Incomplete transverse vaginal septum presenting as recurrent vulvovaginitis – A rare presentation

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ABSTRACT

Introduction: Transverse vaginal septum is a rare abnormality of the female genital tract caused by a defect in the fusion of the urogenital sinus and the mullerian structures. We present a case to showcase its relevance as a differential diagnosis of recurrent vulvovaginitis. **Case Description:** A 29-year-old female presented with persistent, yellowish, foul-smelling vaginal discharge and vulval itching for five years, worsening after her menses or sexual intercourse. There was associated superficial dyspareunia, difficulty in full vaginal penetration but no abdominal pain. Abdominal exam was normal. Vaginal exam revealed a short vaginal length of 4 cm. The cervix could not be felt or seen on speculum exam. Pelvic ultrasound revealed minimal haematocolpos. Surgical excision of the septum was done. Copious amounts of pus mixed with old blood was drained and the wound edges sutured circumferentially. The patient was doing well three months after surgery. **Discussion:** Complete transverse vaginal septum is commonly diagnosed in early adolescence with symptoms of primary amenorrhea, low abdominal pain, haematocolpos and dyspareunia. For incomplete septa, the presentation is more variable and may include secondary amenorrhea and recurrent vaginal infections. Vaginal septum in a patient with recurrent vaginitis is unlikely especially in the context of relatively normal menses. Accumulation of menstrual debris above the septum and consequent infection may explain this. The diagnostic criteria for vaginal septa were utilized. A diagnosis of incomplete transverse vaginal septum should be considered as a differential diagnosis in the management of patients with longstanding recurrent vulvovaginitis unresponsive to treatment.

Ovarian sarcoidosis, rare but true

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ABSTRACT

Introduction: Sarcoidosis is rare and of unknown etiology. Ovarian Sarcoidosis is even rarer with features that mimic ovarian malignancy. **Case Description:** A 65-year-old, para 1 presented with abdominal pain and distension for two months. Abdominal and speculum examinations were unremarkable. Transabdominal ultrasound revealed a right complex ovarian mass, measuring, 2 x 1.5 cm. Her serum CA125 level was elevated; 153.5 U/mL. A CT scan in September 2022 showed a right adnexal mass measuring 2.9 x 3.9 x 2.1 cm, with complex cystic and solid components. The mass was suspected to be a right ovarian malignancy with possible infiltration to the adjacent caecum and uterus. Mild ascites and co-existing right tube-ovarian abscess could not be ruled out. During follow-up, she had no fever, and her white blood cell count did not suggest any infection. She was referred to the surgical team for a colonoscopy and a biopsy was taken, which revealed chronic granulomatous inflammation. She underwent an exploratory laparotomy, TAHBSO and omentectomy in November 2022. The histopathology revealed disseminated non-caseating granuloma suggestive of sarcoidosis and Ziehl-Neelsen stains were negative. A tuberculosis workout was done and tissue MTB culture and sensitivity came back positive for Mycobacterium Tuberculosis. She was started on tuberculosis treatment. **Discussion:** Ovarian sarcoidosis is a rare disease that can present with non-specific symptoms and radiological findings. The diagnosis is usually based on histological findings of non-caseating granulomas. The presence of tuberculosis should always be evaluated. The treatment is challenging, as there are no established guidelines and individualized approach is required.