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Introduction

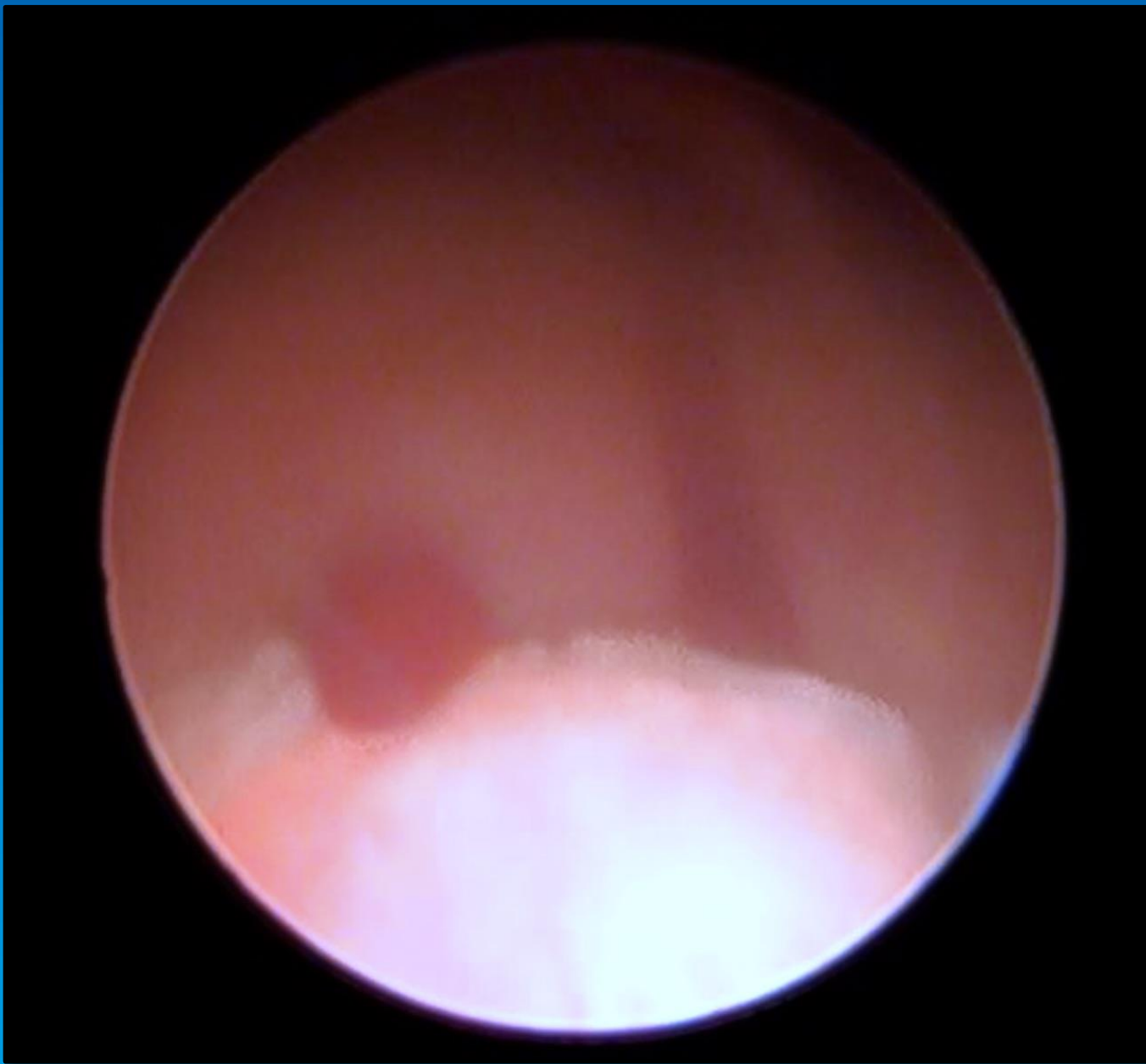
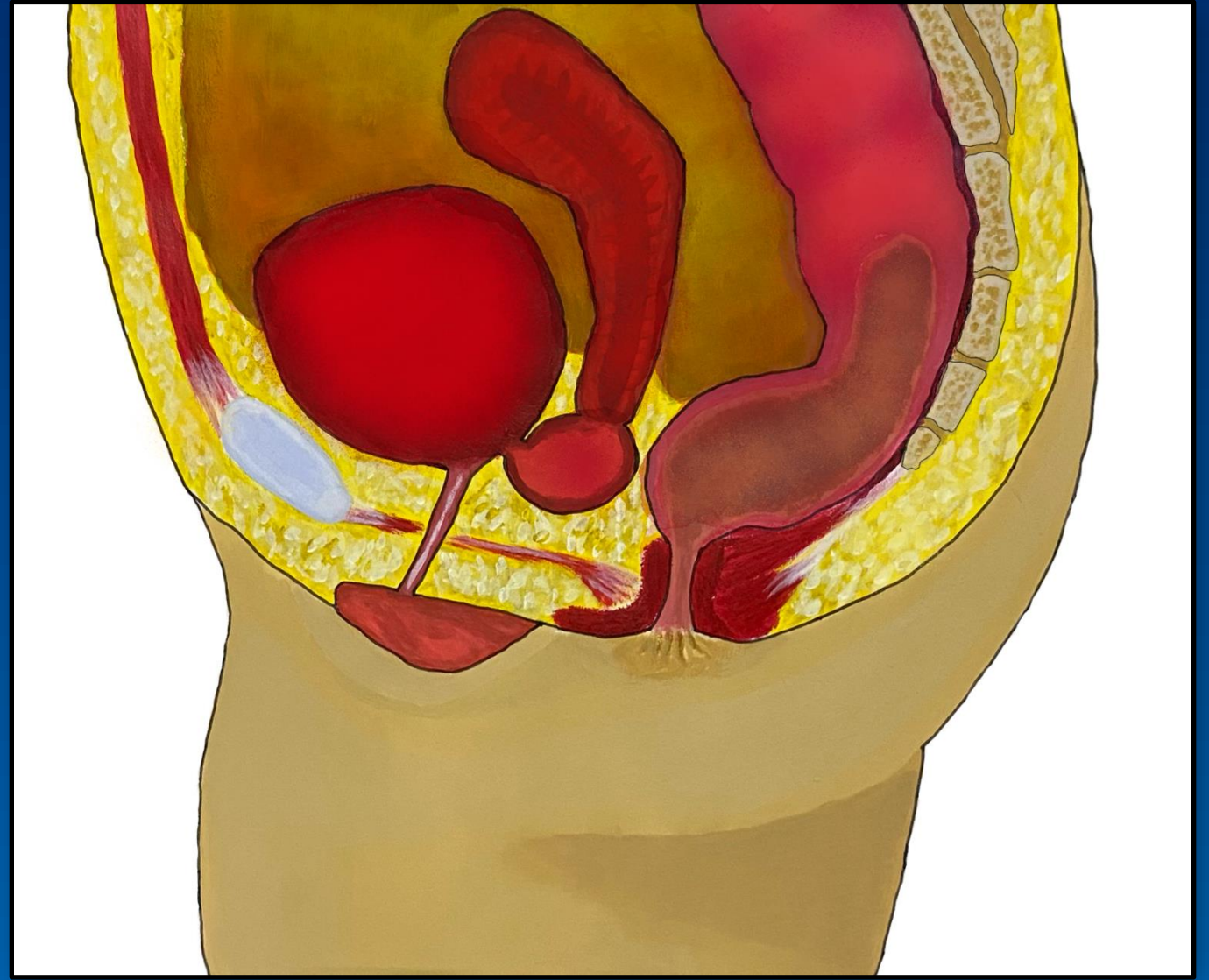
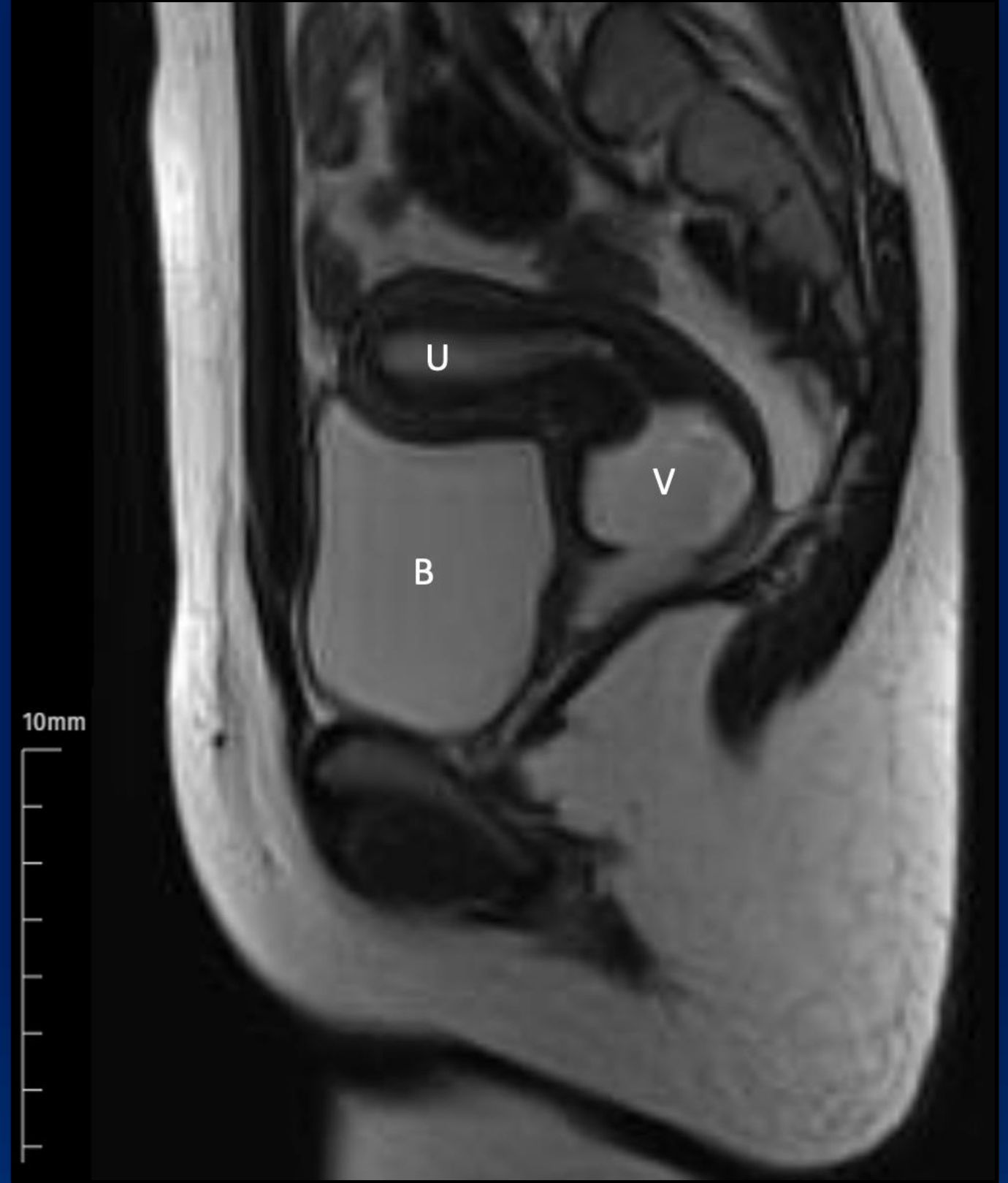
Congenital vesicovaginal fistula with distal vaginal agenesis (DVA) is an exceedingly rare anomaly. Here, the management from infancy to adolescence of a girl with this anomaly is presented.

Case presentation

One-year old girl was admitted due to abdominal distension. Physical examination revealed normally developed labia minora and majora, posteriorly placed external urethral orifice, but no vaginal opening. Ultrasonography showed a cystic lesion of 58x53x70 mm in size, with dense content causing pressure, in the posterior aspect of the bladder and left hydronephrosis. During cystoscopy, which was done through the single vestibular orifice and 2 cm channel, the bladder was normal and there was no vaginal orifice or drainage. With these findings, urogenital sinus with stenotic vaginal orifice was considered. The metrocolpos was drained by laparotomy.

Thereafter, she was asymptomatic until the onset of breast development and diagnosed precocious puberty at the age of 8. GnRH agonist was administered until the age of 11.

On cystoscopy, there was no vaginal opening in the urethra and bladder, DVA was considered and watchful waiting was planned for the natural tissue-expander effect of menstrual content. During this period, patient presented with menuria at the age of 12. Ultrasonography and MRI revealed hematocolpos 65x62x56 mm in diameter. On the pelvic MRI, uterus and both ovaries were normal. During the menuria period, cystoscopy was done and menstrual drainage was seen from the vagina into the bladder. With anterosagittal incision in prone position the vagina was separated from the bladder and vaginal pull-through was performed. She is now 14-years old, her vaginal length is 8cm and she has normal menstruation.



Conclusion

In order to detect vesicovaginal fistula in DVA, which is a rare disease, waiting until adolescence for the operation and performing cystoscopy, especially during the menstrual period, will ensure a correct diagnosis.