

Pregnancy with Micro Perforate Hymen (Rare Case Report)

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Abstract

Background: Hymenalsubocclusive anomaly is quite a rare entity. Exact incidence of microperforate hymen is unclear. Depending upon the size of microperforation, it may remain asymptomatic or present at puberty with hematocolpos, sexual dysfunction like dyspareunia or subfertility. Very rarely it may present with spontaneous pregnancy or miscarriage.

Objective: We aim to report a patient who had sexual problems and conceived after treatment of infertility later found to have microperforate hymen. Although it is a rare case, we aim to highlight the importance of pelvic examination and its effects on management.

Case Report: we report a case in which a young lady who conceived on treatment, presented with missed miscarriage followed by inevitable miscarriage. On examination, she had intact microperforate hymen. Hymenectomy and evacuation of retained product of conception was done. Patient remained well after that and reconceived after five months.

Results: After treatment, patient had normal marital relations and she conceived after five months and had normal term pregnancy.

Conclusion: This case highlights the need to perform thorough pelvic examination and to consider hymenal abnormalities in all patients presenting with subfertility. Early intervention can prevent the delay in conception, psychological issues and sexual problems.

Key words: Microperforate, pregnancy, hymenectomy.

Introduction

Female genital tract anomalies are widely variable. Abnormalities in development of the female genital tract occurs in a variety of forms and each one is distinctive.¹ Imperforate hymen occurs 1:1000 newborn girls,² microperforate hymen is less common than imperforate hymen. Hymen is an embryologic remnant that usually perforates during the later stages of embryonic development and remains as a thin fold of mucous membrane. Hymenal anomalies occur if the genital tubercle

fails to break-down.^{3,4} These anomalies may have a devastating impact on the potential for sexual activity and fertility. Its anatomic variants include imperforate, pinhole (micro perforate), septate and cribriform.⁵ Microperforate is a rare form and frequently mistaken for an imperforate hymen. A micro perforate hymen is a pinhole size incomplete obstructive pathology which sometimes does not allow the normal menstrual flow,⁶ but sometimes there is no problem with menstrual flow and sperms. This is the reason that these women had delayed diagnosis and rarely had pregnancies. In the present case, we describe a pregnant woman diagnosed with imperforate hymen which never had penetrative vaginal sex and who took treatment for infertility. In spite of multiple hospital visits, she never had a pelvic examination during treatment of infertility.

Case Report

A 32 years young lady presented in gynae out patient department (OPD) of Margalla Hospital Taxila, with complaint of gestational amenorrhea of three months, lower abdominal pain and vaginal bleeding. She had been married for the last two

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Authors Contribution

AB conceptualized the project & did the data collection & literature search. Statistical analysis was done by SP. MS & SP did the drafting, revision and writing of manuscript

years and conceived after treatment of subfertility. She had been visiting different doctors, for evaluation of subfertility for the last one year. Finally conceived three months ago, now presented with vaginal bleeding and crampy lower abdominal pain for the last four hours. Systemic inquiry was unremarkable. She had no significant past medical or surgical history. General physical examination and systemic examination was unremarkable. Vaginal examination was done but there was intact hymen and a micro perforation was there in it through which blood was coming out. Ultrasonography was done in out patient department and she was diagnosed as a case of missed miscarriage at twelve weeks of pregnancy, leading to inevitable miscarriage. She was admitted in the ward, blood tests were sent to the laboratory that later came out within normal limits. On further enquiring, she told that her husband has erectile dysfunction and they never had penetrating sex. She had lots of psychosexual problems which were never discussed due to cultural issues. She had multiple treatments from different clinics but never had a genital examination done. Crying with pain she was immediately shifted to operation theatre, where findings were confirmed and hymenectomy was done by cruciate incision and evacuation of retained products of conception was carried out under general anaesthesia. She was shifted back to the ward and the condition was explained to the couple in detail. She was discharged next day with advice for treatment of the husband. After five months she came to the out patient department with a healthy pregnancy again. She continued her pregnancy till term and had a healthy baby.

Discussion

Microperforated hymen occurs during the embryologic development and is a congenital anomaly. There are many symptoms which characterise this malformation including primary amenorrhea, pelvic pain, vaginal bleeding, vaginal discharge, dysuria infertility and rarely pregnancy. Above case presented with infertility followed by conception and miscarriage.

Padhi M and colleague,⁷ Guven D⁸ reported two cases with Intact hymen and a pinhole opening that presented with infertility, they did pelvic examination and diagnosed as microperforate hymen, treatment was given in the form of hymenectomy.⁹ The same is in our case report, patient had microperforate hymen, had complaint of infertility but unfortunately never had pelvic examination, conceived on treatment and presented with missed miscarriage, she was also treated

surgically in the form of hymenectomy, patient remained well after surgery and conceived again spontaneously after five months. In the present case, it has been shown that pregnancy may happen without normal sexual intercourse because the microperforation sometimes allow the passage of sperms.

Brikene E reported a case in which they had spontaneous term pregnancy with this condition that patient also had psychosexual problems. They never had penetrating sex.⁵ They delivered her by lower segment cesarean section and hymenectomy done at the time of surgery. In present case, she could have presented at term if miscarriage had not occurred. Her hymenal abnormality was corrected at the time of evacuation of retained products of conception.

Sometimes there is spontaneous closure of hymen during pregnancy. It has been reported in two case reports.^{9,10} Onan et al, a case of 23 year old primigravida with 30 weeks of gestation who presented with labour pains, who previously had no menstrual problem and coital difficulty. Examination revealed intact, bulging hymen. Patient underwent hymenotomy followed by vaginal delivery. Microscopy of hymenal biopsy revealed hymenal tissue reorganization. They had attributed the intact hymen to the spontaneous closure during pregnancy, due to the healing process. Contrary to this, In present case it was due to congenital anomaly.^{9,10}

The results of the surgery are similar in all techniques and the particular surgical centre have its own preferences, we did cruciate incision and patient was fine with that.

Microperforate hymen is a rare abnormality. This case highlights the importance of pelvic examination. All patients presenting with infertility or sexual problems must have pelvic examination done early during their management. It helps in early diagnosis, alleviating patient's anxiety and early treatment.

Conflict of interest: None declared.

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