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3RD WINNER ORAL RESEARCH PRESENTATION

Management of Cervicovaginal Atresia-a Case Series Review in Malaysia

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ABSTRACT

Introduction: Cervicovaginal atresia is a rare Mullerian anomaly. In the presence of functioning endometrium, typical presentation is primary amenorrhea with distressing cyclical pain.

Objective: To describe three cases of cervicovaginal atresia managed by the PAG Unit, HCTM UKM with varying management approach.

Methodology: Cases aged 10, 13 and 25 were identified from medical files in PAG Unit, HCTM.

Case reports: The 10-year-old had cyclic debilitating abdominal pain for 6 months. MRI noted hematometra with no cervix and vaginal canal. She was treated successfully with continuous progestogen causing menstrual suppression. The 13-year-old had epilepsy and learning difficulties and was started on continuous progestogen. She developed an allergic reaction so a substitution to combined oral contraceptive (COCP) was made. This caused transaminitis. After counselling, the mother and patient decided on hysterectomy. The 25-year-old diagnosed at 13, with previous laparoscopic drainage of hematometra and menstrual suppression with hormonal treatment presented, requesting for a neovagina. She planned to get married and desired penetrative vaginal intercourse. A surgical neovagina was created and review after 3 months showed a patent vagina.

Discussion: Cervicovaginal atresia requires prompt evaluation and intervention. Management depends on patient profile and their wishes. Hormonal manipulation of the menstrual cycle is an option for those who do not fit surgical criteria. Creation of a neovagina serves to relieve obstruction and restore a normal sex life. A total hysterectomy is indicated after failed medical treatment or for those with neurodevelopmental challenges.

Conclusion: Management of cervicovaginal atresia requires referral to a tertiary centre and should be individualised.

Keywords: cervicovaginal atresia management; cervicovaginal; vaginal atresia; case series.