A case series of eight vaginal septa in Tasmania between 2016 and 2018

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Background: Congenital abnormalities of the female reproductive tract are uncommon. We present a case series highlighting the variety of presentations that these anomalies can have, and the importance of making this diagnosis.

Case Series: Between 2016-2018 the Royal Hobart Hospital, Tasmania's tertiary referral centre for adolescent gynaecology, performed eight procedures for transverse and longitudinal vaginal septa. These females were aged between 14 and 38 years. There were five cases of women with longitudinal septa, three of which were non-obstructive and presented with dysparaenia or pain. The remaining cases involved an obstructed longitudinal septum in the context of a uterine didelphys. Both of these women were diagnosed with unilateral renal anomalies. Of the five cases, three were associated with a uterine didelphys.

There were three cases of adolescents with low vaginal transverse septa, two of which were complete/imperforate. One presented with significant pain related to a large haematocolpos, while the others presented with irregular vaginal bleeding.

Discussion: Abnormalities of the fusion or canalisation of the Mullerian ducts occur in 7% of girls, and are commonly associated with renal anomalies. Vaginal septa however are rare. Information regarding the incidence of longitudinal septa is lacking. The incidence of transverse septa is reported as 1 in 70,000 women, with low transverse vaginal septa (involvement of the lower one third of the vagina) accounting for only 13 percent of the overall rate. All of the women diagnosed with transverse septa in Tasmania were classified as low. Importantly, the origins of these two types of septa are distinctly separate.

There is no clear cause for these anomalies, with hypotheses including environmental and genetic factors. Tasmania is an ideal location to study these anomalies, due to its stable population. These anomalies hold implications for fertility as well as reproductive health later in life, making the prompt diagnosis and treatment important. Further research into contributing causes is necessary in expanding our knowledge of why these anomalies occur and their long term implications.

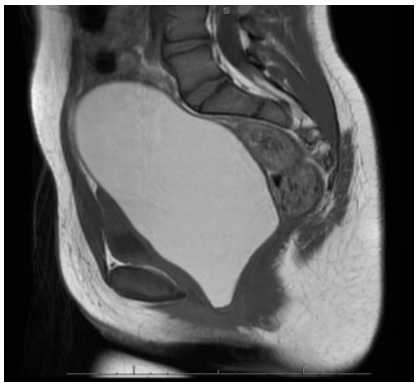

Figure 1

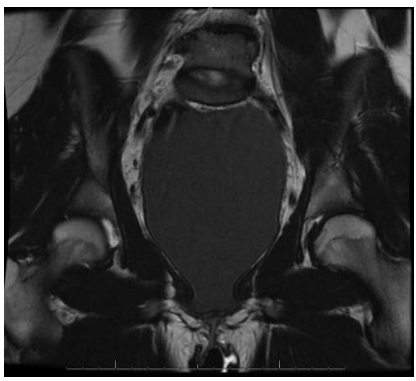

Figure 2

Figures 1 and 2: 15yo presented with severe pelvic pain. MRI (above) demonstrated massive haematometra and haematocolpos with a 13mm transverse vaginal septum.

References

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