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## Congenital hydrometrocolpos in a 2 months old Indian infant presented as dysuria: A case report

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**Introduction:** Congenital hydrometrocolpos is a rare condition and can cause obstructive urinary complications. Early diagnosis by MRI and surgical management is mandatory.

**Case report:** A 2-month-old female baby presented to us with crying while passing urine. She was referred from another hospital for performing MRI abdomen as they antenatally and postnatally suspected ovarian cyst by ultrasound. There was no other symptom and baby was thriving well on breastfeeding. On examination baby was not dysmorphic, urine stream was normal and a large firm mass felt in the lower abdomen. MRI done under general anaesthesia reported: A 9.5x6.0x3.2cm large, well defined, lobulated, craniocaudally elongated pelvic-abdominal lesion showing fluid signal with an inferiorly beaked orientation between the urethra anteriorly and rectum/anal canal posteriorly (in the presumed location of the uterus/vagina) with non visualization of the uterus, cervix and vagina separately-features suggestive of significant hydrometrocolpos with thinning of the uterine myometrium and cervical stroma. The inferior extent of the beaked portion of the hydrometrocolpos was located at the level of inferior margin of the pubic symphysis. The bladder was craniocaudally elongated, compressed anteriorly by the large abdominal pelvic fluid signal lesion. Mild-to-moderate dilatation of proximal and middle third of the bilateral ureters with mild pelvicalyceal dilatation bilaterally (fig.1-4). The baby was operated by a pediatric surgeon who found lower vaginal atresia for which reconstruction surgery and drainage of 100 ml serosanguinous fluid was done. Following that the baby became free from urinary symptoms. The follow-up examination and ultrasound abdomen were normal.

**Conclusion:** Neonatal hydrometrocolpos is a rare condition which requires a high index of suspicion for diagnosis. Diagnosis can be made prenatally or postnatally using ultrasonography and magnetic resonance imaging. Early diagnosis reduces the incidence of complications.

### Biography

Karan Soni has graduated from Christian Medical College, Ludhiana, India in 2017 achieving numerous accolades during his studies. He is undergoing Medical Observership at Ahalia Hospital Musaffah, Abu Dhabi, UAE. He has acquired the ECFMG certificate in 2018. He is applying for Residency in USA for 2019. PO Box 2419 Ahalia Hospital Musaffah Abu Dhabi UAE.

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