An unusual case of urinary retention due to imperforate hymen

David J Hall

Abstract

A 15 year old girl presented to the accident and emergency (A&E) department with a 24 hour history of lower abdominal pain, and was found to have acute urinary retention. She was discovered to have an imperforate hymen with associated haematocolpos and haematometrium. This is rare and is hence a very unusual presentation to the A&E department. Patients presenting with retention of urine should be carefully assessed for the cause.


Keywords: urinary retention; imperforate hymen

Case report

A 15 year old girl presented to the accident and emergency (A&E) department with a 24 hour history of lower abdominal pain. She reported frequency of micturition and dysuria, and gave a history suggestive of constipation, although her bowels had been opened the previous day.

Examination revealed her to be in discomfort and to have a fever of 38°C but she was otherwise not systemically unwell. An abdominal mass extending from the pelvis to the umbilicus was noted and a presumptive diagnosis of acute urinary retention secondary to constipation and urinary infection was made.
Axillary vein thrombosis mimicking muscular strain

J Louis

Abstract
Axillary vein thrombosis may occur on strenuous activity with a clinical picture similar to a simple strain. It carries significant morbidity but a good outcome is possible with early treatment. The aetiology, investigation, and treatment are discussed. (J Accid Emerg Med 1999;16:233-234)

Keywords: axillary vein thrombosis; upper limb injury; thrombolysis; vascular injury

Case report
A 23 year old man presented with history of aching and tightness in his right arm since rock climbing two weeks previously. While climbing he had reached above his head for a handhold and, on pulling himself up, experienced a sudden sharp pain in his axilla. He had treated himself for a muscular strain with rest and non-steroidal anti-inflammatory drugs but his symptoms had progressively worsened.

The arm was diffusely swollen with a 2 cm × 1 cm bruise in the axilla. The patient had prominent superficial veins bilaterally but those on the right failed to empty on elevation. There was no tenderness and shoulder movements were normal.

Axillary vein thrombosis was suspected and venography was performed showing complete

Discussion
The overall incidence of imperforate hymen is unknown. In an American series of 254 vaginal malformations 17 of the patients had an imperforate hymen. 1 The authors of the paper estimated the incidence of vaginal agenesis to be one in 10 500 births and vaginal agenesis was 10 times more common than imperforate hymen in their series. Thus it can be seen that imperforate hymen is certainly uncommon.

The incidence of associated acute retention of urine has been stated to be rare. 2 Alternatively in a series of 26 cases of imperforate hymen reported by Calvin and Nichamin, 12 cases of the 26 (46%) presented with acute urinary retention. 3 Urinary retention may occur when the retained menstrual products in the vagina compress the urethra and there is angulation of the urethra caused by pressure on the posterior wall of the bladder, again by retained menstrual products. This condition is not usually associated with other abnormalities. 4

Other causes of acute urinary retention in children include constipation, urinary infection, postoperative causes, pelvic abscess, trauma, neurogenic bladder, urethral valves, and tumours. 5

This condition has not been described before in the UK A&E literature. It is reported here to emphasise the importance of assessment of the cause of acute urinary retention in patients whose age and sex make the diagnosis unusual.


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On catheterisation of the bladder, however, the external genitalia were noted to be markedly abnormal. There was no vaginal orifice and the hymen was intact and bulging. Secondary sexual characteristics were normal. The patient reported that she had not yet experienced a menstrual period.

After catheterisation 1000 ml of urine was drained. Subsequent pelvic ultrasonography revealed a massively dilated uterine cavity (fig 1), to the level of the umbilicus, with a dilated vagina extending to within 1 cm of the perineal surface.

At operation the hymen was incised and 1500 ml of old blood drained. The patient went on to make a full and uneventful recovery.

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Figure 1 Ultrasonography showing dilated uterine cavity.
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