



eISSN : 2579-8324

pISSN : 2579-8323

Alamat Korespondensi:

Ruang Redaksi Andalas Obstetrics and Gynecology Journal, Lantai 3 PPDS Obstetri dan Ginekologi Universitas Andalas, RSUP DR. M. Djamil Padang, Jl. Perintis Kemerdekaan Padang, Sumatera Barat 25127

Website:

<http://jurnalobgin.fk.unand.ac.id/index.php/JOE>

CASE REPORT**Transverse vaginal septum**

Bobby Indra Utama¹, Ermawati²

Affiliations : 1. Sub Division of Urogynecology, Obstetrics and Gynecology Department, Faculty of Medicine, Andalas University, Dr. M. Djamil Central General Hospital Padang; 2. Sub Division of Urogynecology, Obstetrics and Gynecology Department, Faculty of Medicine, Andalas University, Dr. M. Djamil Central General Hospital Padang

Correspondence: Bobby Indra Utama, email: bobby_utama@yahoo.com, Hp: 08116660500

Abstract

The vagina is a membranous muscular tube that connects the vulva and uterus. Congenital or congenital abnormalities in the form of complete or partial absence of the vagina (vaginal agenesis). Patients who experience vaginal agenesis have less frequency, namely 1 in 4000 births, 1 in 4000 to 10,000 births (ACOG). Meanwhile in Dr. Cipto Mangunkusumo Jakarta from 1995 to 1999, an average of 10-12 cases per year. It has been reported the case of a female patient aged 14 years who entered the Gynecology Ward Dr. M. Djamil Padang on January 25, 2014 at 11.00 WIB with a delivery from the RSMJ gyn clinic with a diagnosis of transverse vaginal septum + hematometra + hematoatrachelos + hematokolpos planned for a septal incision. After performing the operative action, ± 500 cc of blackish brown liquid was successfully removed.

Keywords: Agenesis Vagina, TVS, Tranverse Septum Vagina, Case Report

INTRODUCTION

The vagina is a musculoskeletal membrane that connects the vulva and uterus. The vagina is located between the bladder and rectum. The function of the vagina is mainly to have sexual intercourse, a path for the fetus at birth or parturition, fluid excretion channels especially menstrual blood, besides being required by doctors and uterine diseases to find out the internal genitalia tool by internal examination.^{1,2,3,4,5}

Congenital abnormalities in the form of complete absence of the vagina or part (vaginal agenesis) will certainly cause problems for sufferers of one of the three things function, especially giving complaints of not being able to have sexual intercourse and menstrual bleeding. A very severe congenital abnormality is the absence of the vagina at all.^{5,6,7} Patients who experience vaginal agenesis are not very frequent, namely 1 in 4000 births (Bryan et al, 1949), 1 in 4000 to 10,000 births (ACOG). Whereas at the hospital Dr. Cipto Mangunkusumo Jakarta since 1995 Until 1999, an average of 10-12 cases per year had undergone reconstruction of new vaginal making for cases with vaginal agenesis (Rokintansky Hauser syndrome) and some patients with vaginal agesis did not require surgery to make a new vagina.^{5,6,8} Vaginal agenesis was the cause the second largest in primary amenorrhoeic cases after gonadal dysgenesis.^{8,9,10}

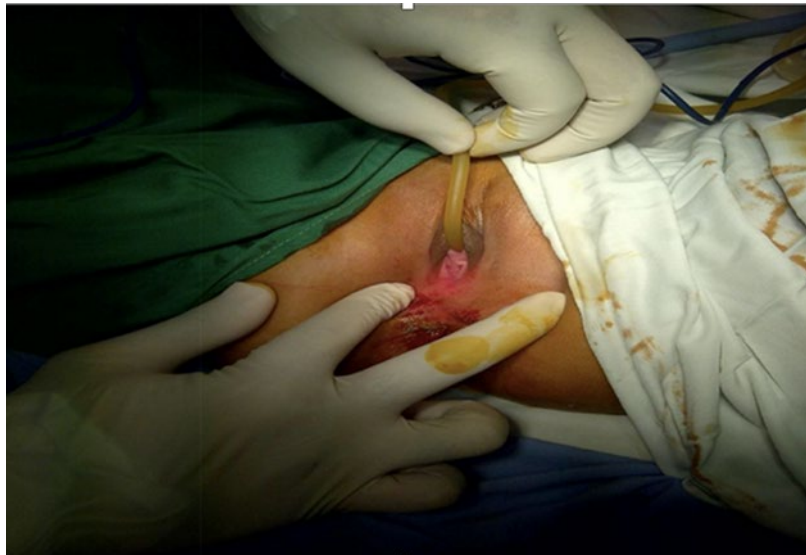
Appropriate action and careful motivation from doctors to determine the form and timing of therapy given to patients and their families is very important in the effort to achieve successful treatment.^{5,6,7}

This was reported a case in which a 14-year-old woman came to the gynecology clinic with complaints that the lower abdomen felt swollen since 8 months ago, and the patient had not had menarche.

CASE REPORT

A female patient aged 14 years, with complaints Patients complained of swelling in the lower abdomen since \pm 8 months ago, the swelling was felt increasingly getting bigger, pain (+), Pain felt every month since \pm 1 year ago, the patient has not had menarche, sign secondary sex of the patient has appeared.

Examination of the abdomen shows: it appears to swell up like a 5 month pregnancy, palpable mass of 2 fingers above the center, no pain in palpation, in dim percussion above mass, BU (+) normal. In the inspection of the vagina by inspection the hymenal tissue was obtained (+). In the examination of the rectal touche the impression of the uterine corpus was as large as the baby's head. On ultrasound examination, the impression is: hematometra, hematotrachelos, hematokolpos.



From the whole examination results the patient was diagnosed with: Transverse vaginal septum + hematometra + hematotrachelos + hematokolpos.

Alamat Korespondensi:

Ruang Redaksi Andalas Obstetrics and Gynecology Journal, Lantai 3 PPDS Obstetri dan Ginekologi Universitas Andalas, RSUP DR. M. Djamil Padang, Jl. Perintis Kemerdekaan Padang, Sumatera Barat 25127

Website:

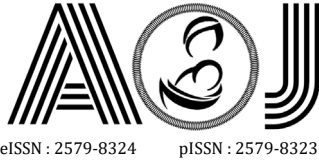
<http://jurnalobgin.fk.unand.ac.id/index.php/JOE>



In this patient the septum incision is performed. At the time of surgery, after the septum incision was released brown liquid + 500 cc, no abnormalities were seen in the portio and vagina, then the incision wound was sewn back by interrupted with vicryl 3-0.

**DISCUSSION**

A case of a 14-year-old female patient has been reported to enter the Gineokology Department Dr. M. Djamil Padang on January 25, 2014 at 11.00 WIB from the RSMJ gynecology clinic with a diagnosis of transverse vaginal septum + hematometra + hemato-trachelos + hematokolpos planned for septum incision. After the operative action was successfully removed \pm 500 cc of blackish brown liquid.



eISSN : 2579-8324

pISSN : 2579-8323

Alamat Korespondensi:

Ruang Redaksi Andalas Obstetrics and Gynecology Journal, Lantai 3 PPDS Obstetri dan Ginekologi Universitas Andalas, RSUP DR. M. Djamil Padang, Jl. Perintis Kemerdekaan Padang, Sumatera Barat 25127

Website:

<http://jurnalobgin.fk.unand.ac.id/index.php/JOE>

Congenital abnormalities in the form of complete absence of the vagina or part (vaginal agenesis) will certainly cause problems for sufferers of one of the three things mentioned above, especially giving complaints of not being able to have sexual intercourse and menstrual bleeding.

The diagnosis of vaginal abnormalities including vaginal agenesis in newborns is rarely made, because to make the diagnosis requires careful accuracy in carrying out the examination. It is necessary to examine the vaginal sonde and rectal examination to determine the depth of the vagina and the presence or absence of the uterus. But this is rarely done because it is difficult and if there are known abnormalities, therapy will also not be done immediately. Therapy will be postponed until the body condition is perfect and mature (after menarce).

In this patient after a complete examination concluded with a diagnosis of hematometra + hematotrachelos + hematokolpos + transverse vaginal septum. Then a transverse septum incision is made by installing a drain. The choice of action in this patient is a consideration for maintaining the normal uterus as its reproductive function, as is done in patients with cervical canal obstruction.

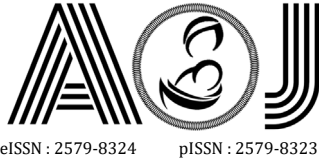
Based on reference, the diagnosis can easily be made when the woman has experienced puberty, where the sufferer experiences primary amenorrhea, while the development of secondary sex is normal. In sufferers who have abnormalities of the vagina with the uterus, will get an intra-abdominal tumor (hematometra) or sometimes easily found hematokolpos with prominent imperforata or vaginal hymen due to the urge of menstrual blood down into the vagina.

In another case, laparoscopy and drainage were performed as a new treatment option in the management of transverse vaginal septum, ie in a 14-year-old patient at Auckland's National Women's Hospital with pain recurrent pelvic and amenorrhea ai hematokolpos in the uterus the right delphys with normal external genitalia; then in an 11-year-old patient at Melbourne's Royal Children's hospital with abdominal pain ai hematokolpos with a low transverse septum and refused to use postoperative vaginal mold; and in the case of a 16-year-old girl in Melbourne with hematokolpos, hematometra and uterus bicornu.

In this patient, diagnose of hematokolpos was strengthened by USG examination then the reason for not doing chromosome analysis in this patient was due to normal secondary sex growth. When compared with several similar cases, the consideration of maintaining the uterus as its reproductive function because the uterus is normal.

CONCLUSION

Transverse septum can form during embryogenesis when the mullerian duct merges imperfectly to form urogenital sinus. A complete transverse septum will inhibit menstrual



eISSN : 2579-8324

pISSN : 2579-8323

Alamat Korespondensi:

Ruang Redaksi Andalas Obstetrics and Gynecology Journal, Lantai 3 PPDS Obstetri dan Ginekologi Universitas Andalas, RSUP DR. M. Djamil Padang, Jl. Perintis Kemerdekaan Padang, Sumatera Barat 25127

Website:

<http://jurnalobgin.fk.unand.ac.id/index.php/JOE>

flow and cause primary amenorrhea. Some transverse septums are incomplete and can cause dysparenia and obstruction in labor

REFERENCES

1. Supono. Anatomi alat-alat reproduksi wanita. Palembang, 1985:5-23
2. Wiknjosastro H, Saifuddin AB, Rachimhadhi T. Anatomi alat kandungan. Dalam Ilmu Kebidanan. Yayasan Bina Pustaka Sarwono Prawirohardjo edisi 3. Jakarta. 1999; 31-44.
3. Cunningham FG, MacDonald PC, Gant NF, et al. Anatomy of the Reproductive Tract. In Williams Obstetrics. 23th edition. Prentice- Hall International. New York. 2010: 37-67
4. Rock JA, Thompson JD, et al. Surgical anatomy of the Female Pelvis. In Te Linde's Operative Gynecology. 10th edition. Lippincott-Raven. Philadelphia. 2008:63-93
5. Junizaf. Penanganan kasus agenesis vagina. Dalam Buku ajar Uroginekologi. Subbagian Uroginekologi-Rekonstruksi Bagian Obstetri dan Ginekologi FKUI/RSUPN- CM. Jakarta. 2011; 97-102
6. Junizaf. Penatalaksanaan Kelainan Bawaan Alat Genitalia Wanita. Workshop Vaginal Surgery; Jakarta 9-10 Februari 2004.
7. Rock JA, Thompson JD, et al. Surgery for Anomalies of mullerian duct. In Te Linde's Operative Gynecology. 8th edition. Lippincott - Raven. Philadelphia. 1997:687- 730
8. ACOG Comitte Opinion. Number 274, July 2002. Non surgical diagnosis and management of vagina agenesis. Obstet Gynecol. 2002; 100:213-216.
9. Fedela L, Biaqnchi S, Tozzi L, Borruto F, Vignali M. A new laparoscopic procedure for creation of a neovagina in Mayer- Rokitansky-Kuster-Hauser Syndrome. Fertil Steril 1996;66:854-857
10. Communal PH, Maesson MC, Golfier F, Raudrant D. Sexuality after sigmoid colpopoiesis in patient with Mayer- Rokitansky-Kuster-Hauser Syndrome. Fertil Steril. 2003;80:600-606
11. Sadler TW. Susunan kemih dan kelamin dalam Langman Embriologi Kedokteran. Edisi 5. EGC. Jakarta. 1993:247-280
12. Wiknjosastro H, Rachimhadhi T. Embriologi sistem alat-alat urogenital. Dalam Ilmu Kandungan. Yayasan Bina Pustaka Sarwono Prawirohardjo edisi 3. Jakarta. 1999: 27-42
13. Jones WH, Mermut S. Familial accurance of congenital absence of vagina. Am J Obstet Gynecol 1972;114:1100-1101
14. Linderman E, Shepard MK, Pescovitz OH. Mullerian agenesis: an update. Obstet Gynecol 1997;90:307-312



eISSN : 2579-8324

pISSN : 2579-8323

ANDALAS OBSTETRICS AND GYNECOLOGY JOURNAL

Alamat Korespondensi:

Ruang Redaksi Andalas Obstetrics and Gynecology Journal, Lantai 3 PPDS Obstetri dan Ginekologi Universitas Andalas, RSUP DR. M. Djamil Padang, Jl. Perintis Kemerdekaan Padang, Sumatera Barat 25127

Website:

<http://jurnalobgin.fk.unand.ac.id/index.php/JOE>

15. Carter SM, Gros SS. Mayer-Rokitansky Syndrome. Medicine June 25th 2003, www.emedicine.com/ped/topic1381.htm
16. Torres LFB, Werner B, Piazza MJ. Ultrastructural study of neovagina following the utilization of human amniotic membrane for treatment of congenital absence of vagina. *Braz J Med Biol Res* 1997;30:861- 864
17. Selvaggi G, Monstrey S, Depypere H, Blondeel P, Landuyt KV, Hamdi M, Dhont M. Creation of a neovagina use of a pudendal thigh fasciocutaneous flap and restoration of uterovaginal continuity. *Fertil Steril* 2003;80:607-611
18. Veronikis DK, McClure GB, Nichols DH. The Vecchiotti operation for constructing a neovagina: indication, instrumentation and techniques.