Cloacal Malformation Acquired Vaginal Atresia

Case Report

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Case Report

17 year old girl
Cloacal malformation

Medical History

Cloacal malformation → Common channel between 1 and 3 cm.

Associated anomalies: cross-fused-ectopic kidney. No hydrocolpos, cardiac anomalies or other malformations.

Surgical History

-Colostomy at birth
-Surgical cloacal repair through a posterior sagittal approach at the age of 1.
-Severe constipation → recurrent fecal impaction, requiring a sigmoidectomy because of a dolicomegasigma.
-Mitrofanoff at age of 13→ mictional disorder?

Case Report

17 year old girl
Cloacal malformation

Renal History

-Functioning single kidney
-Multiple urinary tract infections
-Current glomerular filtration rate: 45 ml/min
-Urea 61 mg/dl
Creatinine 1,37 mg/dl

Current Illness

2024 → First presentation to our hospital for abdominal pain associated with primary amenorrhea

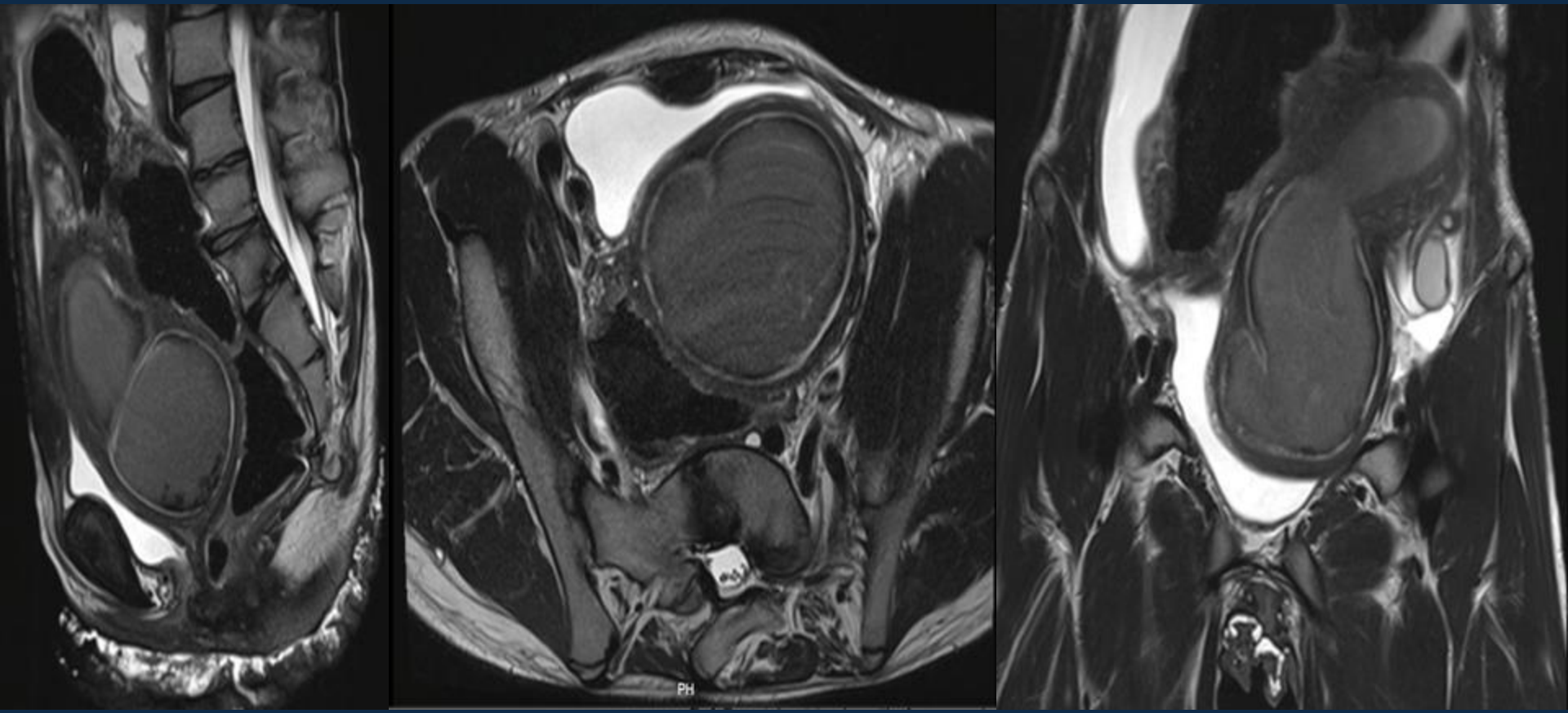
Physical examination: soft, depressible abdomen, tender predominantly in the left iliac fossa, where a mass is palpable.

US and MRI

Uterus with a malformative aspect of difficult characterization, with hematometra → 15x7x8 cm (cranially lateralizes to the left → uterine tube?)

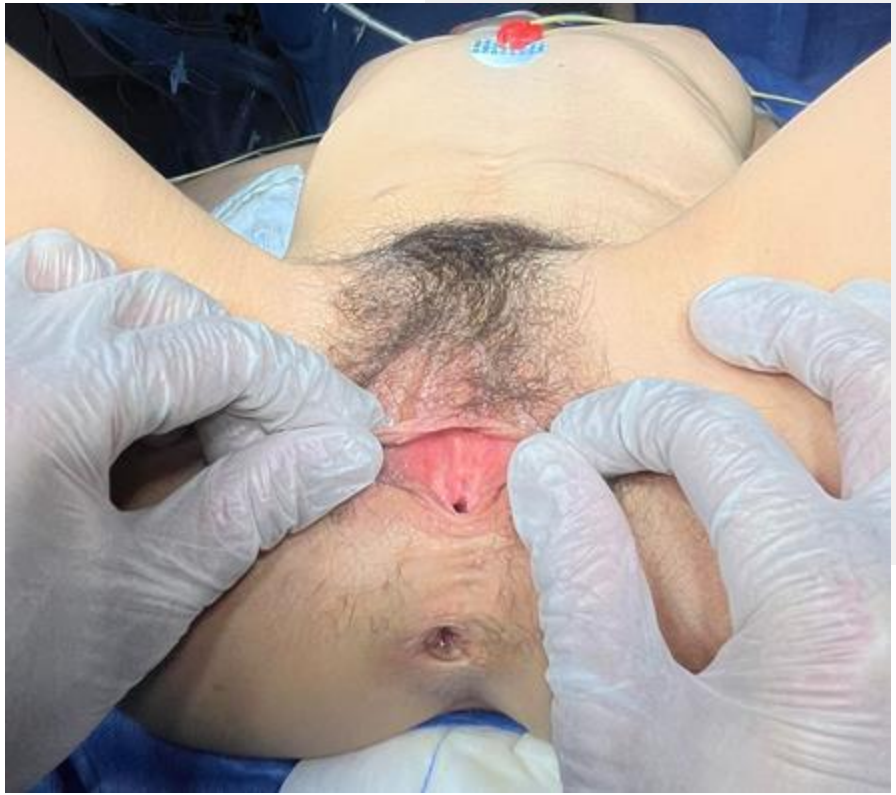
No evident vagina

MRI - T2



Current Illness

Examination under anesthesia → urethra and anus, but no vaginal introitus



Current Illness

-Examination under anesthesia → urethra and anus, but no vaginal introitus

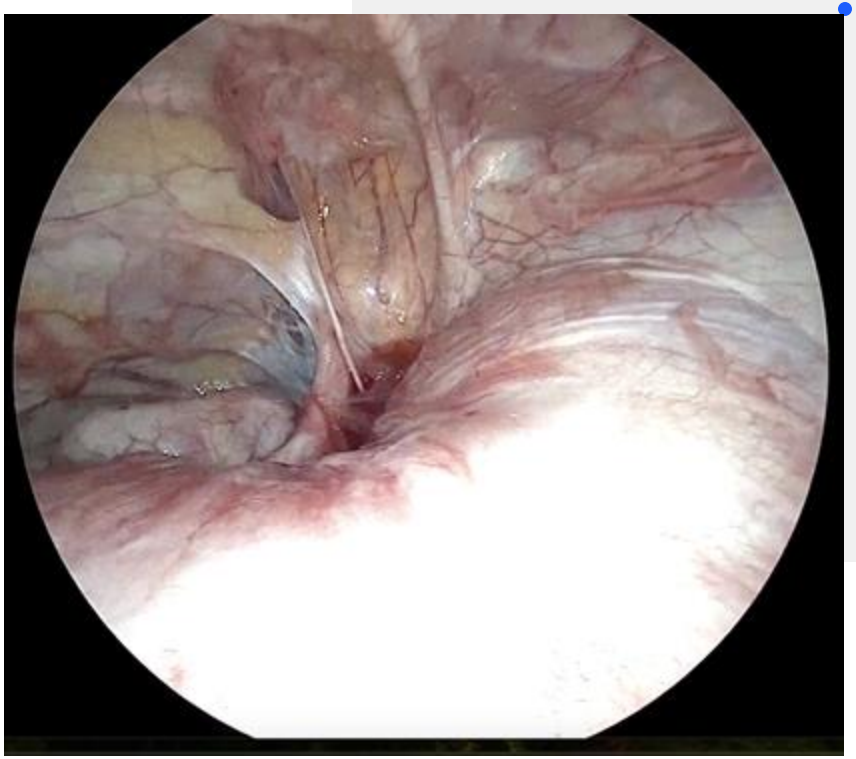
-Cystoscopy → no communication with genital system

-Laparoscopy → hematometra and left hematosalpinx

-Difficult interpretation of the genital system anatomy, no evident vagina

-Percutaneous drainage of 400 ml of old bleeding

Hospital discharge with a drain and uterine inhibition (dienogest + medroxyprogesterone



Current Illness

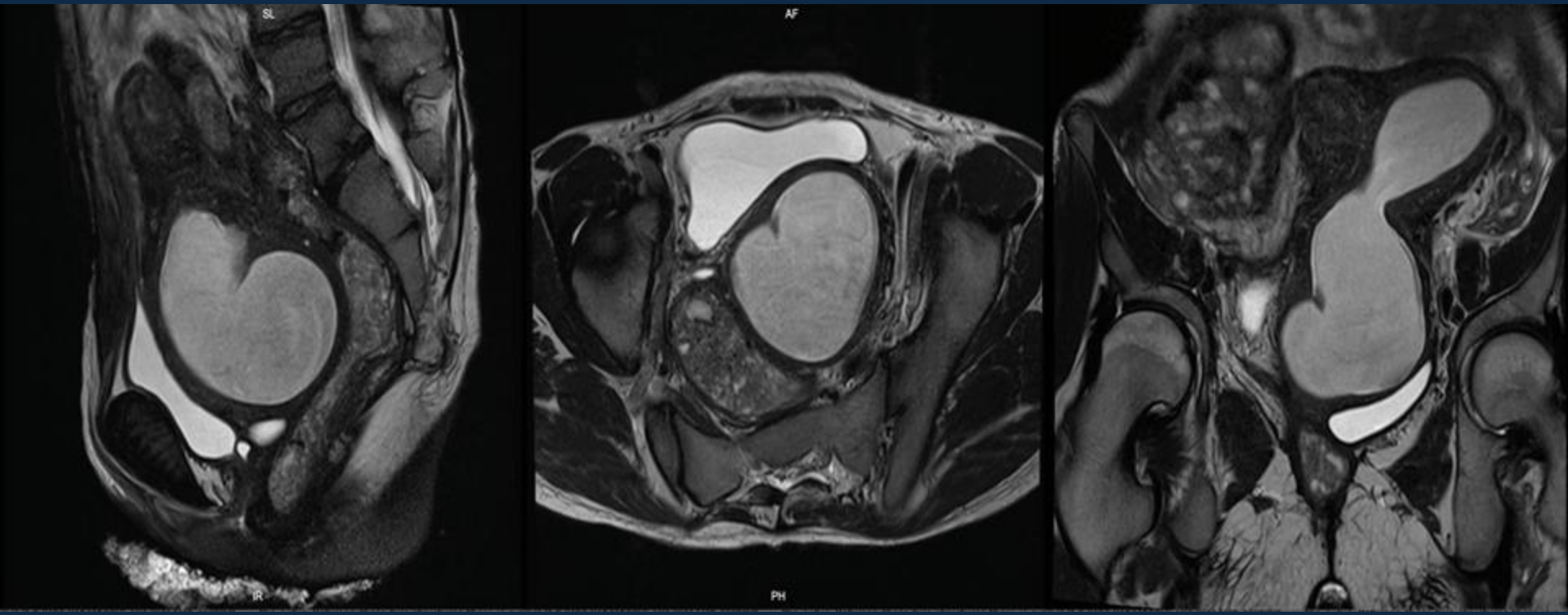
New consult 10 days after discharge because of abdominal pain and fever

Drainage with no output

Physical examination: soft, depressible abdomen, tender predominantly in the left iliac fossa

MRI: hematometra/hematosalpinx vs pyometra/pyosalpinx

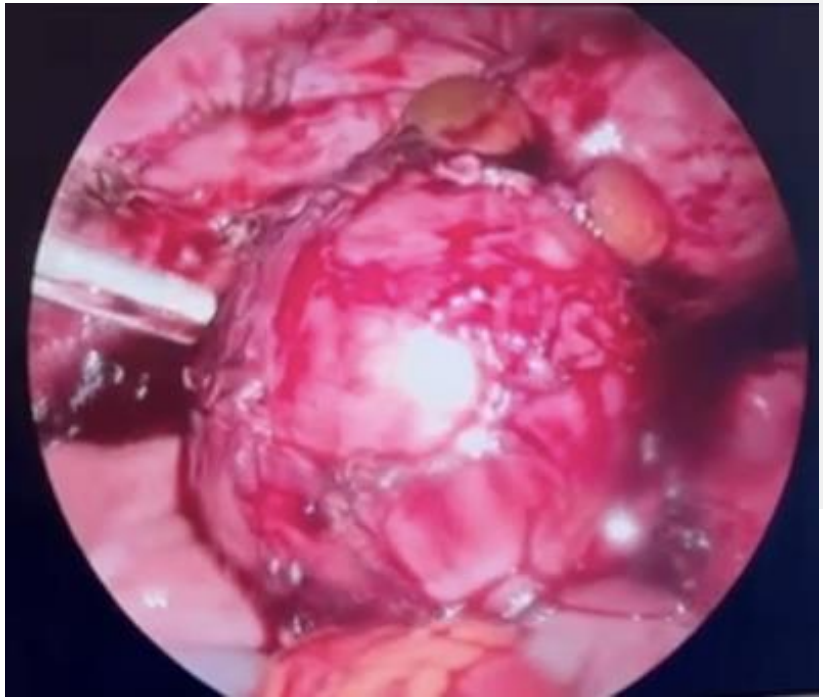
MRI - T2



Current Illness

Exploratory laparoscopy

- Uterus and left uterine tube distended
- Puncture of the left uterine tube, obtaining purulent material → Pyometra and left pyosalpinx → placement of a drain



Current Illness

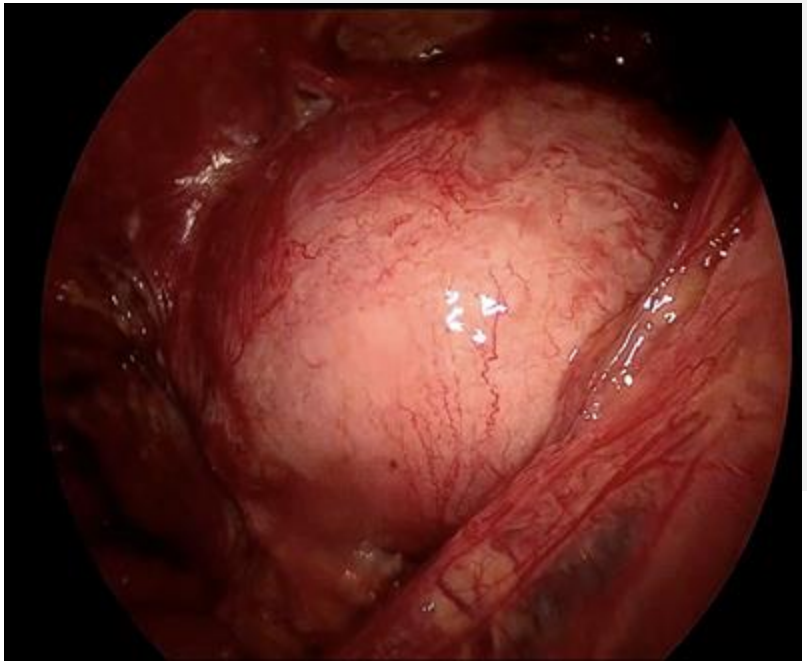
Evolution

1) Recurrent abdominal pain → US: recurrent collection

- Exploratory laparoscopy: left salpingotomy and drainage

2) Once again the patient started with abdominal pain, 2 days after the previous drainage→ US: recurrent collection

- Exploratory laparoscopy: left salpingo oophorectomy and uterostomy



Current Illness

Currently

- Stable, afebrile, pain-free
- No output from uterostomy

Next steps?

How to resolve the acquired vaginal atresia?

Considering her chronic kidney disease, would pregnancy be risky?

If contraindicated, would a salpingohysterectomy be appropriate?

THANK YOU

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