# Pelvic Cyst or Müllerian Anomaly?
# A Challenging Diagnosis in the Prepubertal Period

*Emine Burcu Çığşar Kuzu[1], Dilnur Sevinç[2], Bade Toker Kurtmen[1]*
*[1]Department of Pediatric Surgery, Izmir Katip Çelebi University School of Medicine, Izmir, Türkiye*
*[2] Pediatric Surgery Clinic, Izmir City Hospital, Izmir, Türkiye*

## Introduction

Obstructed hemi-vagina and ipsilateral renal anomaly (OHVIRA) syndrome is a rare Müllerian anomaly, usually post-pubertal; infant cases are exceptional, and surgical management remains unclear.

## Case Report

9-month-old girl with prenatal right renal agenesis

Postnatal US: cystic pelvic mass compressing the rectum

MRI: well-circumscribed, non-enhancing cystic structure measuring 60×50×40 mm in the presacral region, displacing the rectum posteriorly and bladder anteriorly

Differential diagnosis: tailgut cyst, cystic sacrococcygeal teratoma

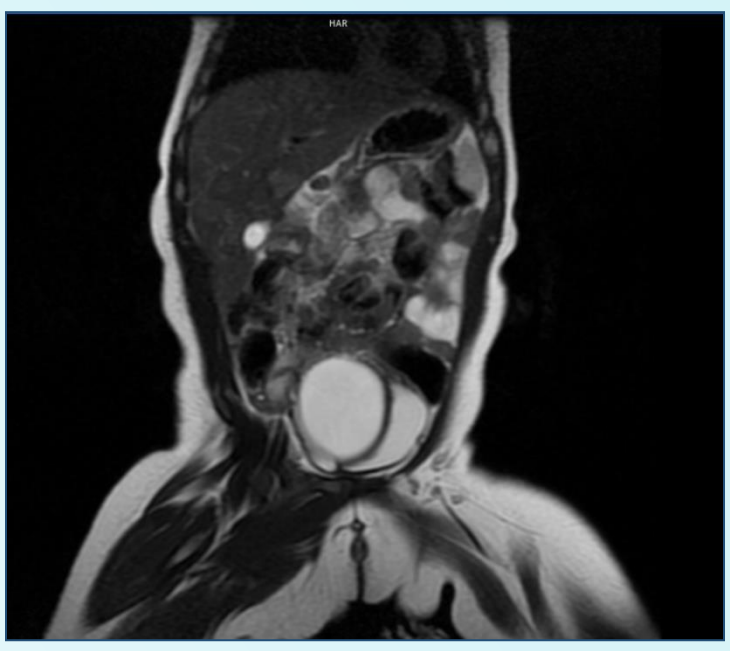

**Figure.1:** MRI showed cystic structure

Exploratory laparotomy: cystic mass contiguous with vaginal wall, uterus didelphys → cyst marsupialization

Fluoroscopy: two distinct vaginal canals → diagnosis: OHVIRA syndrome

Second surgery: vaginal septum excised → single vaginal cavity established

Outcome: complete resolution, normal pelvic anatomy

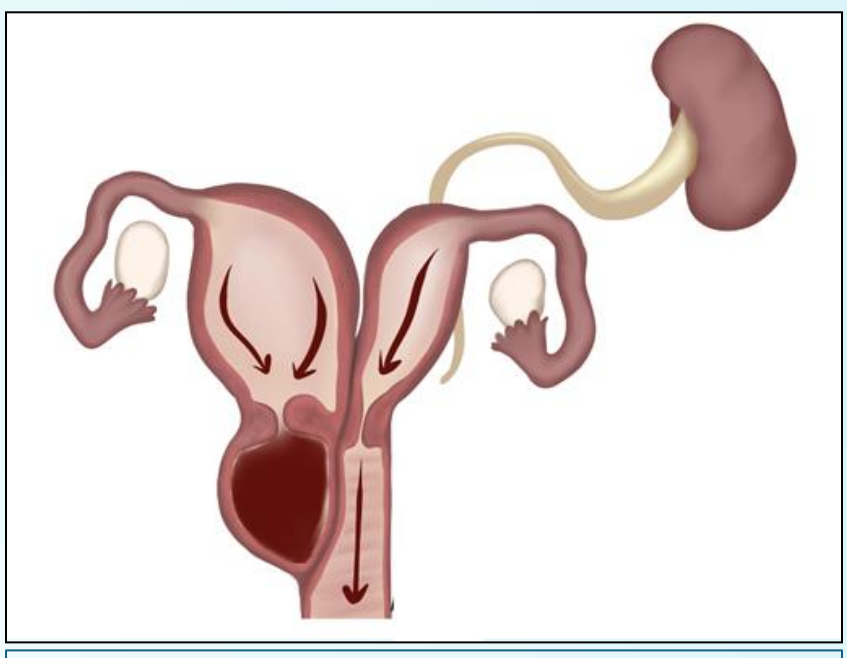

**Figure.2:** Illustration of the pathology

## Conclusion

OHVIRA occurs in 0.1–3.8%; prepubertal cases are rare

Should be considered in the differential diagnoses of pelvic cystic masses

Septum excision relieves obstruction and prevents long-term complications

If the diagnosis is uncertain, a tissue-sparing approach with delayed surgery is safe