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Surgical intervention with interventional radiologic guidance for management of obstructed vagina

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Differential diagnosis of transverse vaginal septum versus imperforate hymen can be difficult, especially when there is a large mass. Rectal exam can help by identifying the initiation of the height of the mass in the vagina. This may not always be possible. The repair of a transverse septum needs to be performed correctly at the first intervention to avoid possible serious complications. When the hematometra and hematocolpos are extremely large, or there is any doubt in the diagnosis, we now perform this procedure with the assistance of interventional radiology. A recent example is the case of a 12 year old girl, who presented to the emergency room with a mass extending to the xiphoid process. She had presented to an outside ER for the first time with abdominal pain one week prior to her admission. Ultrasound and MRI demonstrated extensive hematometria and hematocolpos. Rectal exam showed gross distension of the vagina, with the patient experiencing urinary retention at the time of evaluation. At the time of surgery, she was taken to interventional radiology, where anesthesia was induced and a Coda balloon was inserted past the obstruction and inflated under fluoroscopic guidance. She was then brought to the Children's OR where the balloon was used to fixate, pull down and help in grasping the obstructing tissue. We have found this technique extremely helpful in the effective management of the obstructed genital tract.

Biography

John R. Lue, M.D., MPH, FACOG, is a graduate of Morehouse School of Medicine. He is currently an Assistant Professor and Section Chief of General OB/GYN at Georgia Health Sciences University as well as the Chairman of the Georgia Medicaid Physicians Advisory Board. He also serves on the executive board of the Georgia Obstetrics and Gynecology Society and the Augusta Obstetrics and Gynecology Society.