

## Chronic abdominal pain in an adolescent: a cause less common

\*Sanghamitra Ray<sup>1</sup>, M B Satyaveni<sup>2</sup>, Rupa Talukdar<sup>2</sup>, P N V R Chengali<sup>2</sup>, Shalini Singh<sup>3</sup>

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### Introduction

Imperforate hymen has an incidence of 0.01-0.02% in children<sup>1</sup>. We here present a case of haematometrocolpos in an adolescent girl who presented to us as a case of chronic abdominal pain.

### Case report

A 13 year old girl came to our paediatric outpatient department with a complaint of abdominal pain for 1 week. She was having mild intermittent pain off and on for 9-10 months, mostly in the infra-umbilical region. The pain was non-colicky, non-radiating and was relieved with pain killers which she used to take from the local medical stores. She also visited some local practitioners and was diagnosed as a case of chronic abdominal pain and got some medicines but was not relieved.

On examination, she had some pallor but otherwise the general physical examination was unremarkable. Her secondary sexual characteristics were well developed though she had not yet achieved menarche. On abdominal examination, a well-defined firm mass was palpable up to 12 cm above the pubic symphysis which was tender. There were no urinary symptom and the swelling did not regress after micturition. Differential diagnosis of an ovarian mass was thought of and gynaecological opinion was sought. On local genital examination, a bulge was noted at the site of introitus. On separating the labia majora a bluish bulging membrane was seen suggestive of an imperforate hymen (Figure 1).

<sup>1</sup>Department of Paediatrics, Baba Saheb Ambedkar Medical College and Hospital, Rohini, Delhi, <sup>2</sup>Department of Obstetrics and Gynaecology, Cantonment General Hospital, Delhi Cantt, New Delhi, <sup>3</sup>Department of Paediatrics, Cantonment General Hospital, Delhi Cantt, New Delhi

\*Correspondence: [dr.sanghamitra.ray@gmail.com](mailto:dr.sanghamitra.ray@gmail.com)

 [orcid.org/0000-0002-8247-9283](https://orcid.org/0000-0002-8247-9283)

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On rectal examination a boggy swelling was felt. Urgent ultrasonic examination revealed a mass posterior to the bladder and content was hypoechoic containing particles suggestive of clotted blood. There were no visible blood vessels in the mass.



Figure 1: *Bulging hymen through introitus*

Uterus also showed the presence of similar hypoechoic fluid confirming the diagnosis of haematocolpos and haematometros while both the ovaries were normal (Figure 2).

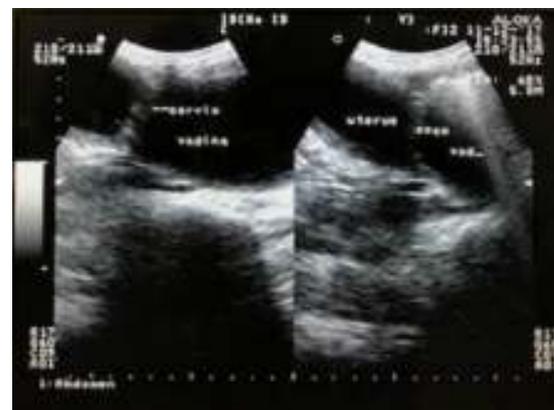


Figure 2: *Ultrasonic picture of fluid filled vagina and uterine cavity*

There were no other associated urogenital anomalies. Hymenotomy was performed with a

cruciate incision and around 500ml of chocolate coloured blood was drained, which relieved her symptoms. She is currently under regular follow up with complete resolution of symptoms and normal and regular menstrual periods.

### Discussion

Imperforate hymen can lead to complications like endometriosis and vaginal adenosis<sup>2</sup>. It frequently presents with a bulging blue-black membrane in the vulva, cyclical pain in the abdomen, a pelvic mass and primary amenorrhoea<sup>3</sup>. A mass may be often palpable on abdominal or rectal examination as in our case. Imperforate hymen is mainly diagnosed on the basis of a physical examination, including a thorough genital examination. The most common symptoms of an imperforate hymen are cyclical abdominal pain and urinary retention caused by a swollen vagina compressing the urethra, occurring in an adolescent<sup>1,4</sup>. There are quite a few case reports where the diagnosis was missed for months, mostly due to lack of proper clinical examination<sup>5</sup>. Obtaining a complete gynaecologic history is equally important when evaluating young females with abdominal pain or urinary retention. Observation of the external genitalia is an important component of physical examination and many a times this simple and obvious diagnosis is missed as we fail to include this entity in our differential diagnosis and genital examination is not done routinely. This case just re-emphasizes the very fact to sensitize the practising pediatricians.

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