WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES
SJIF Impact Factor 7.421
Volume 7, Issue 6, 134-136 Case Report ISSN 2278 – 4357

CASE REPORT: IMPERFORATE HYMEN, AN EASILY MISSED DIAGNOSIS

Hisham Al-Hammami[1], Riham Salloum and Mhd. Nezar Alsharif*

[1]Phd in Obstetrics and Gynecology, [All]Faculty of Medicine, Syrian Private University, Department of Obstetrics and Gynecology.

Article Received on
10 April 2018,
Revised on 01 May 2018,
Accepted on 22 May 2018
DOI: 10.20959/wjpps20186-11746

***Corresponding Author**
Dr. Mhd. Nezar Alsharif
Faculty of Medicine, Syrian Private University,
Department of Obstetrics and Gynecology.

ABSTRACT

Imperforate Hymen (IH) is a hereditary malformation that obstructs the female genital tract. It is found in 1 in 2000 female births. Hymenectomy or hymenotomy is the for IH treatment of choice. In some cultures and religions, preserving of the hymen is very crucial as a sign of virginity, therefore virginity-sparing surgery is recommended.

KEYWORDS: virginity, genital anomaly, adolescence primary amenorrhea, imperforate hymen.

INTRODUCTION

Imperforate Hymen (IH), which is a congenital anomaly obstructing the female genital track, is care and found in l in 2000 female births.[1] Even though cases of IH diagnoses in utero and newborn period were reported, most cases are diagnosed in adolescence.[2-5] This is probably due to the occurrence of symptoms related to blood and menstrual products entrapment in the vagina or uterus.[6]

Most of the cases with IH are brought to the hospital or clinic with symptoms of lower abdominal pain, dysuria and rarely with acute urinary retention. Surgery is the only treatment for IH. It is a simple procedure done with few incision to the imperforate hymned membrane. Preservation of an intact hymen is significant in many religions and cultures as it is a proof of virginity.

CASE PRESENTATION

A 14-year-old girl was admitted to the hospital complaining of abdominal pain. She had a history of lower abdominal pain and urinary retention. On physical examination, there was

suprapubic pain without rebound tenderness. Her complete blood count test, white blood cells 8500 cells/mcl, hemoglobin: 12.2 g/dl and platelet count: normal. Urinalyses was normal with no specific abnormal findings. Physical exam showed a health girl with signs of adrenarche and thelarche. Ultrasonography (transabdominal). Her genital examination we found a bulging imperforate hymen. The examiner informed the patient and her family about the case and due to cultural and religious reasons, a preservative technique (virginity sparing) was chosen. A surgical conservative cut was made in the hymen membrane, and very thick dark brown blood came out. A Surgical drainage was put and it was removed on the next day.

DISCUSSION

IH is an easily diagnosed anomaly with detailed history taking and proper examination of the genital area. Nevertheless, IH diagnosis could be delayed even with easiness of it. (1) Although IH is mostly sporadic, there is a familial history in some cases (7, 8). Endometriosis due to retrograde menstruation and ruptured hematosalpynx are possible issues in case of delayed diagnosis.[1] IH usually has no symptoms and it could remain undiagnosed until puberty.[1] After menarche, cyclic symptoms occurs due to blood accumulation behind the imperforate hymen. Appendicitis and adnexal masses are common misdiagnosis of IH due to the non-specific symptoms patients review with (lower abdominal pain, dysuria, urinary retention, and constipation).[9,10]

Absence of menarche is the most significant finding in IH. IH diagnosis can be assured by finding a bluish bulging imperforate hymen on genital examination.

IH treatment consists of making an incision in it, either vertical or central. More practitioners prefer the latter, because it makes an annular intact hymen. The central incision is done by placing a Foley catheter for 2 weeks to avert restenosis. This procedure is known as hymenenctomy or hymenotomy.[11-14]

Conflict of interest

The authors have no conflict of interests to declare.

REFERENCES

1. Posner JC, Spandorfer PR. Early detection of imperforate hymen prevents morbidity from delays in diagnosis. Pediatrics., 2005; 115: 1008–12. doi: 10.1542/peds.2004-0183.

2. Basaran M, et al. Hymen sparing surgery for imperforate hymen; case reports and review of the literature. J pediatr Adolesc Gynecol., 2009; 22(4): e61–e64.
3. Liang CC, et al. Long-term follow-up of women who underwent surgical correction for imperforate hymen. Arch Gynecol Obstet., 2003; 269(1): 5–8.
4. Ayaz UM, et al. Ultrasonographic diagnosis of congenital hydrometrocolpos in prenatal and newborn period: a case report. Medical ultrasonography., 2011; 13(3): 234–236.
5. Ercan CM, et al. Imperforate hymen causing hematocolpos and acute urinary retention in an adolescent girl. Taiwanese Journal of Obstetrics and Gynecology., 2011; 50(1): 118–120.
6. Temizkan O, Kucur SK, Ağar S, Gözükara İ, Akyol A, Davas İ. Virginity sparing surgery for imperforate hymen: report of two cases and review of literature. *Journal of the Turkish German Gynecological Association*. 2012; 13(4): 278-280. doi:10.5152/jtgga.2012.46.
7. Bajaj M, Becker M, Jakka SR, Rajalingam UP. Imperforate hymen: a not so benign condition. J Paediatr Child Health., 2006; 42: 745–6. doi: 10.1111/j.1440-1754.2006.00966.x.
8. Erdemoglu E, Kolusarı A, Şahin GH, Kamacı M. Familyal imperfore himen. J Turkish German Gynecol Assoc., 2007; 8: 88–9.
9. Nazir Z, Rizvi RM, Qureshi RN, Khan ZS, Khan Z. Congenital vaginal obstructions: varied presentation and outcome. Pediatr Surg Int., 2006; 22: 749–53. doi: 10.1007/s00383-006-1730-8.
10. Wang W, Chen MH, Yang W, Hwang DL. Imperforate hymen presenting with chronic constipation and lumbago: report of one case. Acta Paediatr Taiwan., 2004; 45: 340–2.
11. Adali E, Kurdoglu M, Yildizhan R, Kolusari A. An overlooked cause of acute urinary retention in an adolescent girl: a case report. Arch Gynecol Obstet., 2009; 279: 701–3. doi: 10.1007/s00404-008-0778-1.
12. Basaran M, Usal D, Aydemir C. Hymen sparing surgery for imperforate hymen: case reports and review of literature. J Pediatr Adolesc Gynecol., 2009; 22: e61–4. doi: 10.1016/j.jpag.2008.03.009.
13. Ali A, Cetin C, Nedim C, Kazim G, Cemalettin A. Treatment of imperforate hymen by application of Foley catheter. Eur J Obstet Gynecol Reprod Biol., 2003; 106: 72–5. doi: 10.1016/S0301-2115(02)00214-2.
14. Chelli D, Kehila M, Sfar E, Zouaoui B, Chelli H, Chanoufi B. Imperforate hymen: Can it be treated without damaging the hymenal structure? Sante., 2008; 18: 83–7.