Mayer-Rokitansky-Kuster-Hauser (MRKH) syndrome with cyclical abdominal pain: A case report

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ABSTRACT

Introduction: MRKH syndrome is a Müllerian anomaly that affects 1 in 5,000 women. The most common presentation is primary amenorrhoea. We present a rare case presenting with cyclical pain with an inguinal hernia. Case Description: A 13-year-old girl first presented with primary amenorrhoea and cyclical abdominal pain. As her hormonal profiles and karyotyping were normal, she was treated conservatively. 3 years later she had severe abdominal pain and imaging revealed a left inguinal hernia. During surgery the inguinal sac was found to contain a small uterus, tube and ovary. These were replaced into the abdomen and the hernia was reduced. She presented to us 7 months later, again with abdominal pain. Imaging revealed that she had a fluid collection within the left rudimentary uterus with a dilated fallopian tube. She had another rudimentary uterus and ovary on the right side. Unfortunately, all our efforts to manage her pain and stop menstruation medically failed and she underwent a laparoscopic removal of both uterine remnants and tubes with both ovaries preserved. She recovered well. Discussion: A patient with MRKH who presents with pelvic pain must be evaluated for the presence of uterine remnants or a rudimentary uterus, which may contain functional endometrium. The pain may be due to outflow obstruction, endometriosis or adenomyosis. In these patients, surgical intervention is a crucial part of the management.

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Post partum intra uterine device (PPIUD) insertion service in Ampang Hospital

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ABSTRACT

Introduction: Maternal mortality and morbidity are highest in the first 24 months following delivery. Providing post-partum contraception before the woman leaves the health care facility reduces risk of an unplanned pregnancy. Objective: To look into the feasibility of providing a reliable long-acting reversible contraception in the immediate post-partum period and patient's acceptance. Methods: This was a prospective descriptive study of all women delivering in Ampang Hospital who received a post-partum intrauterine device (PPIUD) prior to discharge between April 2019 to September 2020. All women were counselled antenatally or postnatally and given the option for PPIUD. Those who agreed and fulfilled the inclusion criteria were recruited into the study. PPIUD was inserted after delivery of the placenta or within 48 hours post-partum and patients were reviewed at the out-patient clinic at 6 weeks post-partum.Results: A total of 270 women were recruited during the study period. Almost half (54%) were inserted during caesarean section. A total of 158 (59%) attended the 6 weeks review appointment. There were no cases of uterine perforation. PPIUD expulsion rate was 7.6% (12 out of 158) in this study. Trimming of IUD string was required in 107 women within the 6 weeks post-partum period. Patient satisfaction was good with 65% willing to recommend it to others and 56% keen to use it as their choice of contraception in future. Conclusion: PPIUD is an important method of contraception that has a good acceptance among our patients with low complication and expulsion rates, which is comparable with current available data.