The importance of considering OHVIRA syndrome before draining a vaginal collection: a case study

Sarah Morrisson, Amy Mellor

Mater Mothers Hospital South Brisbane

Introduction

OHVIRA (obstructed hemivagina and ipsilateral renal agenesis) is a type of Mullerian Duct anomaly with the characteristic triad of didelphys uterus, obstructed hemivagina and ipsilateral renal agenesis.

Case Presentation

- 21yo female presented with difficulty voiding urine for 2 weeks. She has experienced regular periods since menarche at age 13. She is not yet sexually active.
- She had normal vital signs. A pelvic exam revealed a bulging right vaginal wall. A single cervix was visualised on speculum exam.
- A transabdominal ultrasound scan was performed which showed an avascular hypoechoic mass in the vagina measuring 120 x 67 x90 mm. Right kidney was unable to be visualised on USS.

Case Management

- The patient underwent incision and drainage of the mass on 2 occasions, each followed by recurrence of the mass over the following months.
- A pelvic MRI was then performed and the diagnosis of OHVIRA syndrome was made. The patient was referred to adolescent gynaecology and underwent of resection of vaginal septum resulting in resolution of her symptoms

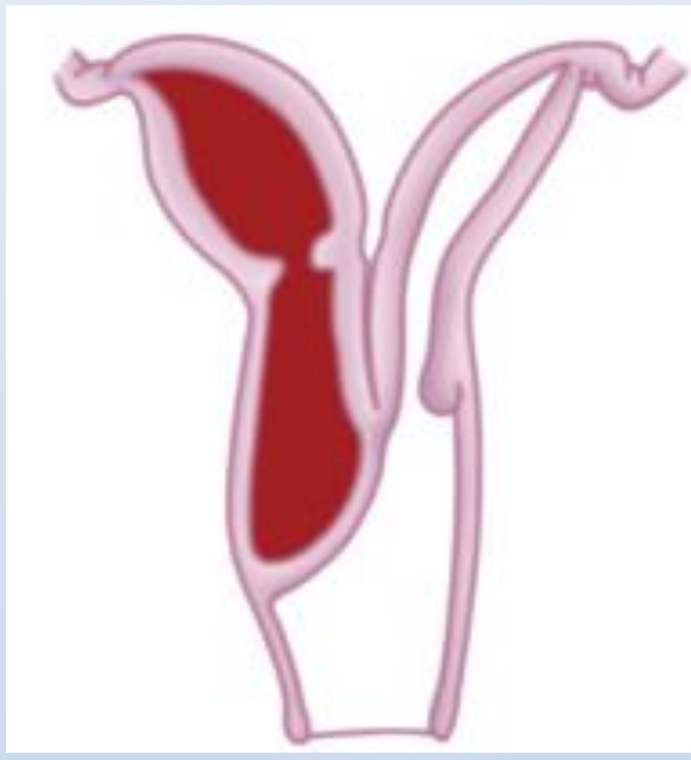

Fig 1. Diagram of uterine didelphys with obstructed right hemivagina.[1]

Discussion and conclusion

- OHVIRA syndrome should be considered in patients where there is a vaginal bulge and single kidney.
- Vaginal bulge in OHVIRA patients may represent a sterile collection of menstrual fluid (hematocolpos) or a pyocolpos if there is a defect in the vaginal septum.
- In OHVIRA cases where there is a sterile haematocolpos, draining the collection may introduce bacteria, resulting in infection.
- Hematocolpos and pyocolpos are likely to recur in patients with OHVIRA until definitive resection of vaginal septum.
- Accurate diagnosis of OHVIRA is important to avoid unnecessary surgery and prevent sepsis.

References

1. *Candenas et al.* Diagnosis and gestational follow-up in a patient with Herlyn-Werner-Wünderlich syndrome, a case report. Taiwanese Journal of Obstetrics and Gynecology. 58:4. 2019.