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Title

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Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 11(2)

ISSN

1936-900X

Authors

Gupta, Perna
Gadodia, Ankur
Bhalla, Ashu Seith

Publication Date

2010

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Peer reviewed

Neonate with Abdominal Lump and Anuria

Prerna Gupta, MD, DNB*
Ankur Gadodia, MD, DNB†
Ashu Seith, MD†

* Department of Obstetrics and Gynecology, India Institute of Medical Sciences, New Delhi, India
† Department of Radio-diagnosis, India Institute of Medical Sciences, New Delhi, India

Supervising Section Editor: Rick McPheeters, MD

Submission history: Submitted February 6, 2010; Revision Received March 12, 2010; Accepted March 29, 2010

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[West J Emerg Med 2011; 11(2):226-227].

An 8-day-old female presented with abdominal distension, anuria and a translucent membrane protruding from the vagina. Clinical examination revealed a palpable abdomino-pelvic fluctuant mass lesion. On perineal examination, a translucent bulge was seen and increased in size when the neonate cried or when pressure was exerted on the abdominal mass (Figure 1). Differential diagnoses considered were imperforate hymen, urethral prolapse and prolapsed ureterocoele. Ultrasound of the abdomen revealed a large abdomino-pelvic cystic mass lesion containing mobile internal debris (Figure 2). Bilateral moderate hydronephrosis was also seen. Diagnosis of imperforate hymen causing hydrometrocolpos, anuria and bilateral hydronephrosis was made.

The bulging membrane was incised and drained 300 mL of fluid. The child improved symptomatically. Hydronephrosis resolved on follow-up ultrasonography. An imperforate hymen causing hydrometrocolpos, bilateral hydronephrosis and associated anuria/urinary retention is extremely rare in the neonatal period.¹ Neonatal Hydrometrocolpos secondary to imperforate hymen usually presents soon after birth with a lower abdominal mass and a bulging introitus. Other reported presentations include acute renal failure, respiratory distress, sepsis, and intestinal obstruction.² Sonographic findings include cystic abdomino-pelvic mass containing debris with posterior acoustic enhancement and hydrosalpinx.³ Hymenectomy through perineal approach is the mainstay of management.¹

Address for Correspondence: Ashu Seith Bhalla, MD, Department of Radio-diagnosis, India Institute of Medical Sciences, New Delhi, India-110029. E-mail: ashubhalla1@yahoo.com

REFERENCES

1. Z. Nazir, R.M. Rizvi, R.N. Qureshi *et al.*, Congenital vaginal obstructions: varied presentation and outcome, *Pediatr Surg Int* 2006; 22:749-53
2. A. El-Messidi, N.A. Fleming. Congenital imperforate hymen and its life-threatening consequences in the neonatal period, *J Pediatr Adolesc Gynecol* 2006; 19:99-103.
3. A.K. Banerjee, O. Clarke, L.M. MacDonald. Sonographic detection of neonatal hydrometrocolpos, *Br J Radiol* 1992; 65:268-71



Figure 1. Clinical photograph shows a translucent bulge, which increase in size when the neonate cried (Arrow).

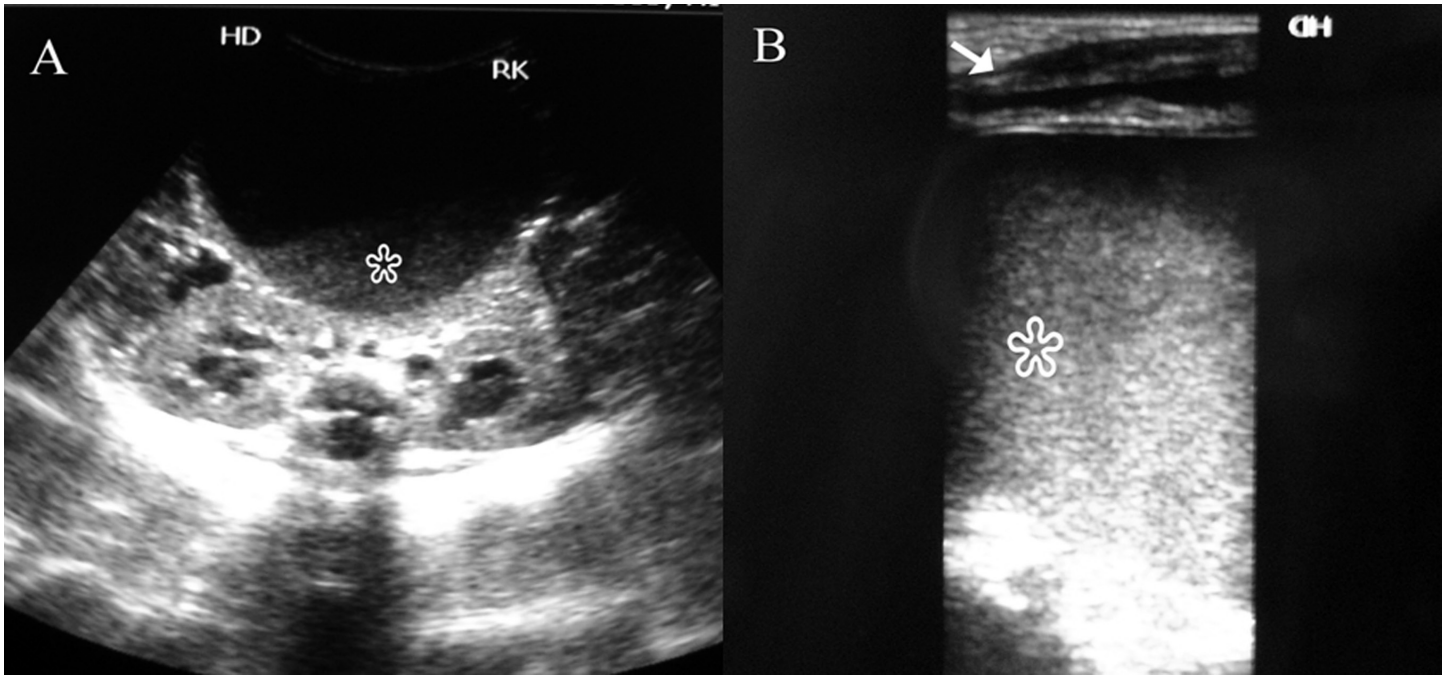


Figure 2. Axial Ultrasound (A and B) demonstrates a large abdomino-pelvic mass lesion with mobile internal debris (asterisk). Mass is causing bilateral moderate hydronephrosis. Note the presence of collapsed bladder anteriorly (arrow).