TRANSVERSE VAGINAL SEPTUM - A RARE CASE PRESENTATION AS PRIMARY INFERTILITY

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ABSTRACT: Transverse Vaginal Septum is a vertical fusion or canalization disorder of mullerian ducts and urogenital sinus and result of a female sex-limited autosomal recessive transmission. The incidence of transverse vaginal septum varies from 1in 2100 to 1in 72,000. We report a case of perforated complete transverse vaginal septum presenting as a case of primary infertility.
KEYWORDS: Transverse Vaginal septum, Primary infertility, Congenital malformation.

INTRODUCTION: Transverse Vaginal Septum is an incomplete vertical fusion or canalization disorder of mullerian ducts and urogenital sinus. The etiology is unknown and is as a result of a female sex limited autosomal recessive transmission.[1]The incomplete fusion defect (AFS class II A)varies in thickness and can be located at any level in the vagina.[2]Septum may be present in lower, middle and upper thirds in 19%, 35% and 46% of patients.[3]

The incidence of transverse vaginal septum varies from 1in 2100 to 1in 70,000.[1]The patient presentation may vary from new-borns to older adolescent girls. The septum may be complete or may present with a small tract allowing escape of menstrual blood.

We report a case of perforated complete transverse vaginal septum in lower third of vagina presenting at 27yrs of age for evaluation of primary infertility.

CASE REPORT: A 27 yrs. old woman with married life of 6yrs with regular menstrual cycles came to OPD for evaluation of primary infertility.

On examination the vagina was around 2cm deep with blind end. On per rectal examination Uterus & cervix were palpable, a thick septum was felt in the lower vaginal area. Other preliminary investigations for infertility were normal. The patient was prepared for examination under anaesthesia and surgical correction.

Examination under anaesthesia revealed approximately 1cm thick septum with a laterally placed tiny hole in midposition. After proper marking, the septum was excised. Through the small opening hysteroscope was introduced for visualization of upper vagina, cervix and uterine cavity. A complete excision of transverse vaginal septum was done. Vaginal packing was done in immediate postoperative period. Patient was discharged with advice to use mould with aseptic precaution on daily basis and regular intercourse. On one month follow up, patient gave history of normal menstrual cycle. On per speculum examination, smooth vaginal mucosa had healed properly with vaginal length of 6 cm and normal cervix was visualized. On subsequent follow-up patient reported with a history of amenorrhoea, positive pregnancy test .Currently she is under antenatal care.

DISCUSSION: Transverse vaginal septum is a rare mullerian congenital malformation presenting with dysmenorrhea, dyspareunia and primary infertility in adult patient. The finding of transverse

vaginal septum in an asymptomatic infertility patient is unusual.[4] Treatment options vary from simple surgical excision,[7,8] Z- plasty technique , various flaps and Hysteroscopic resection.[9] Good pregnancy rate after complete excision of septum have been reported.[3,5] Restenosis is the most common complication.[6] To prevent restenosis use of mould or stent is advisable.[6,10]

Our patient presented as a case of perforated complete transverse vaginal septum in lower third of vagina for evaluation of primary infertility. Simple surgical excision with successful pregnancy result was the outcome.

CONCLUSION: Anatomic congenital malformations may contribute to primary infertility. Evaluation of all primary infertile couples is needed, because a rare asymptomatic anatomic congenital defect could lie behind the infertility.

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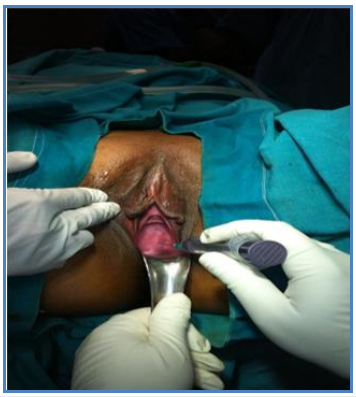

Figure 1: Complete Vaginal Septum with a pinpoint hole.

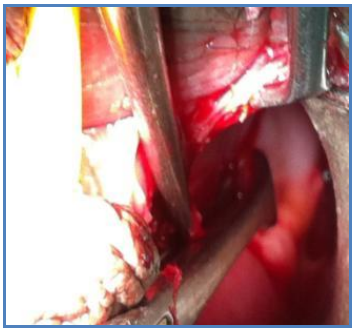

Figure 2: Excision of Septum and visualization of cervix.

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