AMSER Case of the Month: June 2018

11 Year Old Female With Pelvic Pain

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Patient Presentation

- 11 year old female, no significant past medical history, presented to ED with worsening crampy, intermittent abdominal pain over past 3 months
- Physical Exam
 - Lower abdominal tenderness without rebound; no palpable mass; genitourinary exam deferred.
 - VS: T: 97.9 °F, HR: 90, BP: 137/87 mm Hg, RR: 18, SpO2: 98% on room air
- Labs
 - Urinalysis: normal, Alpha Fetal Protein: normal, Beta hCG: negative, CA-125: elevated, 94 U/mL (0-38)



What Imaging Should We Order?



Select the applicable ACR Appropriateness Criteria

Clinical	Condition:

Acute Pelvic Pain in the Reproductive Age Group

<u>Variant 2:</u> Gynecological etiology suspected, serum β-hCG negative.

Radiologic Procedure	Rating	Comments	RRL*
US pelvis transvaginal	9	Both transvaginal and transabdominal US should be performed if possible.	o
US pelvis transabdominal	9	Both transvaginal and transabdominal US should be performed if possible.	0
US duplex Doppler pelvis	9		0
MRI pelvis without and with IV contrast	6	This procedure can be performed if US is inconclusive or nondiagnostic. See the Summary of Literature Review and ACR Manual on Contrast Media for the use of contrast media.	o
MRI abdomen and pelvis without and with IV contrast	6	This procedure can be performed if US is inconclusive or nondiagnostic. See the Summary of Literature Review and ACR Manual on Contrast Media for the use of contrast media.	0
MRI pelvis without IV contrast	4	This procedure can be performed if US is inconclusive or nondiagnostic. See the Summary of Literature Review and ACR Manual on Contrast Media for the use of contrast media.	о
MRI abdomen and pelvis without IV contrast	4	This procedure can be performed if US is inconclusive or nondiagnostic. See the Summary of Literature Review and ACR Manual on Contrast Media for the use of contrast media.	о
CT abdomen and pelvis with IV contrast	4	This procedure can be performed if US is inconclusive or nondiagnostic and MRI is not available. See the Summary of Literature Review for the use of contrast media.	9999

This imaging modality was ordered by the emergency department physician



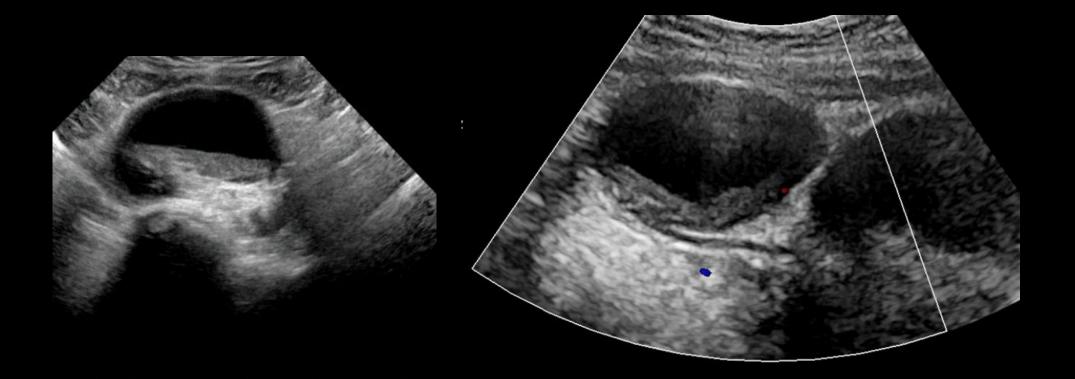
Findings (unlabeled)





AREA OF UTERUS Trans

Findings (unlabeled)



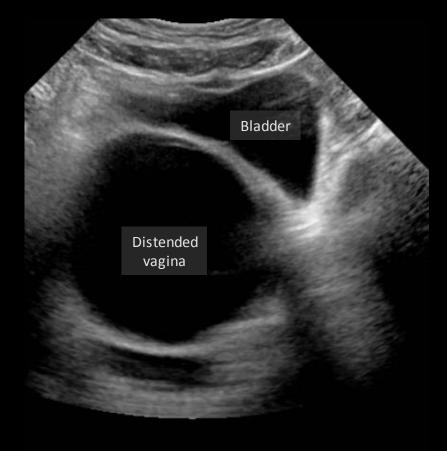
AREA OF UTERUS Trans

AREA OF UTERUS Sag



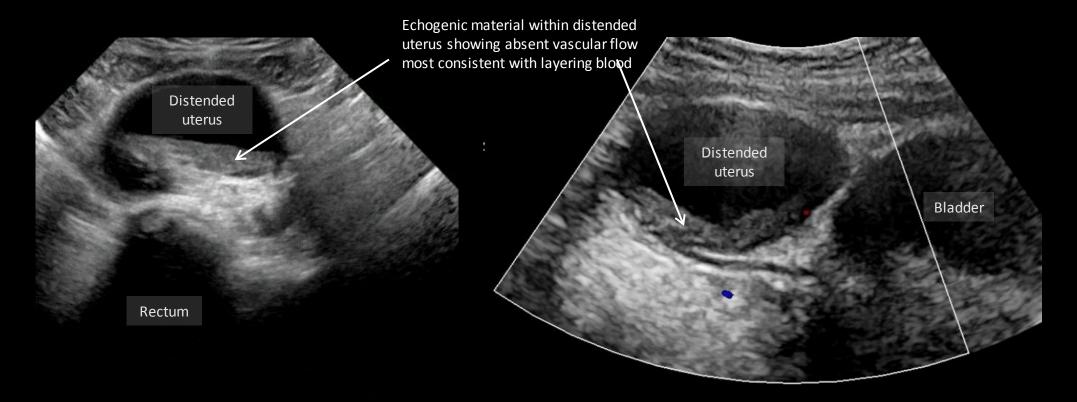
Findings (labeled)





AREA OF UTERUS Trans

Findings (labeled)



AREA OF UTERUS Trans

AREA OF UTERUS Sag (Doppler)

*left and right ovaries (not shown) were normal

Final Diagnosis:

Hematometrocolpos



Case Discussion

Hematometrocolpos: menstrual blood filled distention of vagina and uterus due to mechanical outlet obstruction

- About 60% of cases a result of imperforate hymen
- Other etiologies: transverse vaginal septum, vaginal stenosis, vaginal atresia

US Findings: Anechoic cystic-like masses/compartments in pelvic midline with variable echo-texture representing stages of blood clotting



Case Discussion

Complications: Retrograde flow into the fallopian tubes (hematosalpinx) and peritoneal cavity (hematoperitoneum), obstructive hydronephrosis, and infertility

The anatomy leading to obstruction can have associations with Mullerian and urological tract malformations: a renal US should be preformed to rule out for the presence of these abnormalities.

References

- 1. Joachim F. Sailer. Hematometra and Hematocolpos: Ultrasound Findings. AJR Am J Roentgenol. 1979
- Levsky JM, Mondshine RT. On the AJR viewbox. Hematometrocolpos due to imperforate hymen in a patient with bicornuate uterus. AJR Am J Roentgenol. 2006;186 (5): 1469-70.
- 3. Patoulias, I., Prodromou, K., Kallergis, K., & Koutsoumis, G. (2013). Acute urinary retention due to hematocolpos: Report of two cases. *Journal of Pediatric Surgery Case Reports*, 1(8), 189-191.
- 4. Haematometrocolpos | Radiology Reference Article. https://radiopaedia.org/articles/haematometrocolpos