

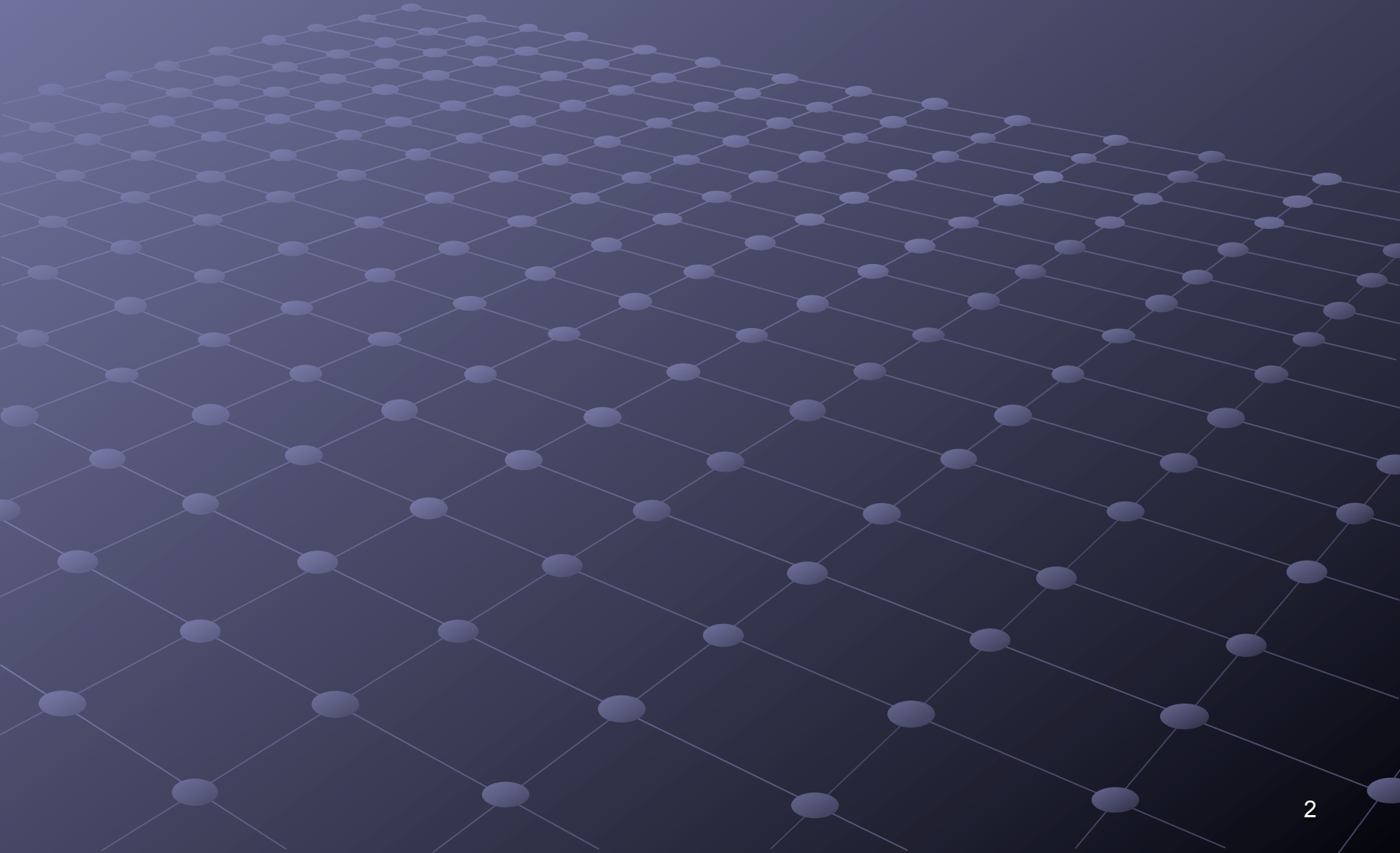
Obstruction vaginale congénitale : Hydromucocolpos & hématocolpos

Pr T.Merrot

Marseille - France



Deux situations pratiques



Période Périnatale

Hydromucocolpos

- Distension liquidienne vaginale (mucus par glandes cervico-isthmique et/ou urine par uretère ectopique, Gartner) en amont d'une obstruction vaginale.
- Utérus = métrocolpos
- Trompe =salpingo-métro-colpos
- 1/16 à 30 000 naissances (Gupta; Chen)

Distension sur malformations utérovaginales +++

- Cloison transversale:

Imperforation hyménéale à l'atrésie vaginale haute

- Rarement:

- Malformations complexes:

- sinus urogénital

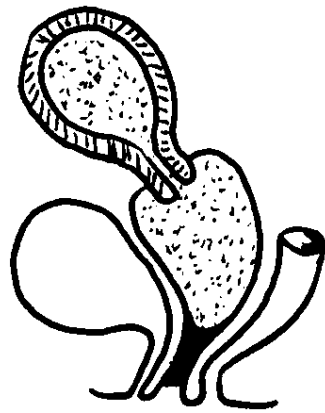
- malformations cloacales

- Syndrome de Herlyn-Werner-Wunderlich

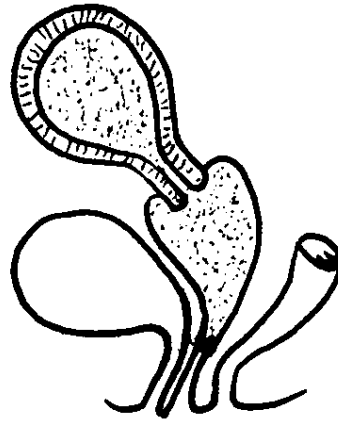


Anomalies mullériennes obstructives

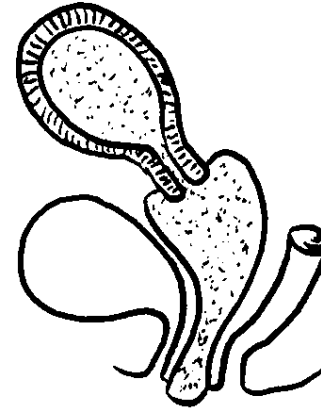
Hydroméetrocolpos du fœtus et du n-é



Atrésie
segmentaire



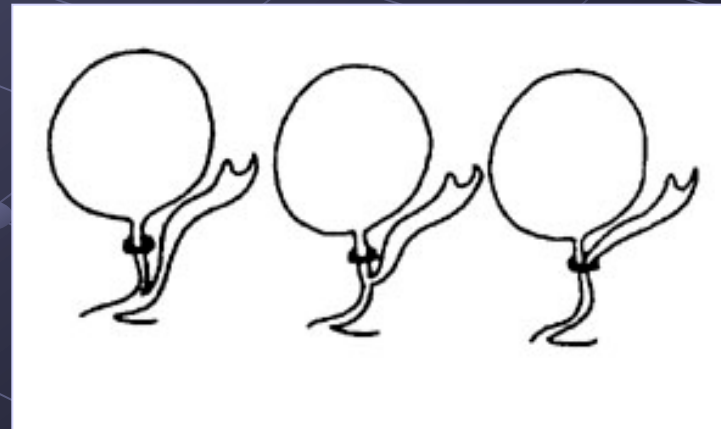
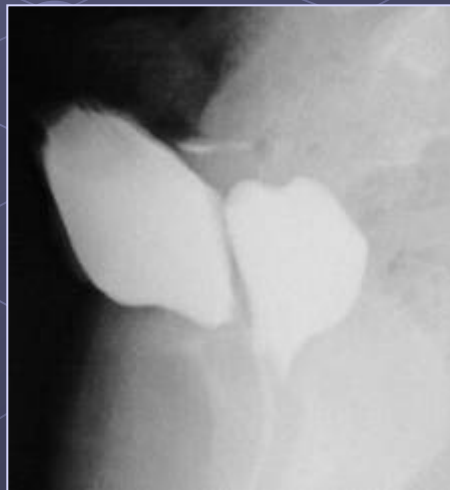
Cloison vaginale
transverse

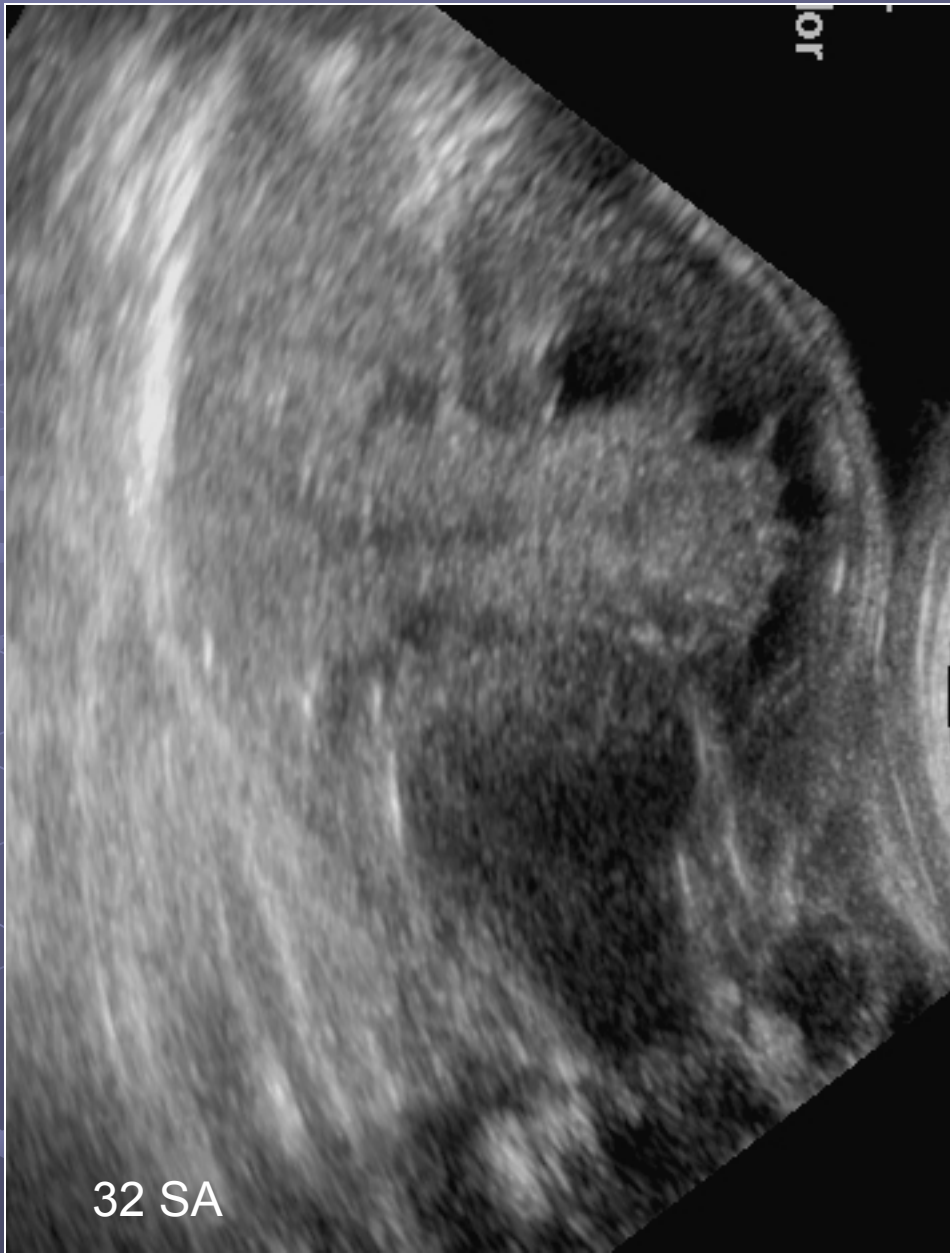


Imperforation
de l'hymen

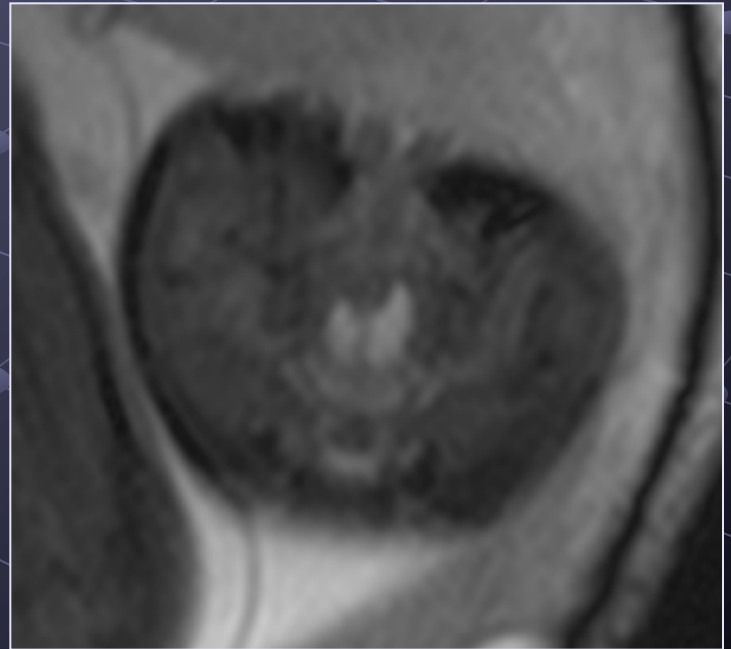
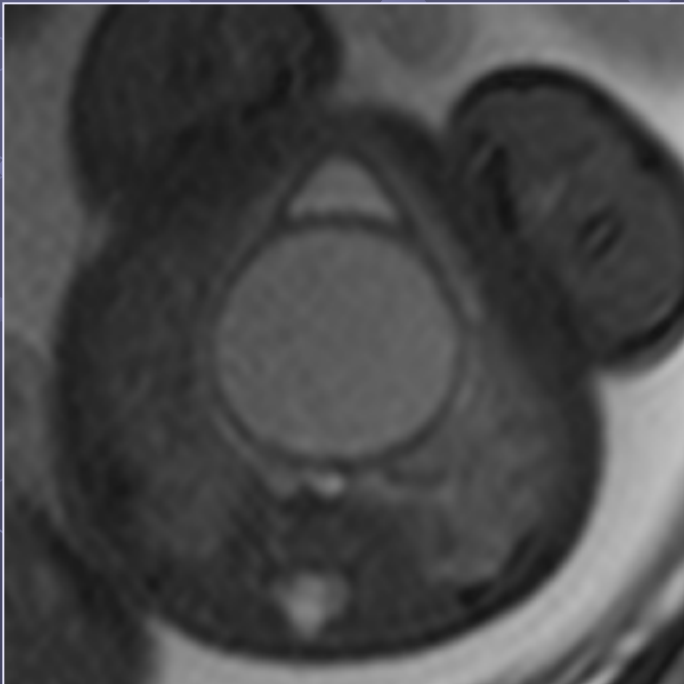
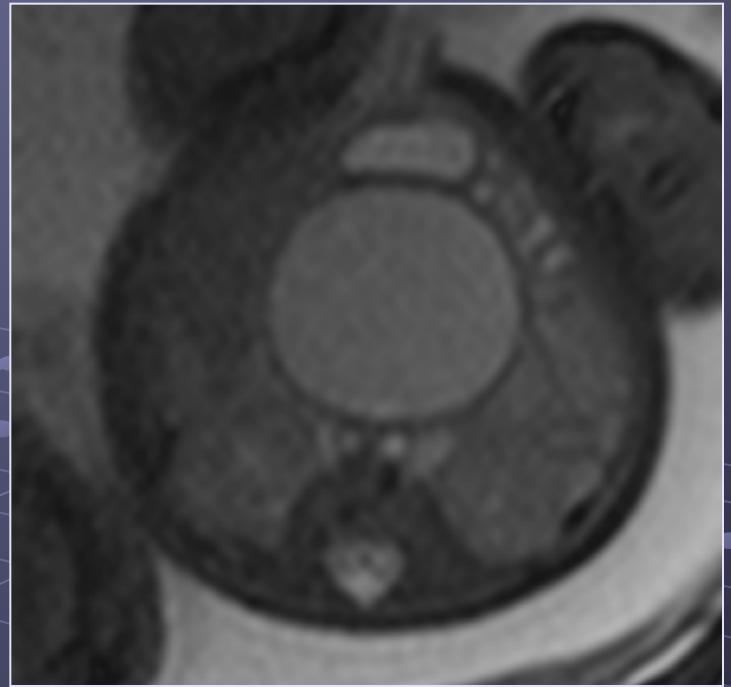
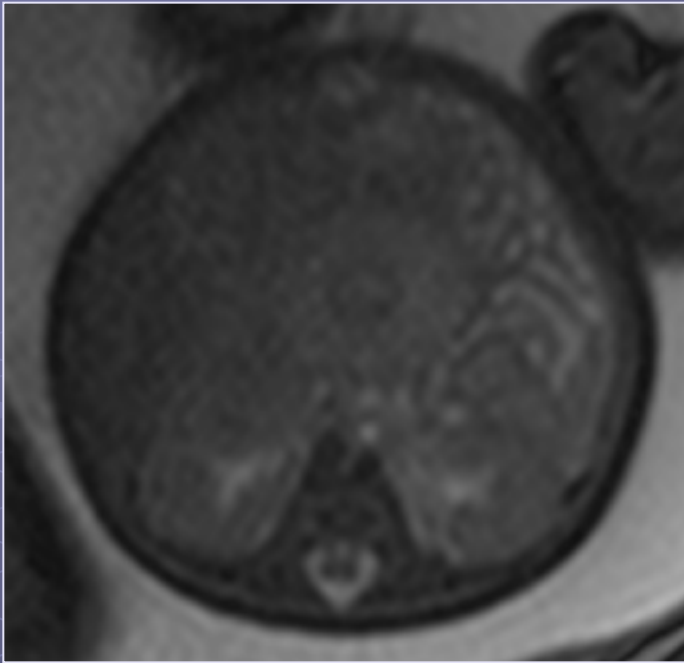
Hydroméetrocolpos du fœtus et du n-né

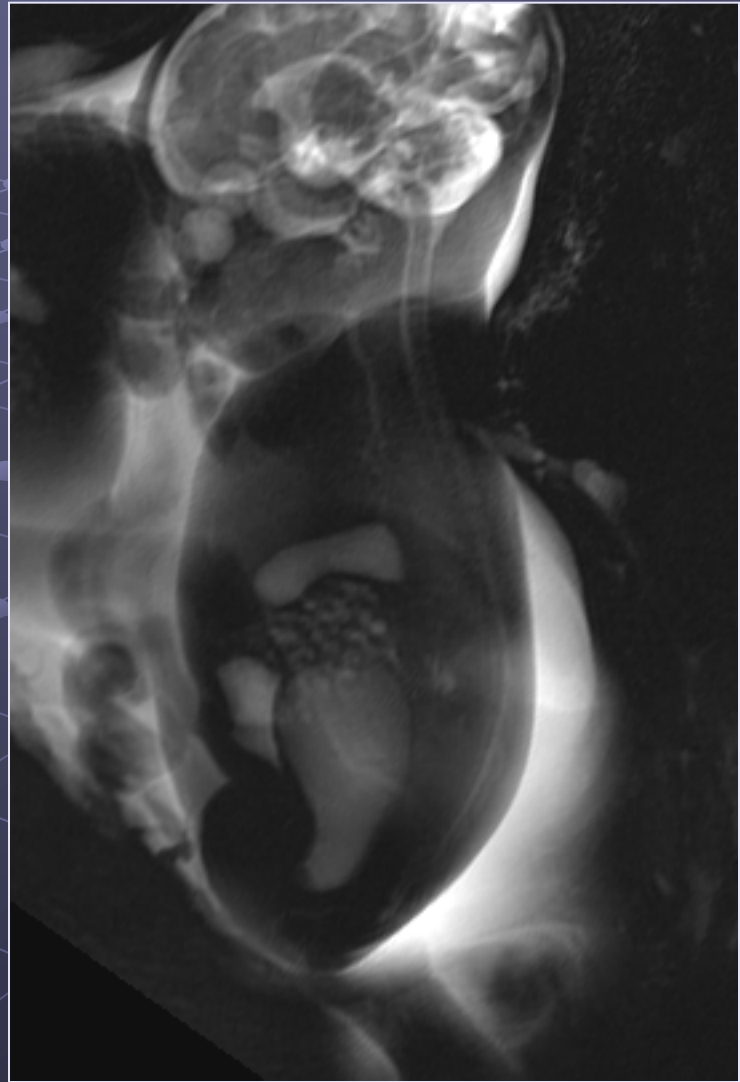
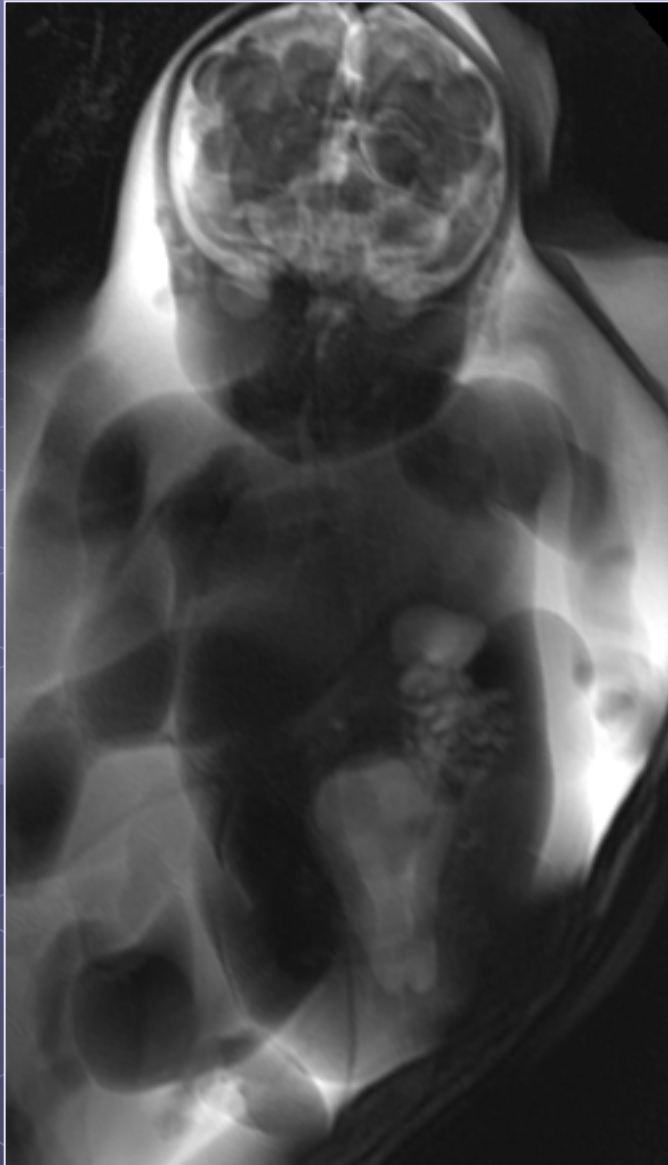
$\Delta \neq$ Sinus uro-génital

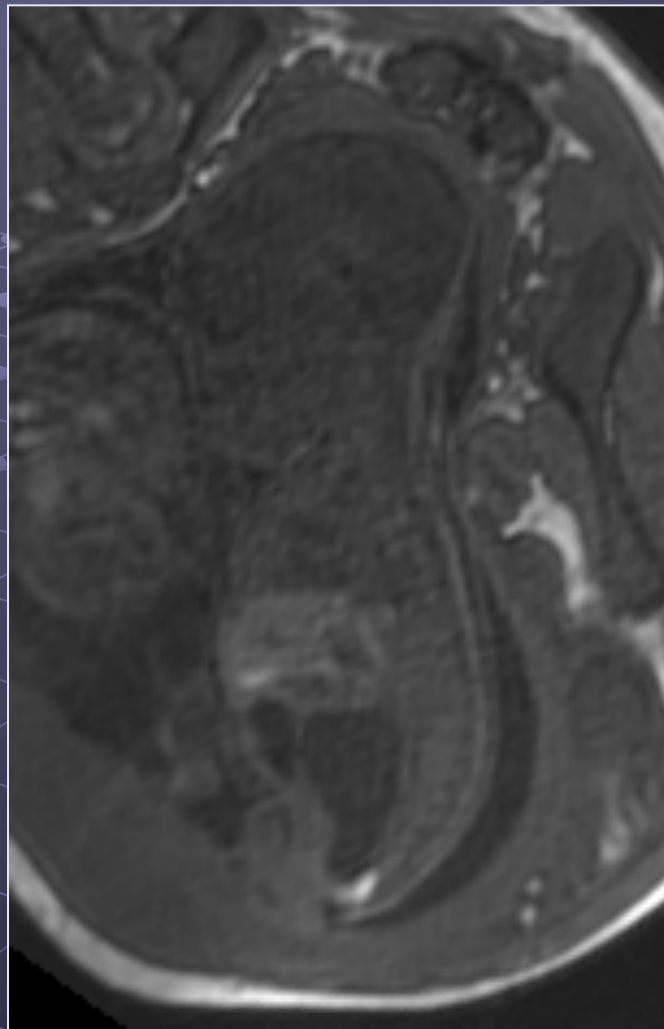
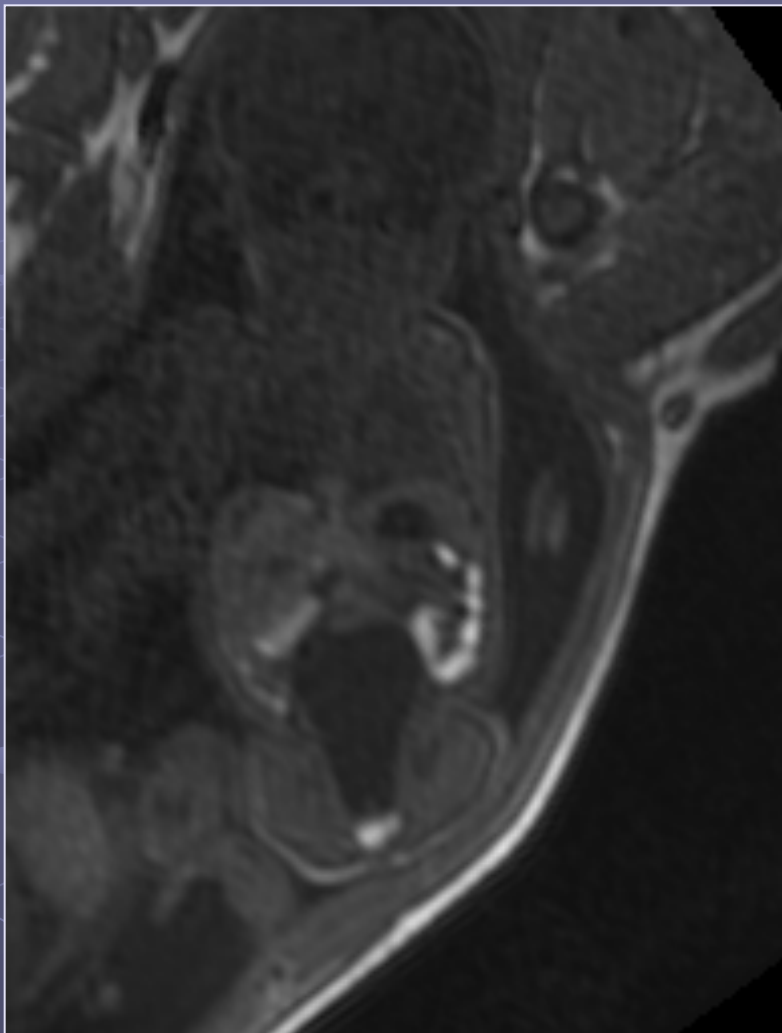




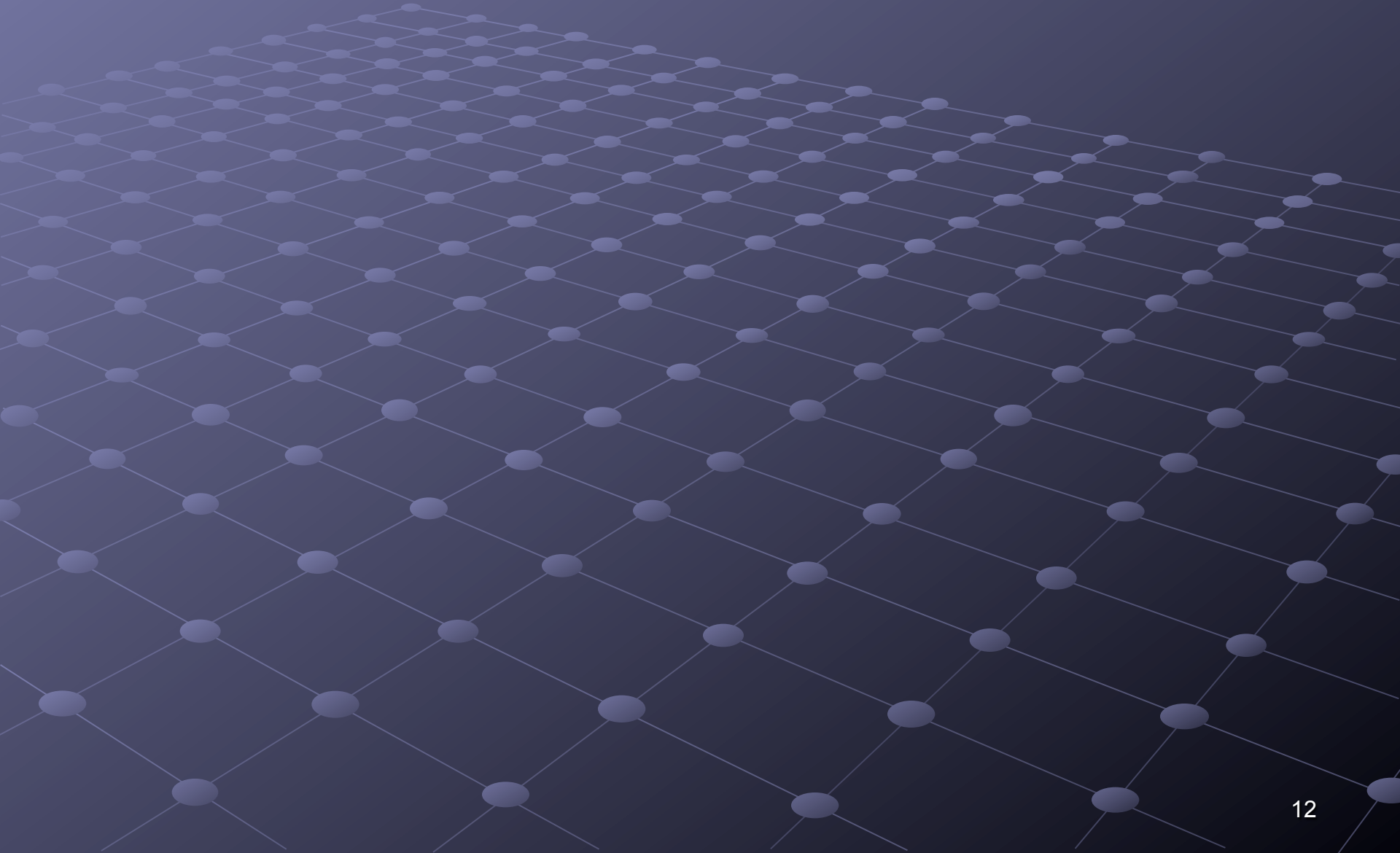
Fœtus de sexe féminin,
grossesse triple.
Image liquidienne sous
vésicale, oblongue



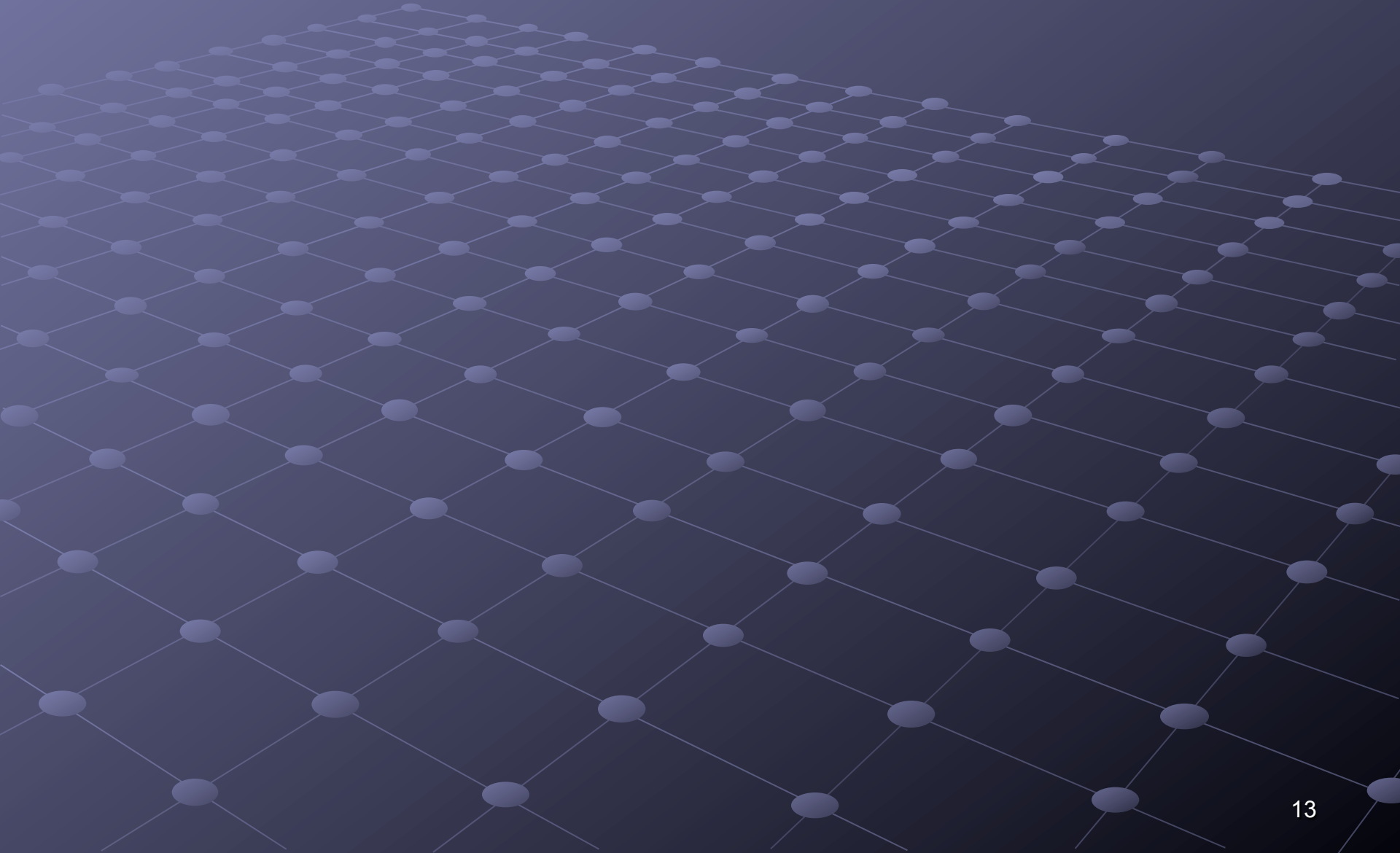




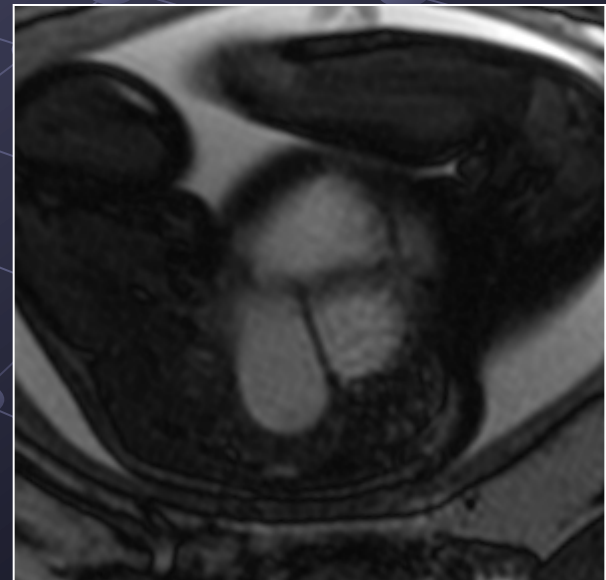
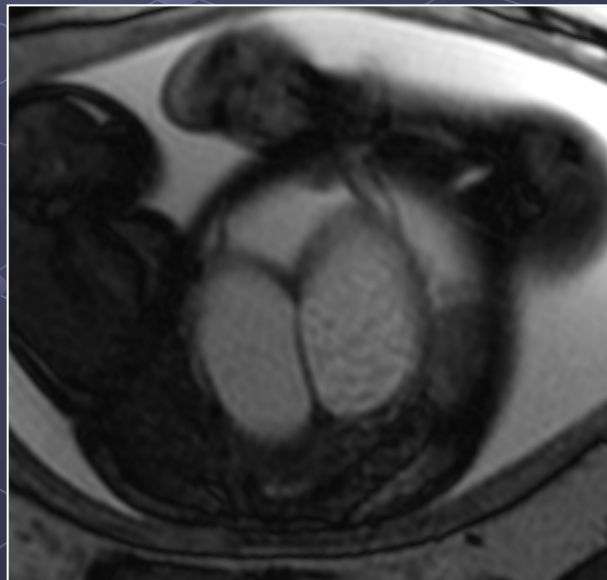
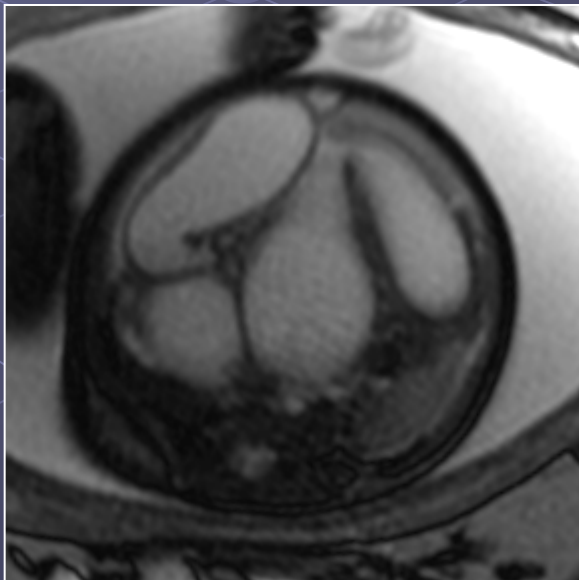
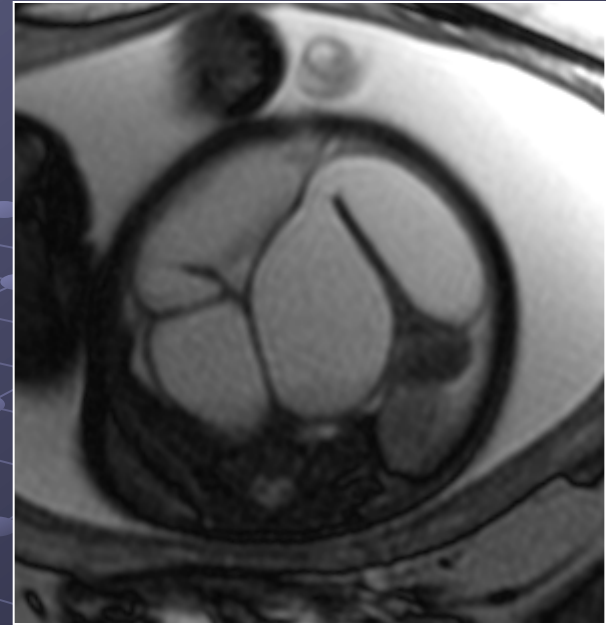
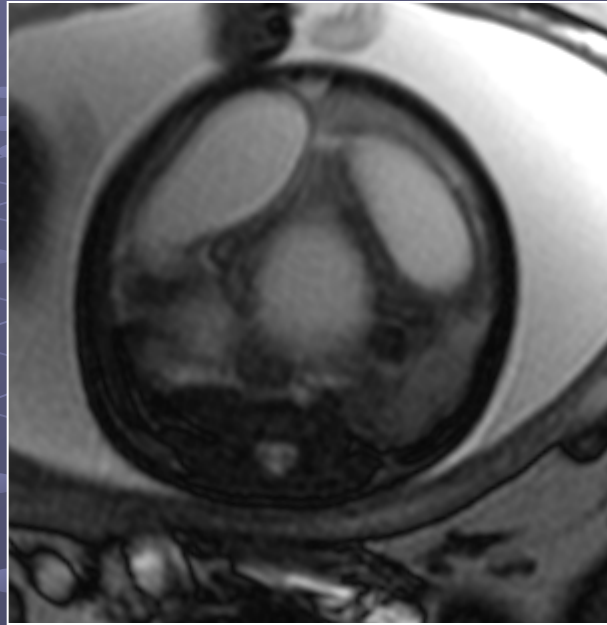
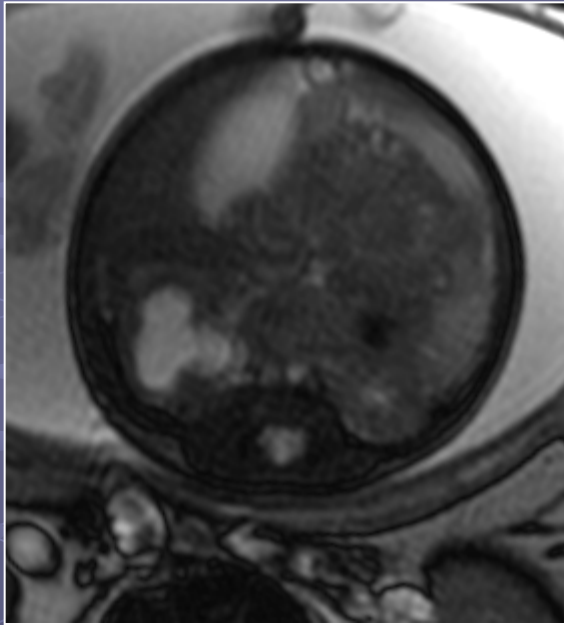
→ Hydrocolpos sur imperforation hyménéale ou SUG?

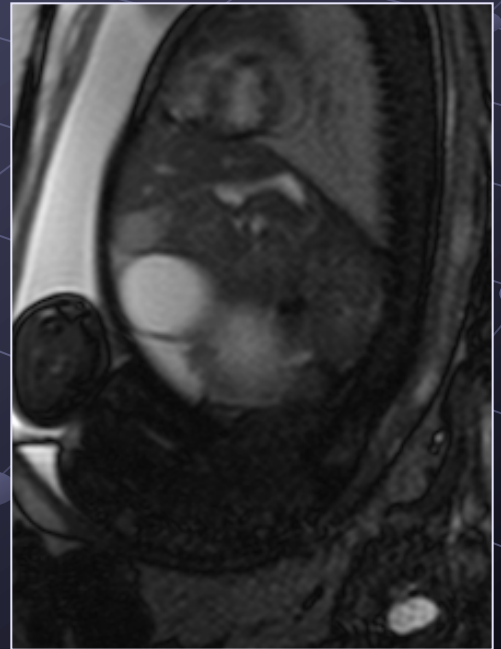
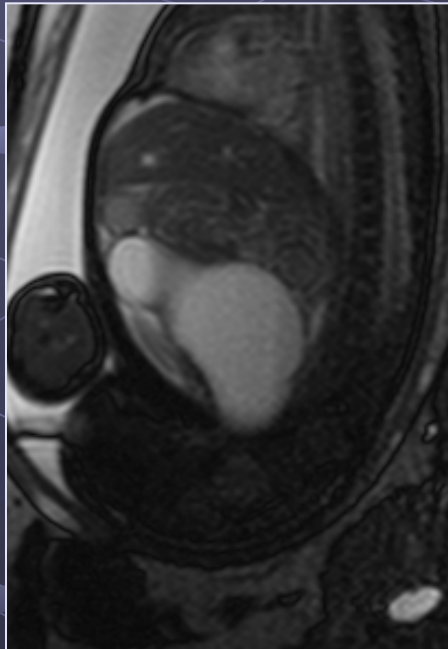
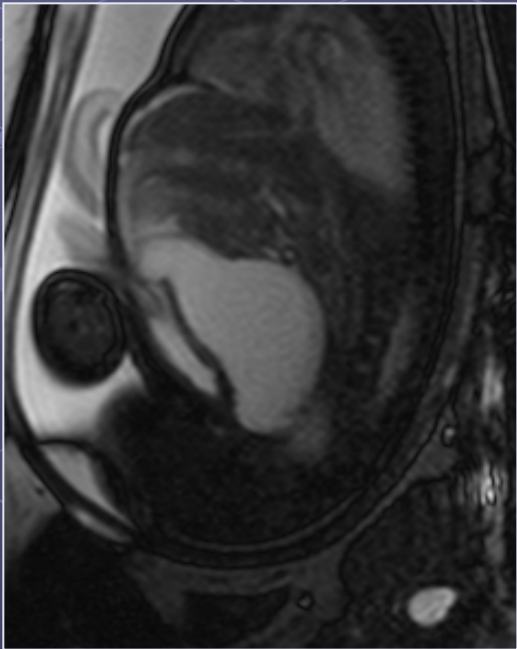
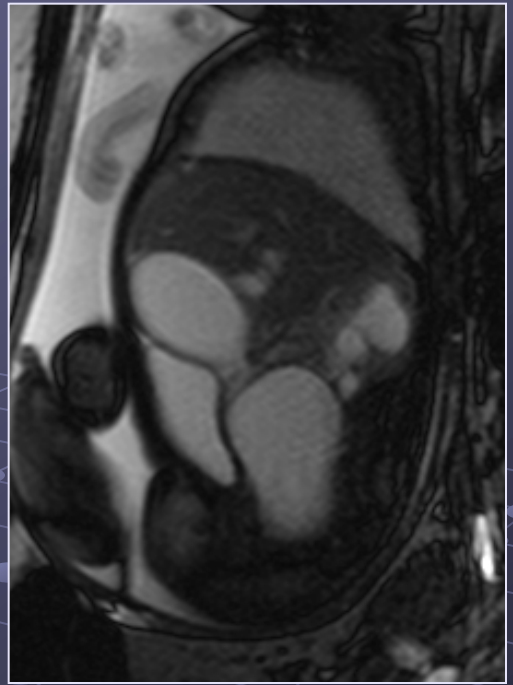
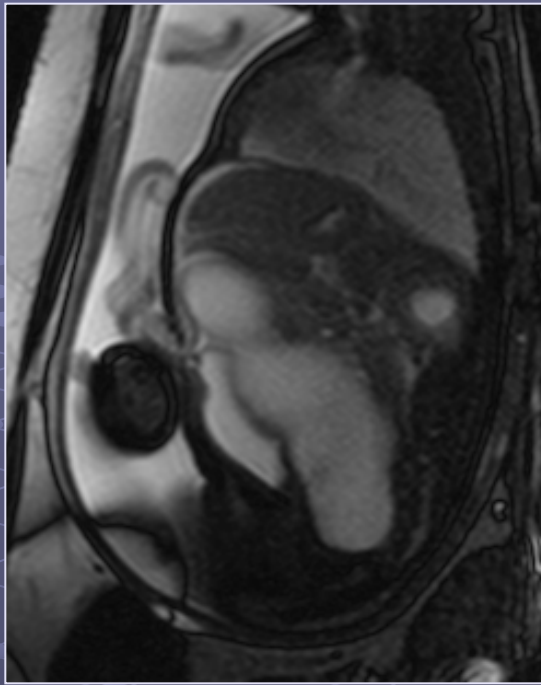
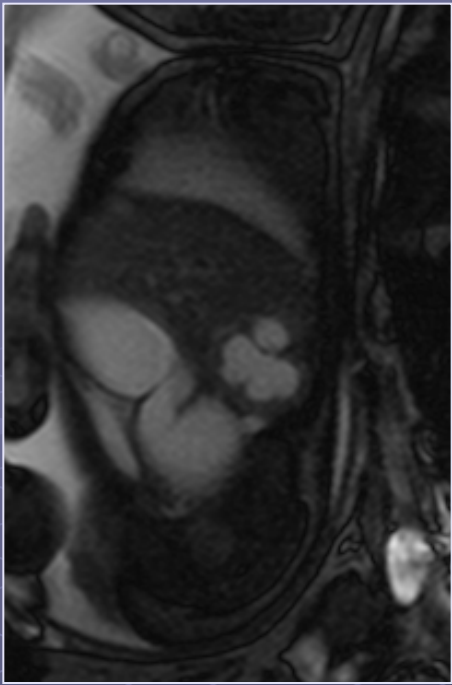


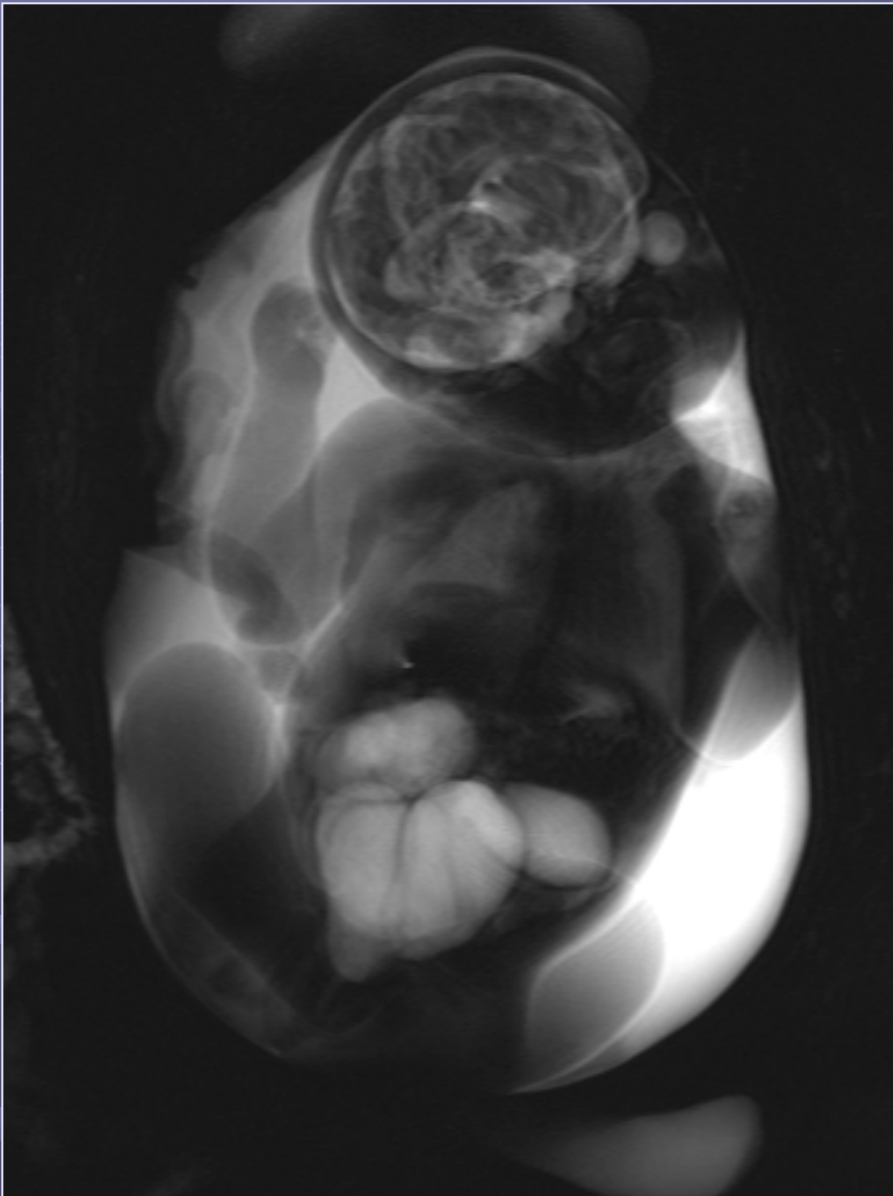
Vaginoplastie par double abord



33 SA: IRM pour bilan de dilatations digestives







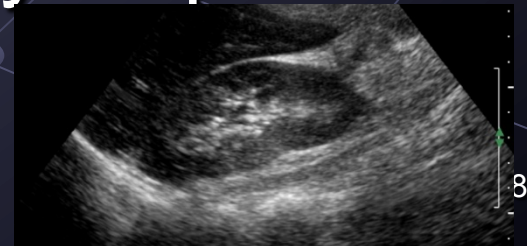
→ Cloaque probable

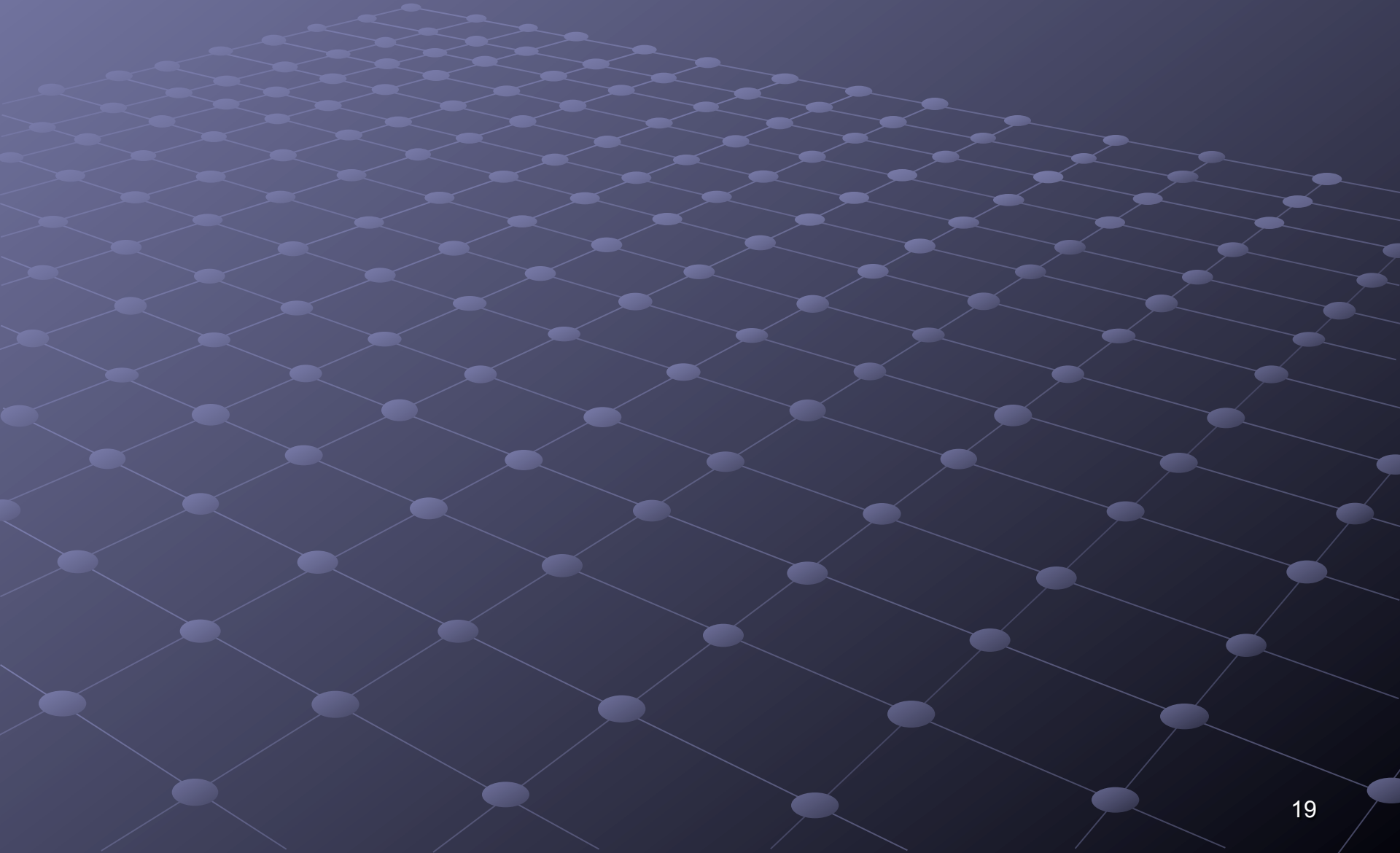
Accouchement prématuré à 33 SA

- Malformation cardiaque
- Cloaque avec MAR et fistule colo vésicale

Tableau clinique

- NNé à terme, parfois prématuré
- Masse palpable / visible au périnée (1/2)
- Obstruction urinaire ou fécale
- Rare : 2^{ème} enfance = pyocolpos
- Malformations associées (1/4):
 - arbre urinaire, MAR
 - Mc Kusick-Kaufman (cardiopathie, syndactilie) & Bardet Biedl (obésité, polydactylie, dysfct rénale, dystrophie cones)
 - VACTERL





Hydrométhrocolpos

- Echographie :

- Masse pelvienne hyperéchogène
- En arrière vessie, en avant sacrum
- Arbre urinaire, sacrum

- $\Delta c \neq$ classique:

- Kyste ovaire
- Kyste mésentérique
- Méningocèle antérieure (rech lésion rachidienne)
- TSC kystique à dvpt pelvien

- Complications :

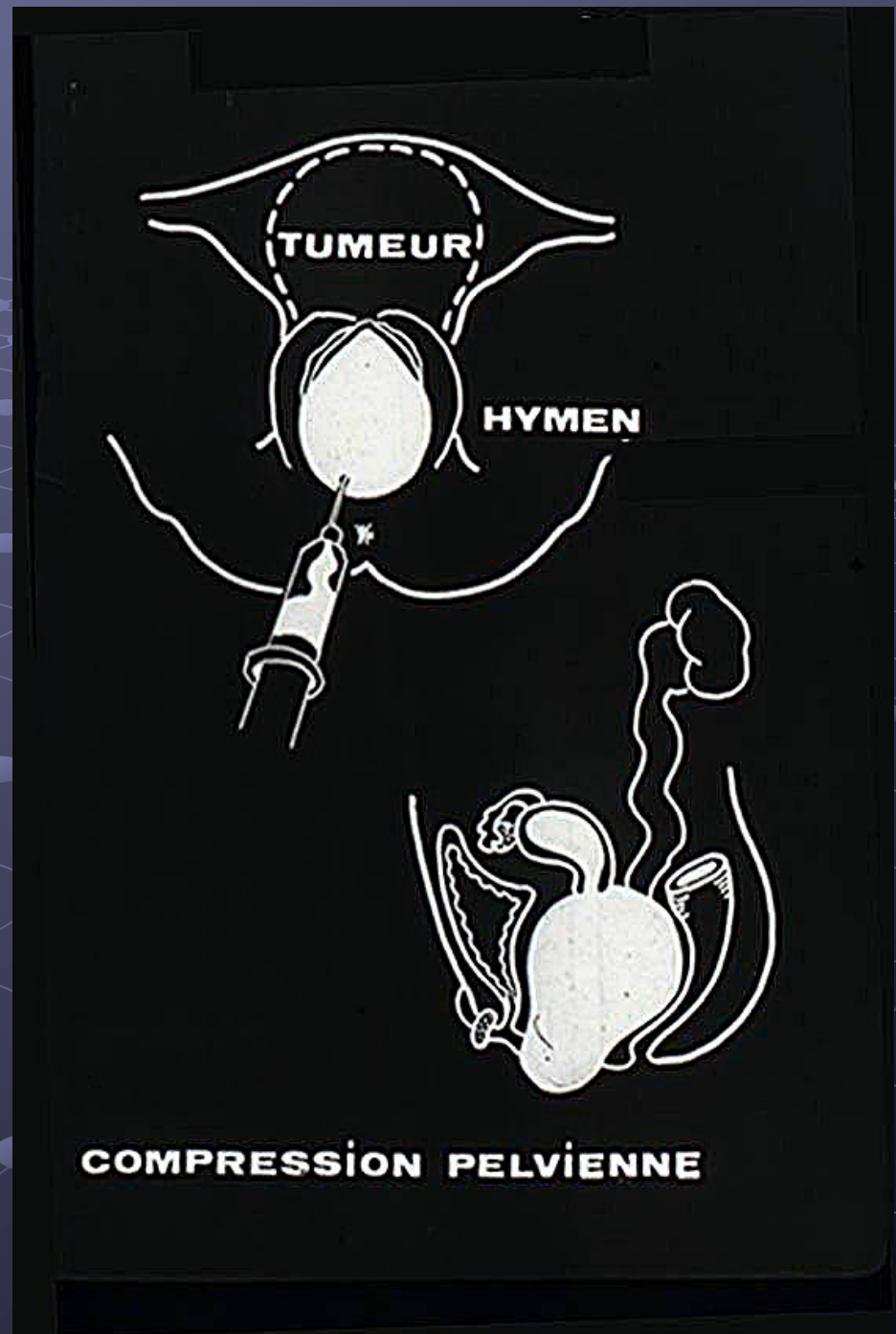
- Compressions digestive, urétérale
- Rupture (→aspect péritonite)

IRM

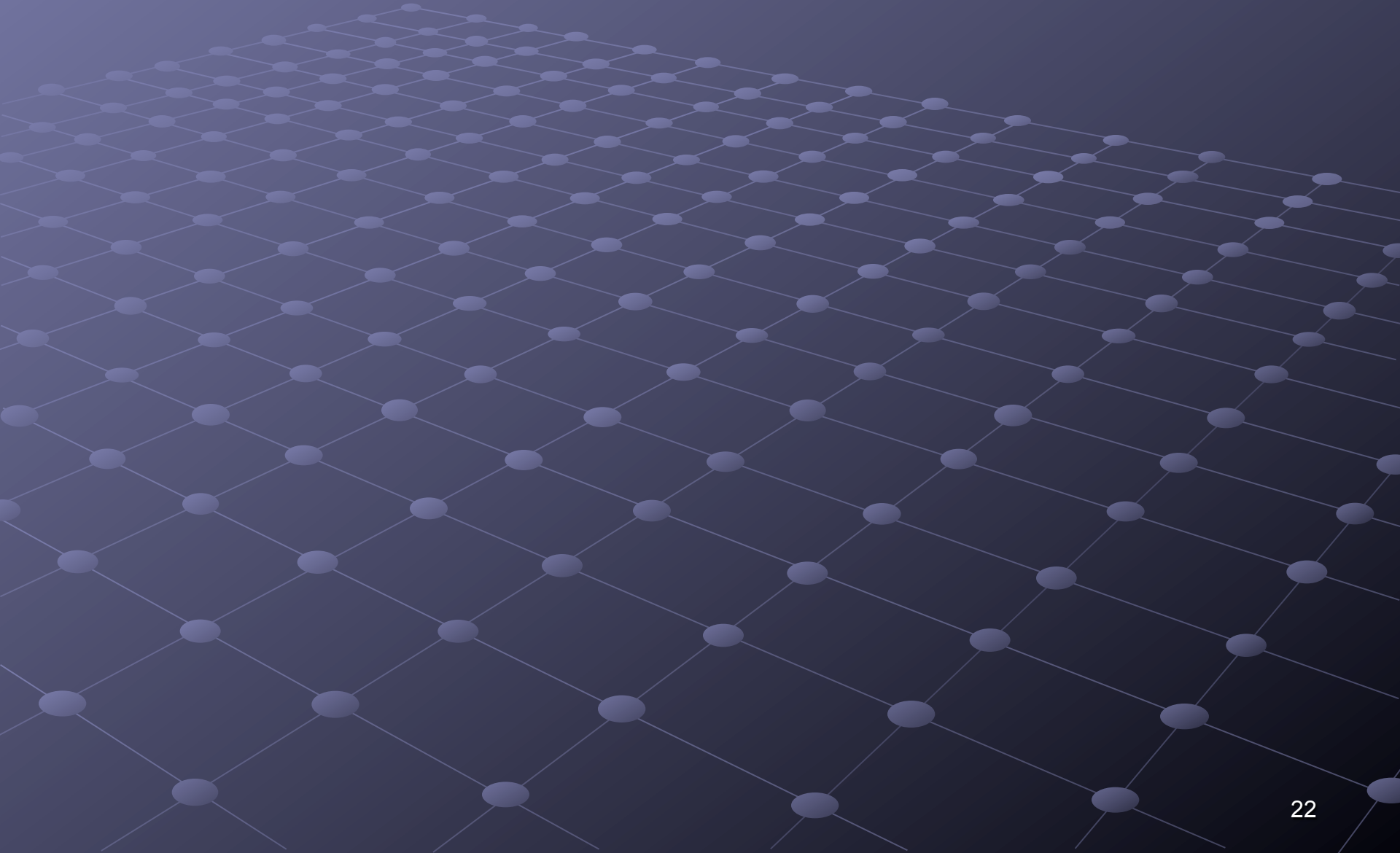
Exploration urologique

Bilan endoscopique
sous AG

TRT dépend de la forme



Période péri pubertaire

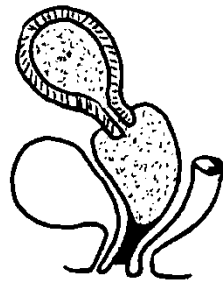
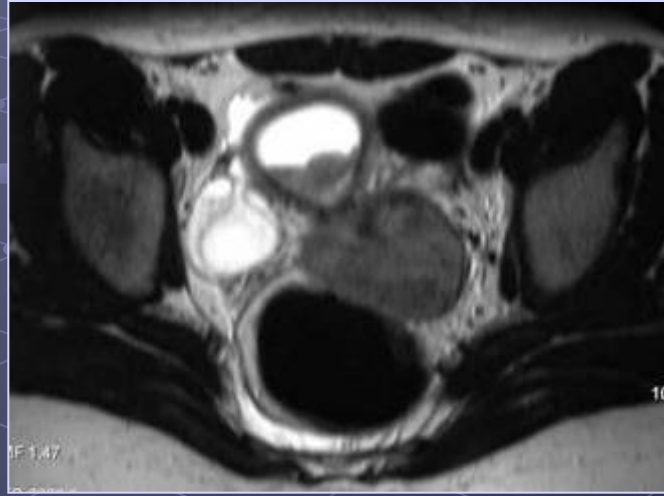


Tableau

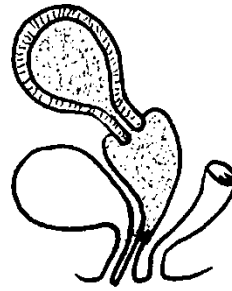
- Aménorrhée (rétention complète) ou menstruations présentes (obstruction partielle)
- Rétention menstruelle douloureuse
- Dyspareunie, stérilité
- Rétention aiguë d'urines
- Dysurie, infection urinaire ...
- Troubles défécatoires progressifs
- Douleurs abdominales

Anomalies mullériennes obstructives

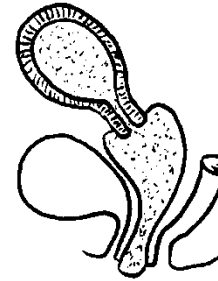
Hémato(mé)colpos de l'adolescente



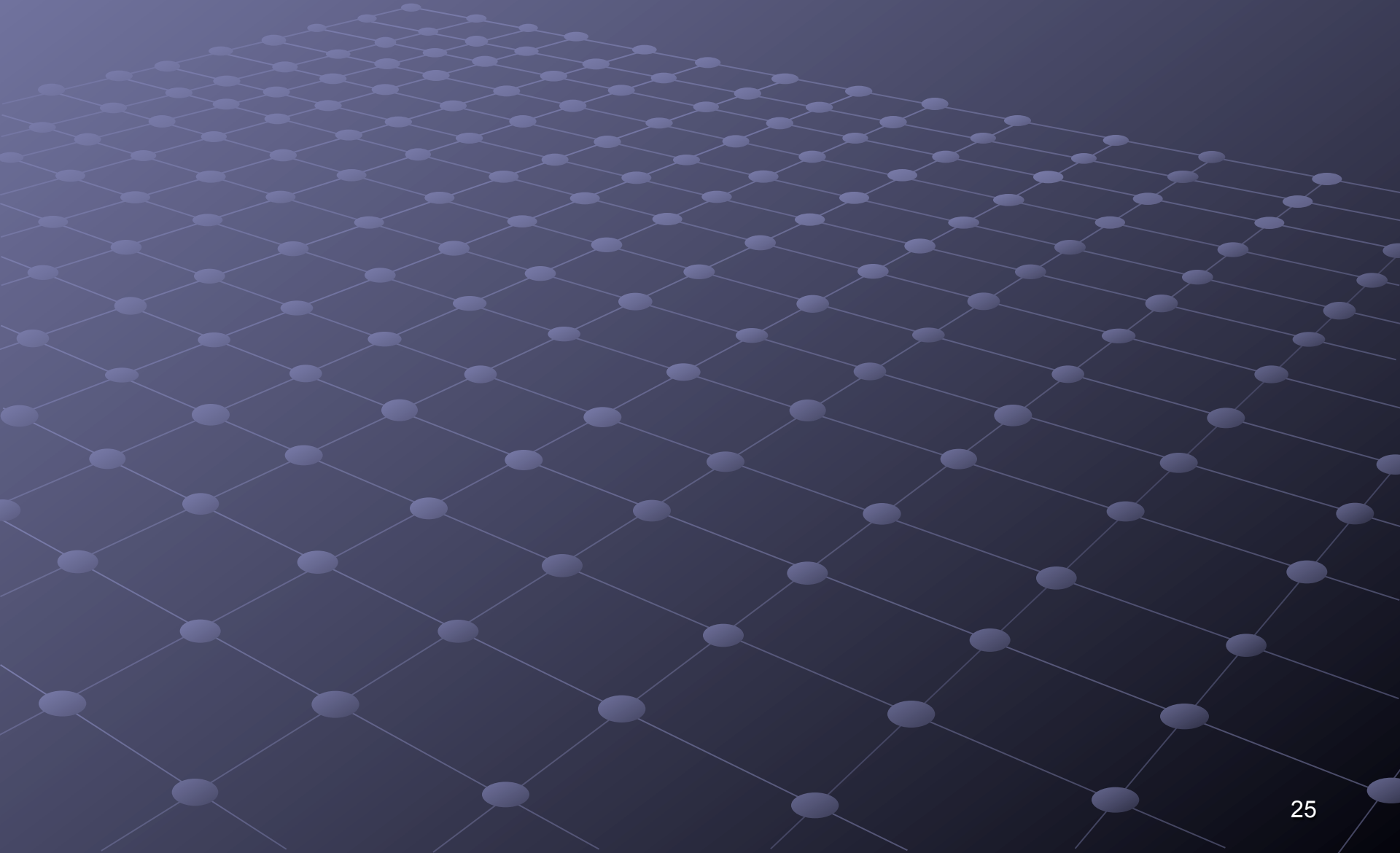
Atrésie
segmentaire



Cloison vaginale
transverse

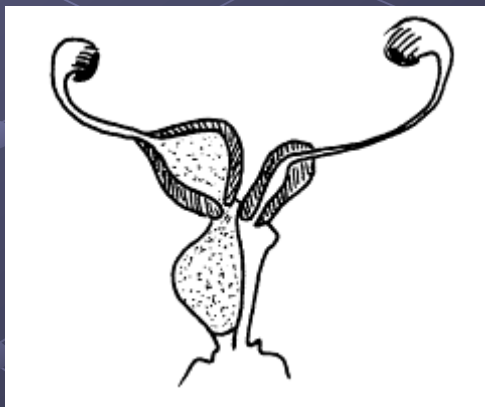
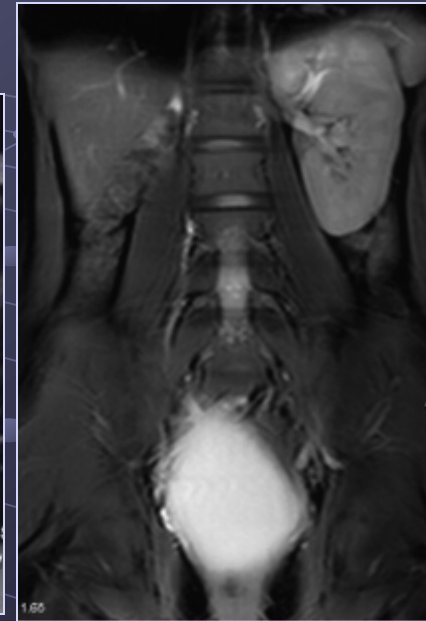
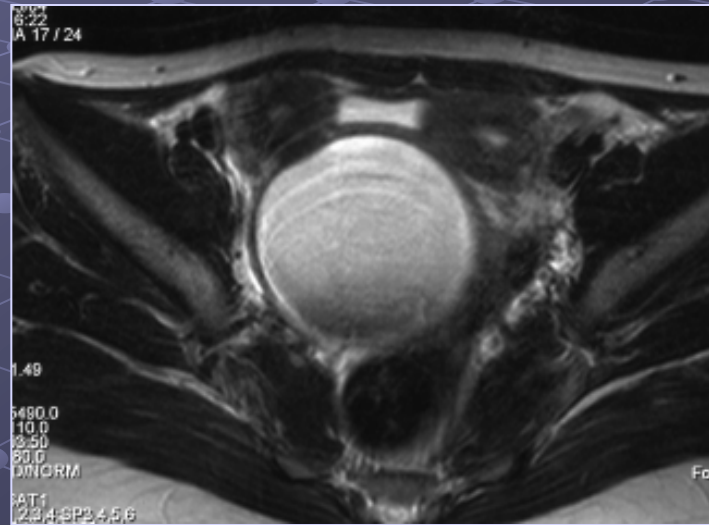


Imperforation
de l'hymen

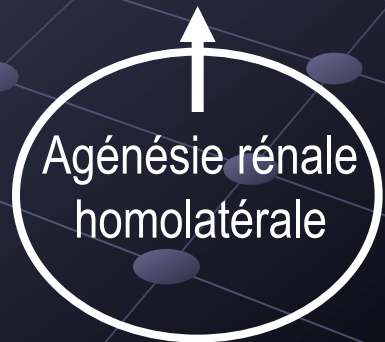


Anomalies mullériennes obstructives

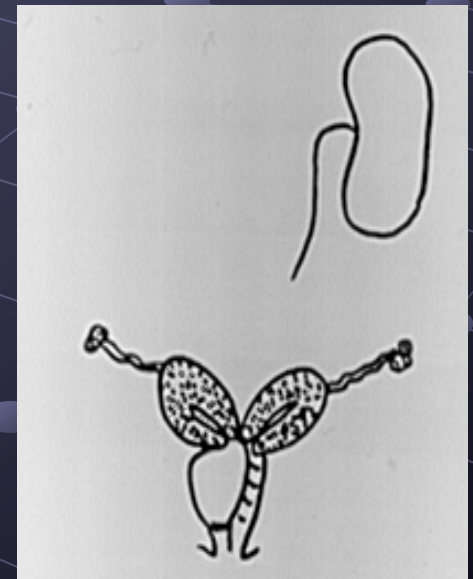
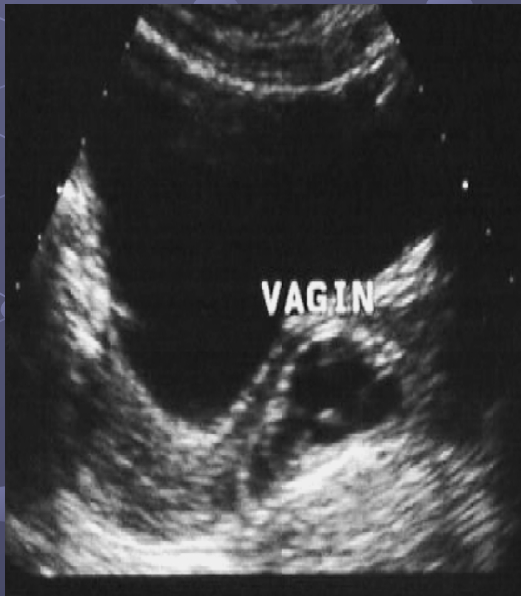
Obstructions sur cloisonnement sagittal Hématocolpos unilatéral



Syndrôme de Herlyn-Werner-Wunderlich



- Vanessa 12 ans, douleur pelvienne, aménorrhée



● Melle L., 13 ans ½

- Aucun ATCD particuliers
- Pas de ménarche
- Douleurs hypogastriques

● 14/12/2005: nouvelle crise douloureuse

- Echo AP (en externe): ovaires polykystiques, masse hypogastrique cloisonnée → utérus bicorné?
- Médecin traitant : avis spécialisé

- Adressée en consultation:

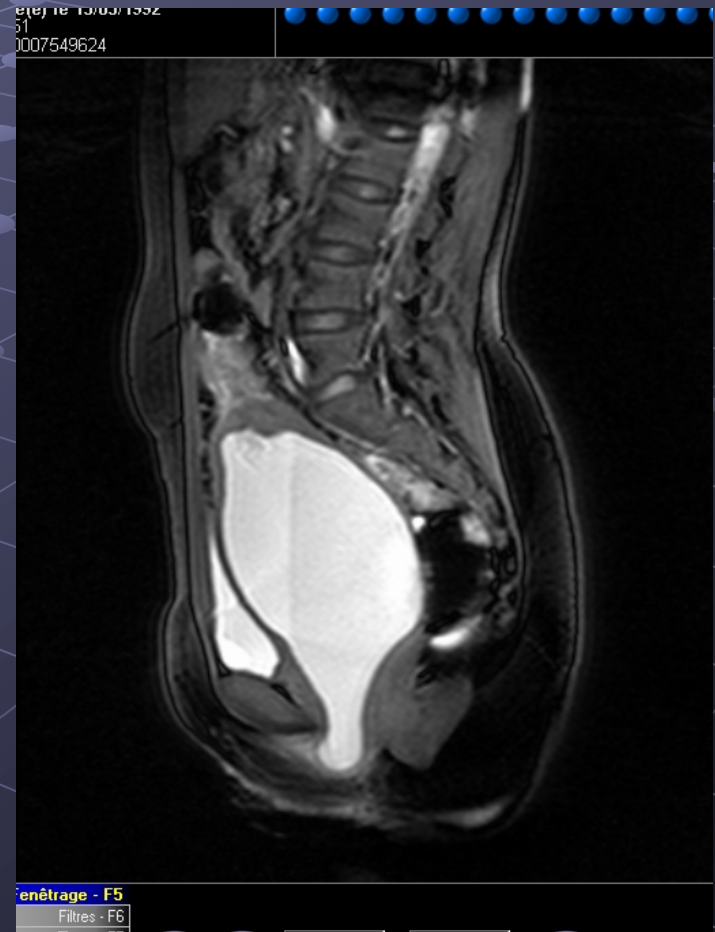
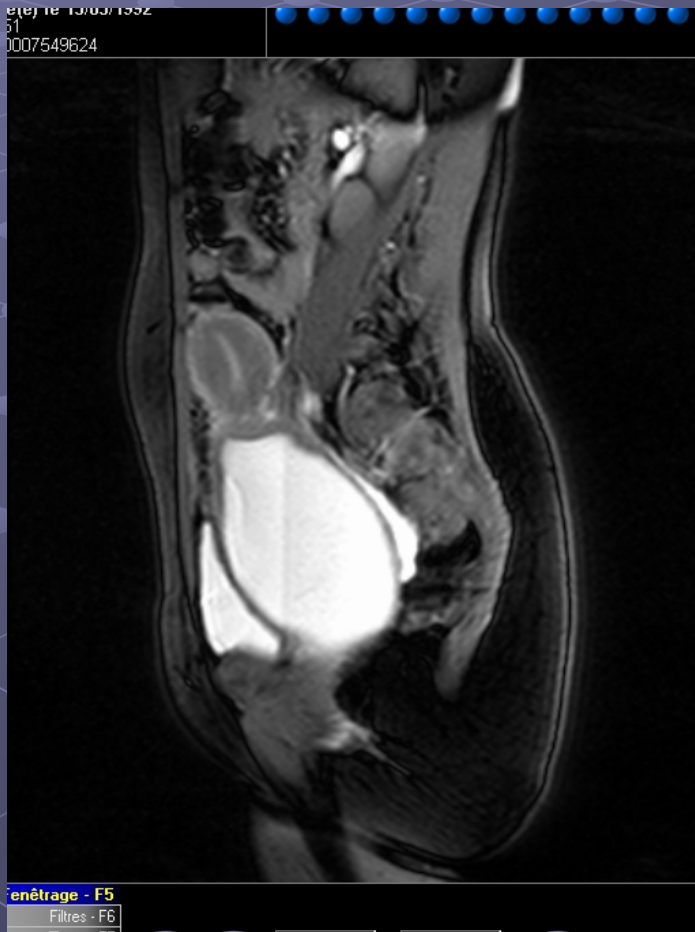
- Masse hypogastrique palpable
- Absence de menstruation
- Examen périnéal:
 - Imperforation hyménéale: hymen « bombant »

- **Echographie AP :** collection vaginale hypoéchogène, endomètre hyperéchogène, 2 ovaires vus normaux.

- IRM AP demandée

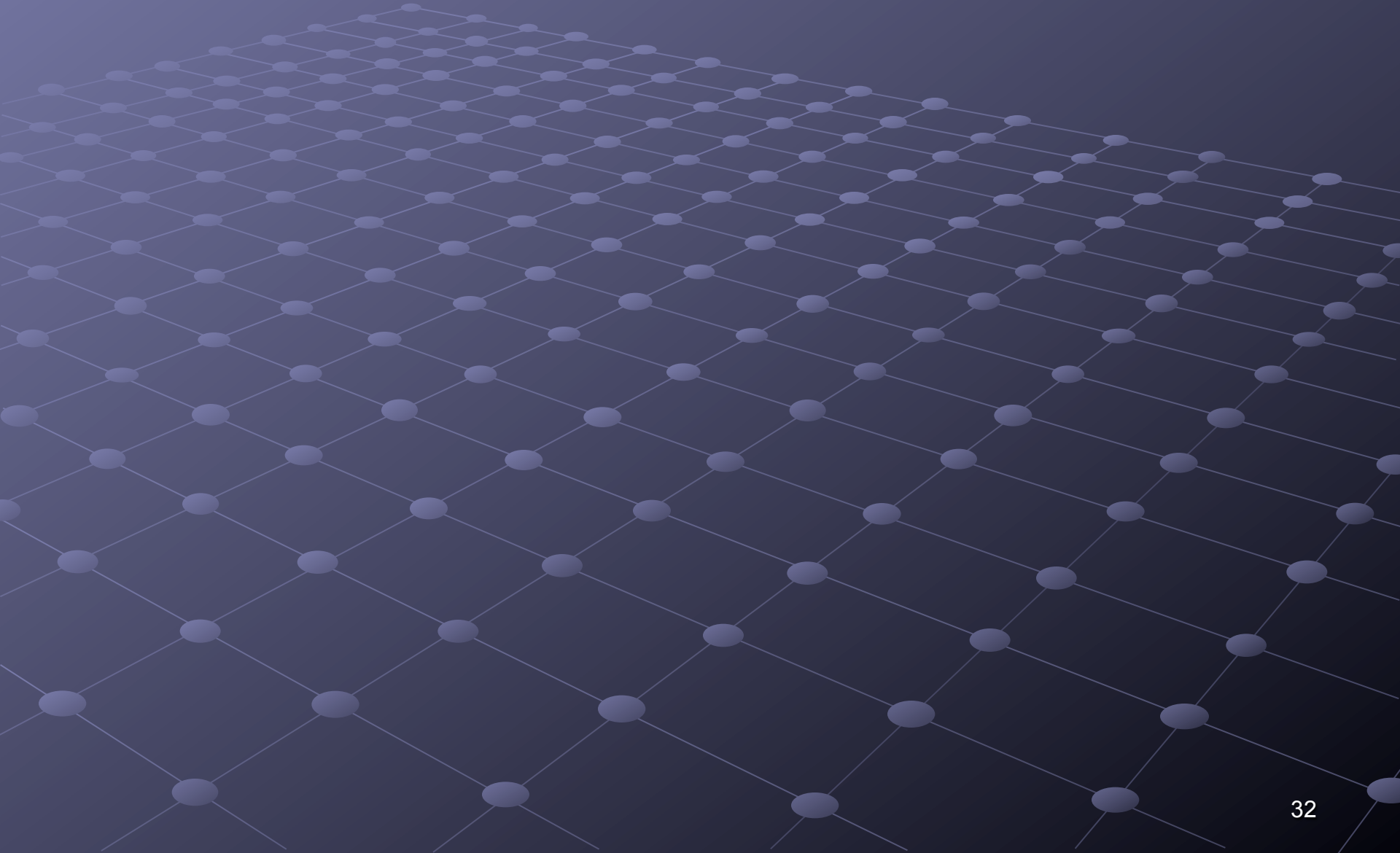


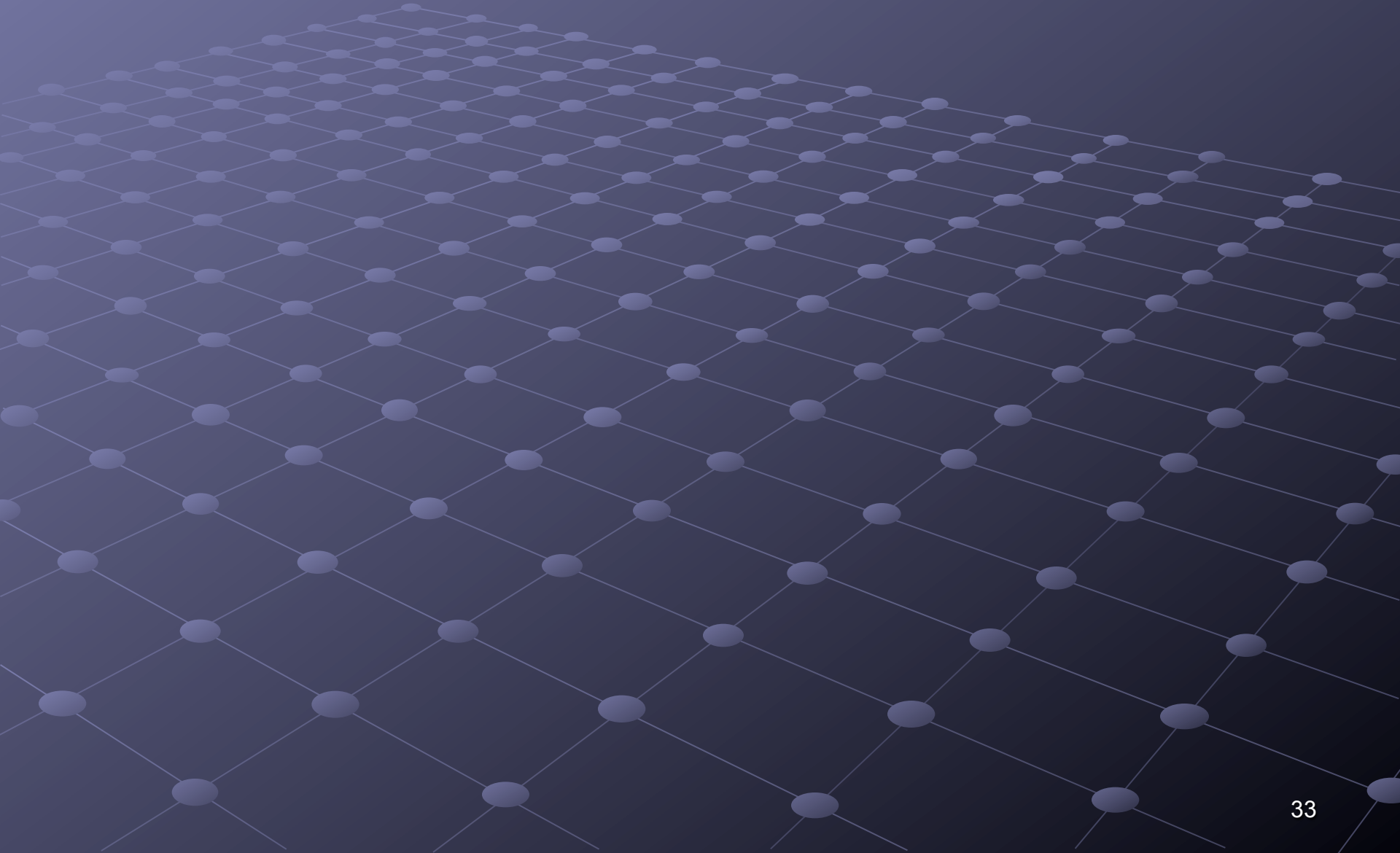
- **IRM abdominopelvienne: hématoméetrocolpos, hématosalpinx, petit épanchement intrapéritonéal**

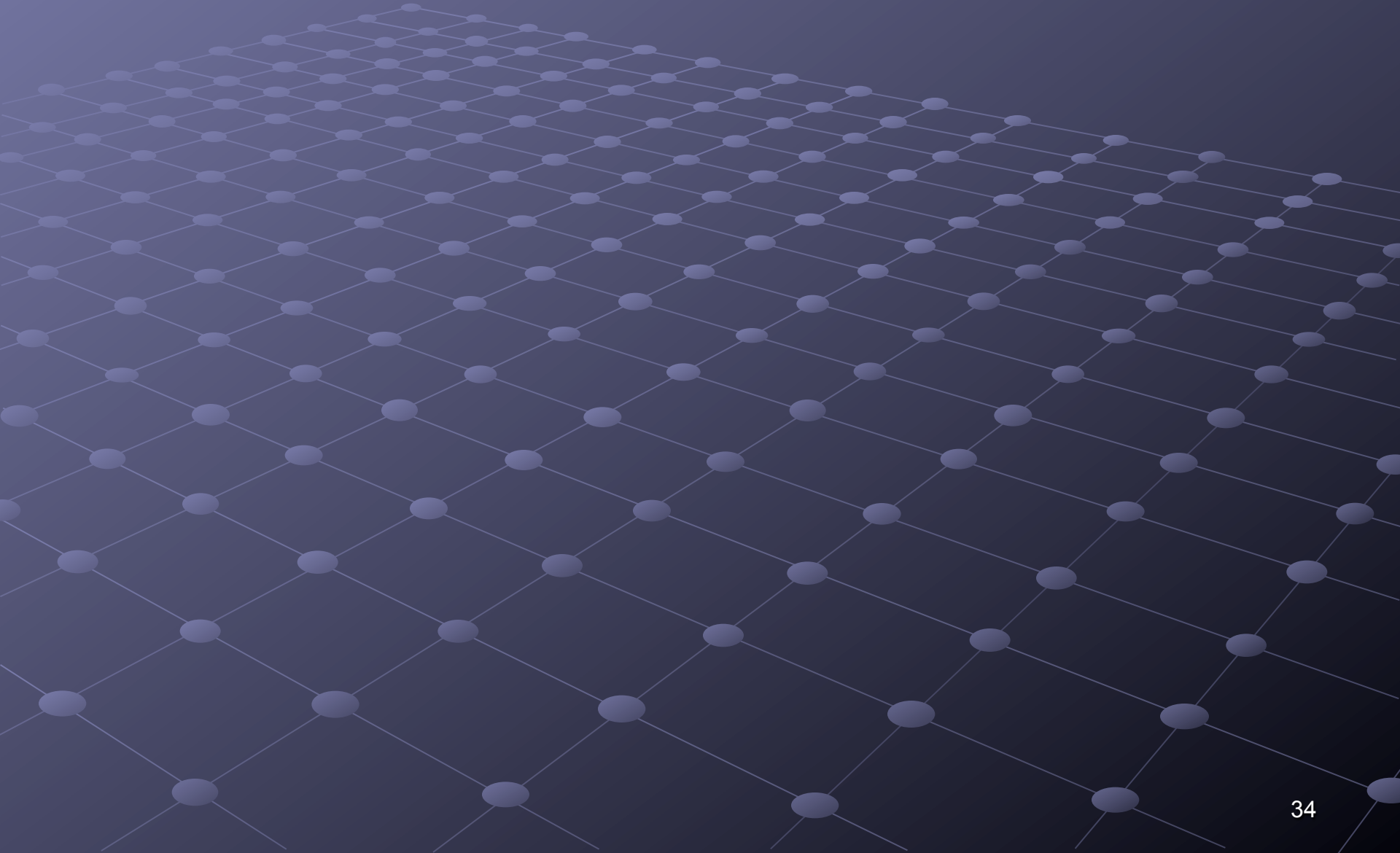


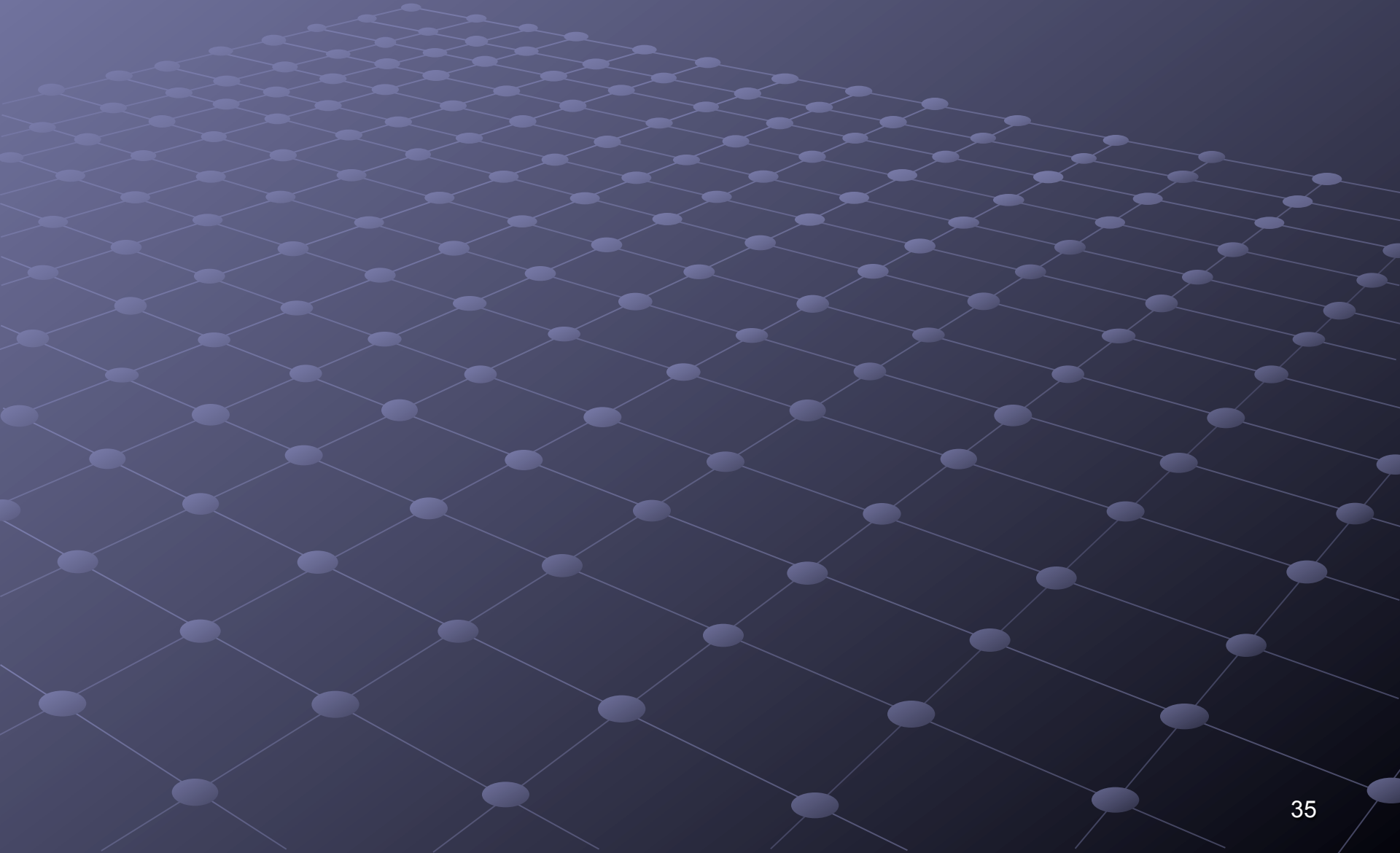
Traitement

- Chirurgical: section chirurgicale de l'hymen après repérage de l'urètre par SV
- Médical:
 - Ttt antalgique
 - Contraception EP pdt 6 mois
- La complication à redouter: l'endométriose









Conclusion

- Hydrocolpos & hémocolpos :
 - obstruction vaginale congénitale mais aussi formes acquises
 - étiologies variées : imperforation hyménale au sinus UG
- TRT :
 - urgence compressive ou infectieuse : décompression
 - incision hyménéale à la mobilisation d'un sinus.
- Pronostic: taux de grossesse varie 25 à 47% selon formes.