discharged on seventh post operative day after getting USG done which showed no retained products of conception. On discharge vagina was healthy and easily admitted 2 fingers. On follow up patient had no dyspareunia and her vagina easily admitted 2 fingers.

III. Discussion

Acquired gynaetresia in this patient must be due to trauma and infection of the genital tract during first delivery which led to transverse vaginal septum leading to difficulty in intercourse. Still due to pin point hole patient managed to conceive but products of conception failed to come out after taking abortive pills. A search of literature revealed few reports on vaginal atresia.Singhal and associates[7] reported a post traumatic vulvo-vaginal stenosis in 24 year old woman following perineal injury10 years back due to fall from height on staircase. She was treated by modified Mc Indoes operation.

Similarly Ruttgers and associates [8] reported a 19 year old girl with secondary amenorrhea due to vaginal stenosis due to foreign body (plastic mouth piece of child's trumpet) which was successfully treated by Z like incision on the septum and vagina was reconstructed with Z grafts.

Omale's team[9] reported a 20 year old student presenting with history of termination of 8 weeks pregnancy by insertion of chemical per vaginum and subsequent evacuation with syringe like instrument 5 months prior .Since then she had cyclical monthly lower abdominal pain but remained amenorrhoeic.Examination revealed dense adhesions in vagina with complete obliteration of of cervix.She had adhesiolysis and cruciate incision and evacuation of altered blood.

Kathleen Frith[10] reported 4 cases of vaginal atresia in Arabia .There from fifth to twelfth day of puerperium balls of rock salt were placed in vagina to shrink it back to nulliparous state causing chemical vaginitis leading to adhesions and perivaginal fibrosis. In long term it causes infertility obstructed labor haematometra.These were treated by simple adhesiolysis.

IV. Conclusion

Secondary vaginal atresia is a rare complication of traumatic post partum haemorrhage .So patients with traumatic postpartum haemorrhage should be handled with great care, in expert hands and should be followed up on long term to prevent this complication.

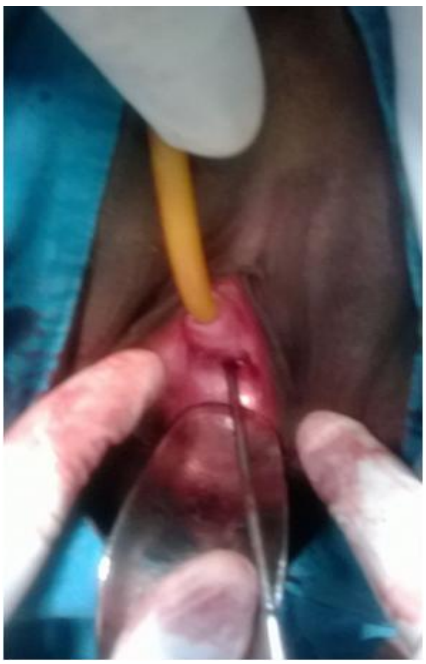

Fig. 1 A 5-6mm cicatrized hole in the vaginal septum allowing uterine sound to go through.

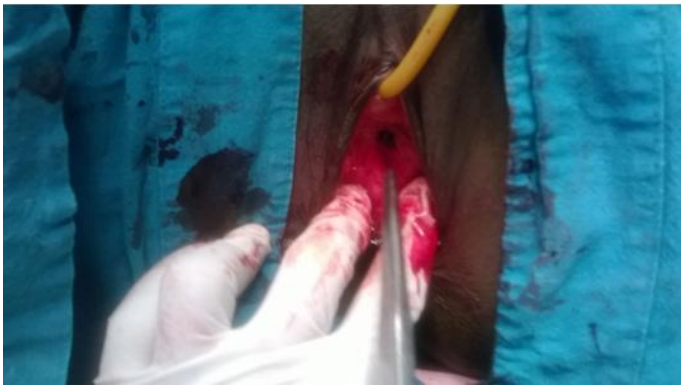

Fig.2 Altered blood coming out of the cicatrized hole.

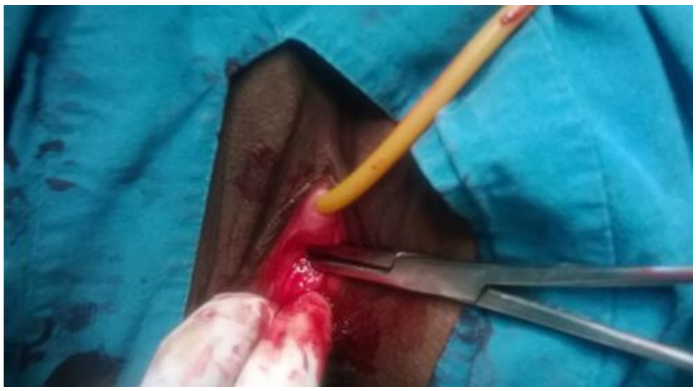

Fig.3 Hole admitting an artery forceps.

Fig.4 Retained products of conception removed.

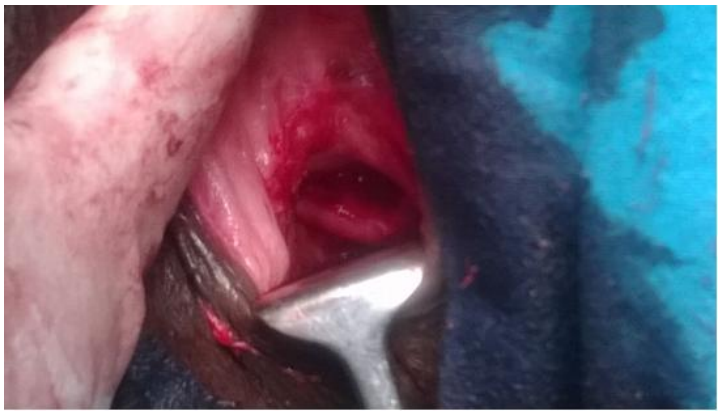

Fig.5 After incising the vaginal septum cervix is seen . Anterior lip of cervix merged with vaginal wall.

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