

CLINICAL IMAGE

Lower Abdominal Mass in a Neonate: Do Think of Hydrometrocolpos

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An 8-day-old female neonate presented with complaints of abdominal distension for 4 days. She was full term, normal vaginal delivered at home by untrained birth attendant and cried immediately after birth. At present, the baby was hemodynamically stable and a large palpable abdominal, occupying suprapubic region, umbilicus, right iliac, lumbar, and extending to the right hypochondrium, was felt. On perineal examination, low hymenal obstruction with protruding imperforate hymen was noted; the normal urethra opening was visible (Figure 1). Ultrasound abdomen revealed a large heteroechoic elongated area behind bladder, with enlarged uterus like structure in abdomen, likely hydrometrocolpos. Under general anesthesia, mucoid material was aspirated with needle from bulge area followed by cruciate incision and decompression with drainage of 200 ml mucoid material stat. A 10 Fr feeding tube was left into vagina to allow further decompression in post-operative period (Figure 2). She was discharged on POD-3 and doing well in follow-up.

Hydrometrocolpos in neonates occurs secondary to pent-up of secretions against vaginal outflow obstruction. It may be a manifestation of various etiological factors such as persistent cloaca, urogenital sinus, vaginal septum or atresia, and imperforate hymen. The reported incidence is 1:16,000 female births and it accounts for 15% of intra-abdominal cystic masses, with etiology being secretory or urinary [1]. The presentation may be early (neonatal) or late depending on complete or partial obstruction and the presence of compression effects on surrounding structures. The differential diagnosis for hydrometrocolpos may include meconium pseudocyst, enteric duplication cyst, ovarian cyst, mesenteric cyst, rectal duplication, or cystic neuroblastoma. Radiological investigations (ultrasound, computed tomography scan, or magnetic resonance imaging) help in differentiating above. Our patient had lower vestibular bulge and corroborative ultrasound findings so was directly taken for surgery. The surgical excision of hymen or cruciate incision has excellent results in type 1 cases. The underlying etiology dictates surgical management in other types.



Figure 1: Marked abdominal lump and lower hymenal bulge

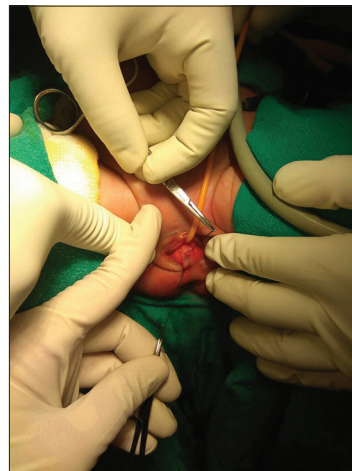


Figure 2: Drainage of mucoid material

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