

## Introduction

Transverse vaginal septum is an anomaly of female genital outflow tract[1]. It's incidence ranges from 1:2100 to 1:72000 [2]. This occurs due to maldevelopment of urogenital sinus which fuses with müllerian duct [1]. Transverse vaginal septum is classified according to the location from vaginal introitus (low: <3 cm, mid: 3-6 cm, and high: >6 cm), according to the thickness (thin: <1 cm and thick: ≥1 cm), and according to the perforation (perforate a nonperforated) [1]. Abdominal pain with primary amenorrhea is main symptom in elderly girl. USG (A+P) f/b MRI (A+P) is the gold standard investigation to locate for the exact position of septum. Usually septum excision with hematocolpos drainage F/B anastomosis of upper & lower vagina is done circumferentially by interrupted/continuous sutures with polyglactin suture .[1] In transverse vaginal septum with lower vaginal atresia, septum resection & vaginoplasty with skin/amnion/colon/labial flap graft are used.

## Case Summary

14 year old school going girl resident of Jalgaon referred with complaints of cyclical Abdominal pain since 1 year. She had not attained menarche as yet. O/E Pt was vitally stable. P/A – Mild tenderness over lower abdomen , On L/E- Blind vagina . Hymenal opening absent. PR- Uterus enlarged. Breast development -Tanner stage 3. Pubic hair- Tanner stage 3. USG (A+P) S/O- Hematometra (60-70 cc) with Rt hematosalpinx.



Fig 1 : Sagital view



Fig 2: Preop pic with Blind Vagina



Fig 3: Intra op Pic showing Septum

## Management

Patient was admitted for evaluation & further management . All routine investigation done. MRI S/O Hematometra (60-70 cc) with b/l hematosalpinx . Endocervical canal & vaginal canal are noncommunicating .?Transverse vaginal septum with vaginal atresia. Multiple pelvic parametrial & adnexal adhesions with tiny loculated pockets of fluid collection seen. After the preoperative investigations and proper enema patient was posted for haematocolpos drainage and vaginoplasty using the same septum.

## Management

Operation : Urinary catheterization was done with Foleys catheter. Infiltration with normal saline & adrenaline is done in intended vaginal space. After meticulous dissection of posterior intended vaginal space for 7-8 cm tense bulging of vaginal septum noted . Aspiration with needle and syringe to confirm septum and hematocolpos was done . Transverse vaginal septum was dissected and opened transversally . Hematocolpos and hematometra drained out. The same septum was use to cover both anterior and posterior wall of vagina using vicryl No-2-0 by interrupted sutures and the neovagina is created.



Fig 4: Intra op Pic of hematocolpos drainage



Fig 5: Pic of suturing septum with ant & post vaginal wall



Fig 6: Post op pic with neo vagina

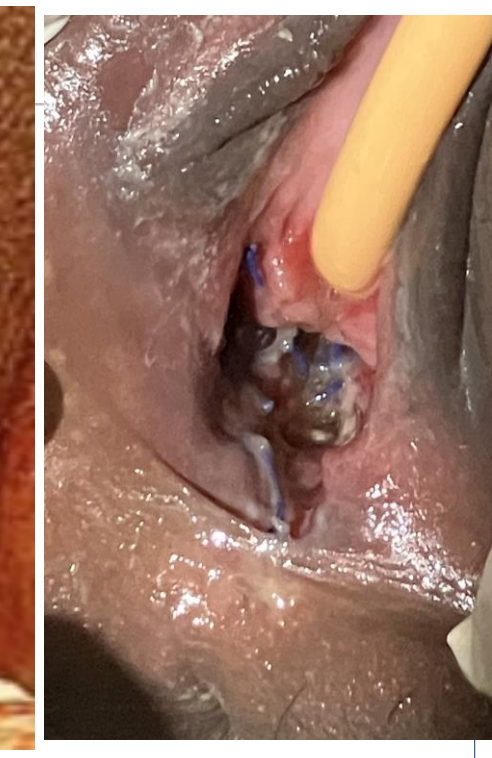


Fig 7: Day 10 post op pic of neovagina

## Discussion

With Septum resection f/b upper & lower vagina anastomosis, postoperative stenosis with shortening of vaginal length is more common[3] In case of transverse vaginal septum with lower Vaginal atresia, vaginoplasty with skin/ bowel/labial flap/ amnion graft are used. These procedure are tedious ,critical. & associated with lots of morbidity . Skin graft requires use of mold for 6 wks & pt need to be in recumbent position for 7 days. In case of colon graft there is mucous discharge with odor & risk of prolapse of neovagina [1]. In our approach in transverse vaginal septum with lower vaginal atresia we performed vaginoplasty by utilizing the same septum to cover the raw area of vagina. Post operatively patient was taught to use dilators to avoid stricture. Unlike septum resection & vaginoplasty with various graft, vaginoplasty using the same septum to cover the vagina is a simple technique with significant outcome. It does not have complication as is seen with different type of graft . Using same septum carries a lower risk of infection compared to graft. Vaginoplasty using same septum to cover the raw area of vagina offers better result in preservation of vaginal length and causes less contractures. In this case on Follow up : Patient was menstruating normally & the vagina created was patent.

## Conclusions

Vaginoplasty with reconstruction by the same septum to cover vagina yields satisfactory outcome with minimum morbidity. It preserves vaginal length and vaginal calibre. It helps in maintaining reproductive function in a adolescent girls & women. Overall this procedure has more advantages as compared with other techniques.

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### References

1. Te Linde's operative gynaecology ,12<sup>th</sup> edition, Victoria L. Honda , Linda Van Le ,Surgical management of Reproductive Tract Anomaly; 40 (2) (2020), pp. 1131-1155
2. C.E. Williams, R.S. Nakhal, M.A. Hall-Craggs, D. Wood, A. Cutner, S.H. Pattison, *et al.*; Transverse vaginal septae: management and long-term outcomes.
3. <https://doi.org/10.1016/j.ijscr.2022.107601> Case series: Interdigitating "Y" flap for transverse vaginal septum management