

INTRODUCTION

1. Rare complex congenital developmental anomaly of genitourinary tract.(1)
 2. Due to an abnormal embryological development of paramesonephric (Mullerian) and mesonephric (Wolffian) ducts.(1)

OBJECTIVE

Understanding of OHVIRA syndromes clinical presentation, diagnostic challenges and management strategies.

CASE REPORT

A 14-year-old girl with no significant past medical history presented to the emergency department at AIIMS Raipur with complaints of severe colicky lower abdominal pain and nausea since 3 days.

History	Clinical Examination
<ul style="list-style-type: none"> Menarche at 12 years with regular cycles. Severe dysmenorrhea 	<ul style="list-style-type: none"> Mild tenderness and vague mass palpated in lower abdomen

Acknowledgement: Dr.Kanhu, Dr.Anusha

INVESTIGATIONS

Complete blood picture ,urine analysis and urine pregnancy test were normal

USG abdomen

- Right endometriotic cyst of 10*10 cm

MRI abdomen

- Uterine didelphys with a right-sided obstructed hemivagina, hematocolpos, hematometra, and moderate hematosalpinx,
- Right ovarian complex cyst of 4*3 cm and absent right kidney.

OPERATIVE PROCEDURE

Hysteroscopy under laparoscopic guidance

- Hematocolpos seen on the right side and left external cervical os was seen.
- With Collins knife, incision made at the prominent point of the hematocolpos, and 400 cc of blood drained.
- Vaginal septal resection was then performed. A 14 Fr Malecot catheter was inserted for continuous drainage and to prevent vaginal stenosis, and was left in place for 3 days.

FIG 1:LAP VIEW

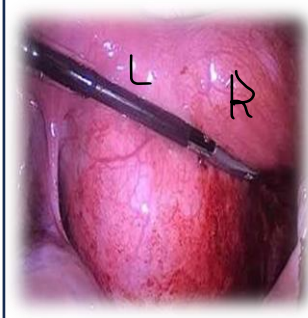
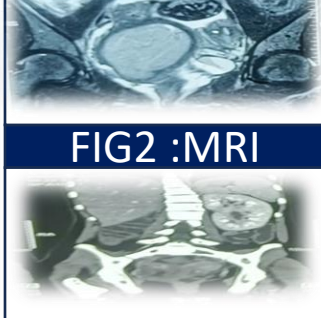


FIG2 :MRI



DISCUSSION

Diagnostic challenge

Symptomatic and clinical evaluation

Radiological assessment,

MRI serving as imaging modality of choice

REFERENCES:

1. Smith NA, Laufer MR: Obstructed hemivagina and ipsilateral renal anomaly (OHVIRA) syndrome: management and follow-up. Fertil Steril 2007; 87:918e22

CONCLUSION

Advances in minimally invasive surgery have simplified management, with hysteroscopic guided resection of vaginal septum under laparoscopic guidance emerging as a preferred treatment approach.