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EARLY RECOGNITION AND DIAGNOSIS OF THE OHVIRA SYNDROME 25-YEARS CASE SERIE

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INTRODUCTION. The better categorization of OHVIRA syndrome (OS) has allowed early diagnosis in those patients with renal anomalies detected prenatally.

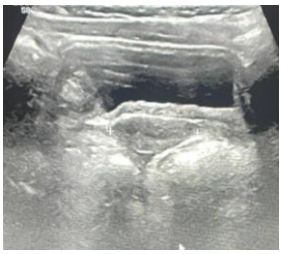
MATERIAL AND METHOD. Retrospective review of medical records of patients under 18 years of age diagnosed with OS in the last 25 years in our center.

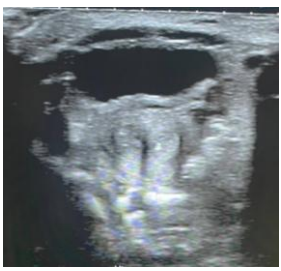
RESULTS

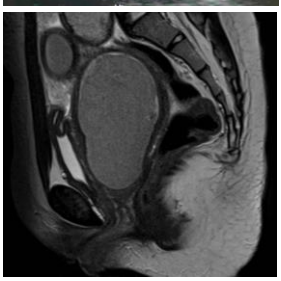
Total of patients	14 women
Renal anomalies	7 *(50%)* Multicystic renal dysplasia 5 *(35.7%)* Renal agenesis 1 *(7.1%)* Renal atrophy 1 *(7.1%)* Double excretory system
Mean age at diagnosis of uterine anomaly	10,95±6,13 years

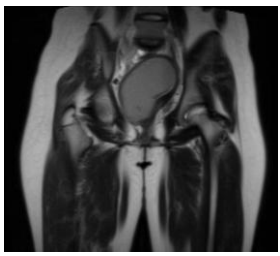
Uterine anomalies	7 *(50%)* Didelphys uterus *6 (42.9%)* Bicornuate uterus 1 *(7.1%)* Unicornuate uterus
Diagnosis of OHVIRA Syndrome	3 *(21.4%)* in the first year of life 11 *(78.6%)* at pubertal age
Diagnosis confirmed by MRI	7 *(50%)* patients

Urgent drainage due to gynecological complications	3 patients* *1 pyometrocolpos* *2 hydrometrocolpos* *none had a prenatal diagnosis of renal anomaly neither follow-up
Surgical treatment: vaginal septostomy	6 patients** **3 of them with prenatal diagnosis of renal anomaly and diagnosis of OS during follow-up









CONCLUSIONS

Given the prenatal diagnosis of unilateral renal pathology, it is necessary to rule out the presence of Müllerian anomalies in order to improve surgical planning and avoid gynecological complications in the future.