The hymen is an embryologic remnant of mesodermal tissue that is usually perforated during embryonary development. Imperforate hymen is a congenital malformation that affects 0.1% of female newborns\(^1\). The importance of its diagnosis is that it represents an abnormality in sexual development with no meaning of intersex and it is easily solved by surgery.

It may be detected at birth due to presence of hydromucocolpos\(^2\); however, lack of diagnosis of imperfect hymen becomes evident during puberty due to hematocolpos and hematometra, and progressive accumulation of menstrual blood in the vagina, uterus and fallopian tubes\(^3\).

The most frequent clinical presentation is primary amenorrhea in adolescents with developed secondary sexual characters and unspecific cyclic pain in the inferior portion of the abdomen, perineal and lumbar regions, for 12 to 15 months, and occasional urinary retention and constipation consequent to pressure of hematocolpos on the bladder and rectum, respectively. The diagnosis is confirmed by simple genital examination. Hematocolpos is manifested by hymen protrusion and hematometra by the presence of a mass in the inferior portion of the abdomen\(^1\). An accumulation of up to 3,000 ml of blood in the inferior genital tract has been reported. Some cases may progress to uterine rupture, endometriosis and pelvic adhesions, which may lead to complications, such as infertility\(^2,4\). Magnetic resonance imaging is considered the gold standard for diagnosis of anomalies in the Müllerian ducts, which may follow this picture. It enables assessing the involved structures and calculating the blood volume present\(^5\).
CASE REPORT

A 13-year-old mulatto adolescent went to the General Gynecology Outpatient’s Clinic for presenting cyclic and intense lower abdominal pain, for 18 months, followed by urinary manifestations and cryptomenorrhea. The mother informed that pregnancy and delivery went uneventfully. On physical examination there were no anomalies as to secondary sexual characters. The abdomen was voluminous and painful upon palpation. The genital examination revealed a protruded and imperforate hymen (Figure 1). There was no sign of peritoneal irritation.

Magnetic resonance imaging showed hematometrocolpos with an estimated blood volume of 700 ml.

The patient underwent surgical repair of imperforate hymen, by a cross-shaped incision on the hymen and drainage of 700 ml of blood (Figure 2). She received 15 international units of oxytocin, diluted in 500 ml of glucose solution during the first eight postoperative hours and 2 grams of intravenous cefalotin. She was transferred to the ward and discharged after 24 hours.

One week later she was reassessed and no abnormality was detected on physical examination and pelvic ultrasonography.

The clinical picture of this patient is very characteristic of imperforate hymen, which is easily diagnosed by inspection of the external genitalia. An early diagnosis could be made by pediatricians, by inspecting the genitalia soon after birth. This examination may also detect other Müllerian anomalies.

We emphasize that clinicians should always value patient’s complaints, such as lumbar and perineal pain in patients with primary amenorrhea and developed secondary sexual characters, by examining the genitalia and making early diagnosis, before the occurrence of complications, such as hematometra, hematosalpinx, hematocolpos and peritonitis that may result in infertility, endometriosis and adhesions.

The long-term prognosis is excellent in cases of early diagnosis and treatment.

REFERENCES