Description of Percutaneous Obstructed Vagina Access (POVA) Technique for Safe Entry into Pyo/Hematometrocolpos

Beverly G. Reed, MD
Linda A. Baker, MD
Ellen E. Wilson, MD
Children’s health
University of Texas Southwestern Medical Center
Departments of Obstetrics and Urology
Dallas, Texas

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Background

- Many conditions can lead to pyo- or hematometrocolpos.
- Surgical resection is needed to relieve the obstruction.
- Many cases are straightforward with a bulging obstructed vaginal wall.
- In some, the location and orientation of the obstructed vagina can be challenging to find.
Case #1

- A 15-year-old female presented for hip pain.
- She was having cyclic menses, but reported a malodorous vaginal discharge.
- MRI: Didelphus uterus and an obstructed left hemivagina. A renal ultrasound confirmed left renal agenesis and the diagnosis of obstructed hemivagina ipsilateral renal anomaly (OHVIRA).

Case #2

- A 16-year-old female presented with amenorrhea and pelvic pain.
- On exam, the hymen was intact, but it was not bulging leading us to suspect distal vaginal agenesis.
- MRI: Hematometrocolpos.
Conclusion

• An obstructed vagina can vary in size and location and it may be difficult to delineate at the time of surgery.
• Dissection without full awareness of the location and extent of the obstructed vagina may put the bladder and bowel at risk.
• Use of our percutaneous obstructed vagina access (POVA) technique to enter an obstructed vagina or hemivagina permits needle guided localization prior to dissection.
• Limitations: Requires the presence of either old menses or purulent material
• Facilitates a safe, directed dissection for the vaginoplasty.

Questions/Comments?