

GENITAL TRACT OBSTRUCTION

By

Prof. J. G. Dewhurst

(SUMMARY)

Prof. Dewhurst showed a number of cases with genital tract obstruction associated with retention of menstrual blood. The first case was haematocolpos in a girl of fourteen years who presented with primary amenorrhoea, intermittent lower abdominal pain and finally developed retention of urine. There was a membrane in the lower part of the vagina and on rectal examination a palpable mass was felt. The treatment consisted of incision of the membrane and drainage of the menstrual fluid.

Then the problem of absent vagina was discussed. The clinical picture is similar to the above condition but here the absent part of the vagina should be assessed by the examining finger. He divided them into those where the obstruction is high and those in which it is low. In the first group he suggested that laparotomy should be performed to see the exact situation. Prof. Dewhurst thinks that if the obstruction is at a low level, then it is not difficult to dissect from below and drain the fluid but the problem is to keep it patent. To overcome this he suggests the use of a hollow mould and better still the technique described by Sir Norman Jeffcoate as advancement of the vagina. In this technique dissection is carried out until the lower end of the sac containing the menstrual blood is reached. Then the sac is opened and the walls of the sac are brought down to line the lower vagina.

He then considered some cases of failure of canalisation and in those he suggests that hysterectomy should be considered seriously. Another variation he showed was when half of the double genital tract was imperforate, the other half menstruating normally. In this type of case he suggests that an incision should be made joining the two halves but the problem was that the incision closed and the fluid collected in the other half and became infected and as a result they had to remove that half of the genital tract; which was extremely difficult. He also reminded us of congenital malformations of the urinary tract.

He then mentioned another type of retention of fluid in the vagina (hydrocolpos) and this could be seen in the new-borne. Children are sometimes borne with quite a sizable collection of fluid in the vagina which is the result of hormone stimulation. The diagnosis is easy to make if people have it in mind and remember that abdominal masses could be due to hydrocolpos. He concluded by saying that the treatment is to make an incision and drain the fluid.

Summary by Dr. Farouk Abdel Aziz.