

Objective: To describe the spectrum of genital and associated malformations in women with MRKH syndrome using (VCUAM) classification and the treatment received

Material and Methods: 45 women with MRKH syndrome were clinically evaluated with using clinical examinations, abdominal ultrasound, MRI, and laparoscopy at AIIMS Bhopal over 2 years (Jan 2022-Dec 2024) after approval from Departmental Research Committee

Results:

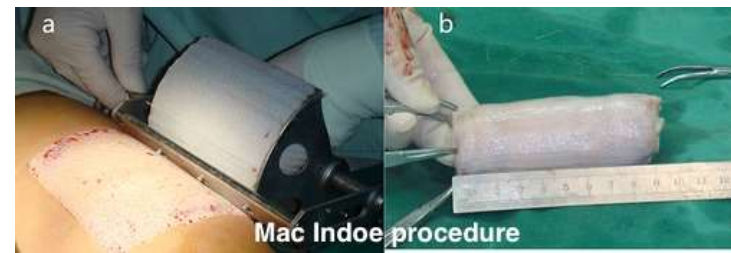
Vagina 5b	Cervix 2b	Uterus	Adenexa	Malformations
n=45	n=45	4a (n=2)	A0 (n=35)	MR (n=13)
		4b (n=43)	A1b (n=8)	MRS (n=2)
			A+ (n=2)	MRC (n=1), MSC (n=2)

The most frequent classification was V5bC2bU4bA0M0 (n=27; 60%). Most common associated anomaly was renal>skeletal>cardiac



Surgeries done

1. Laparoscopic Davydov procedure (n=8)
 2. MacIndoe procedure (n=6)
 3. Vaginal dilatation using dilators (n=2)
- No intra-op or post-op complications in above



Conclusion & Take home message

- Always do head to toe examination to rule out associated anomalies and treat those
 - MRI is useful to see associated anomalies, adnexal mass, distance between urethra and rectum before planning vaginoplasty
 - Multidisciplinary team management (Gynaecologist, Plastic surgeon, psychological counselling, Urologist)
- There is no conflict of interest amongst authors*

References

1. ESHRE/ESGE consensus on classification of female genital tract congenital anomalies. Hum Reprod 2013 Jun 14 :28(8): 2032-44
2. Oppelt P et al. The VCUAM classification : a new classification for genital malformations. Fertil Steril 2005