

Final Diagnosis May Not Be Always as Expected: Acute Lomber Pain and Tenesmus Due to Hymen Imperfora

Son Tanı Her Zaman Beklenildiği Gibi Olmayabilir.
Hymen İmperforatusa Bağlı Bel Ağrısı ve Tenezim

Hymen-Pain

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To the editor:

I read the article published by Kılıç C et al. with a great interest [1]. I congratulate them for this review which is successfully written. Additionally, I want to focus an important point based on structural differences of hymen; which I decided to mention through this article with an example of our clinical experiences.

A 17 years old female patient admitted with complaints of tenesmus within a prolonged time period and severe lomber pain radiating to the legs aggravated in last 3 days. There was no significant finding in her physical examination except mild pain on pelvic location by palpation. Magnetic resonance imaging revealed no significant finding on lomber axis which was performed with suspicion of any lomber pathologies. However, there was a heterogeneous intensity appearance located in uterus lying down the vagen (figure 1a). Thereon, the abdominal MRI revealed a heterogeneous lesion within fluid intensity located in uterus extending bilateral tuba and proximal part of vagen (figure 1b-c). In deepening her history, it is learned that she had never had menstrual bleeding and has never gone to any doctor because of this complaint as she was ashamed. With her gynecologic and radiological findings she was diagnosed with hymen imperforates and after surgery based on hymenotomy, patient made an uneventful recovery.

Hymen imperforate is a developmental anomaly with a prevalence of %0.014-0.1 in population [2]. Although it is diagnosed in pubertal period commonly, there are some cases which are reported in utero or newborn period; in literature [3]. Hymen that has grooved from mesodermal layer; perforates spontaneously by the late phase of embryogenesis; if this perforation does not occur it is called as hymen imperforates. It can be accompanied with some genitourinary anomalies such as renal agenesis [4]. Most common clinical presentation is urinary obstruction and MRI is a gold standard for diagnosis. Treatment is surgically hymenotomy which leads an uneventful recovery.

I want to remind insistently all readers to keep in mind hymen imperforates in young male patients with abdominal-lomber pain and/or any evidence of complaints of urinary obstruction, as a final diagnosis.

Best regards

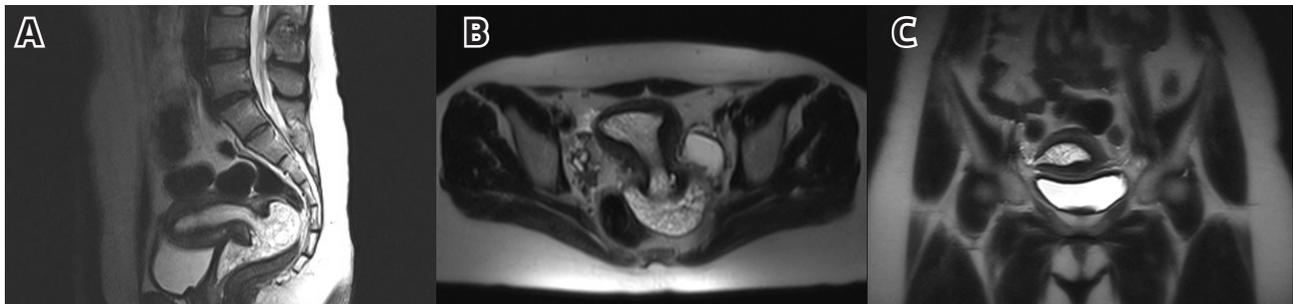


Figure 1. T2W sagittal (a) axial(b) and coronal (c) MR images. A heterogeneous lesion within fluid intensity located in uterus extending bilateral tuba and proximal part of vagen is seen.

References

1. Kılıç C, Kalay R, Kılıç E. Hymen and Be Blameworthy. J Clin Anal Med 2014; DOI: 10.4328/JCAM.2597.
2. Eksioğlu AS, Maden HA, Cinar G, Tasci Y. Imperforate hymen causing bilateral hydroureteronephrosis in an infant with bicornuate uterus. Case Rep Urol 2012; DOI: 10.1155/2012/102683.
3. Mwenda AS. Imperforate Hymen - a rare cause of acute abdominal pain and tenesmus: case report and review of the literature. Pan Afr Med J 2013;21(1):15-28.
4. Ghadian A, Heidari F. Is Hymenotomy Enough for Treatment of Imperforated Hymen? Nephrourol Mon 2013;5(5):1012.