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**Structural abnormality of female genitalia**

**(case report)**

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A 13-yer-old patient D. was admitted to Kharkiv Regional Children Clinical Hospital No. 1 presenting with menstrual cycle disorder in the form of bleeding lasting from May 2014. **History of the disease**: the disorder has been bothering her since May 2014, when the first signs of menstrual disorder appeared. From 23/05/14 to 27/05/14 she underwent in-patient treatment for juvenile uterine bleeding. Examination revealed absence of the right kidney. On 06.06.14 she was found to have discharge with blood clots following which there was a "dry period" from 01.07 to 02.07.14 and from 03.07 to 08.07.14 she developed profuse discharge with blood clots. On 26.06.14 she underwent examination at Alchevsk Children Hospital. Diagnosis: Malformations of internal genitalia. Dimetria. Endometrial polyp of the right uterus. Aplasia of the right kidney. She was referred to in-patient department for complete examination. On 08.12.14 she was admitted to Kharkiv Regional Children Clinical Hospital No. 1 for diagnosis specification. **Life history:** according to information provided by the patient, she has not had tuberculosis, infectious hepatitis, sexually transmitted diseases, traumas, surgical operations, gynecological diseases. Her past history includes chicken pox, ARVI. **Menstrual function**: menarche at 12; regular, moderate, painless menstruation lasting for 5 days, in 25 days. **Somatic status**: general condition is relatively satisfactory. Skin and visible mucosa are of normal color, clean. Her tongue is moist, clean. Lungs: vesicular breathing. Heart: clear, rhythmic tones. Pulse is 70 beats/min, blood pressure is 110/70 mmHg. The abdomen is soft, painless on palpation. The liver and spleen are not enlarged. ***St.genitalis***: slightly atypical structure of the external genitalia. Labia majora are hypoplastic. Labia minora are significantly hypertrophic, resembling wing-shaped scrotal tissue. Clitoris is hypoplastic, located atypically high. Vulva is funnel-shaped. Hymen is ring-shaped and intact. On rectoabdominal examination: uterus is enlarged, irregular and painless. Right adnexa are not detectable, with lower pole of soft elastic mass highly detectable on the left (described at ultrasound examination as hematosalpinx).

***Clinical examination***: clinical blood essay: erythrocytes - 4,7x1012 g/l, hemoglobin - 138 g/l, hematocrit - 41%, platelets - 250 thousand, leukocytes - 9,5x109, eosinophils - 1%, basophils - 1%, stabs - 1% segmented - 65%, lymphocytes - 27%, monocytes - 5%, ESR- 3mm/h. Coagulogram: prothrombin time - 14.3 sec., fibrinogen - 2.8 g/l, thrombin time - 16.3 sec., ethanol test - negative. Hormonal profile: testosterone - 0.057 ng/ml (1.4-0.9), FSH - 5.56 ng/ml, LH - 6.44 ng/ml, prolactin - 18.43 ng/ml, estradiol - 16.56 ng/ml, progesterone 0.371 ng/ml, cortisol - 509.7 nmol/l. Ultrasound examination of kidneys: bladder is not full. Right kidney is not visualized. Left kidney is 101×49 mm due to compensatory enlargement, pyelocaliceal system is not enlarged. Pelvic ultrasound: developmental abnormalities of the uterus and cervix; dimetria, incomplete duplication of cervix with possible atresia of cervical canal of the right cervix. ***Vaginoscopy***: vaginal mucosa all over the surface is not changed, profuse discharge of white color makes it difficult to perform the examination. Cylindrical cervix with intact epithelium and pointed orifice is visualized at the distance of 8-10 cm from the vaginal opening. The cervix is turned to the left by 900. The second cervix is visualized above the described cervix and is closely adjacent to it from above and to the right. Vaginal mucosa slightly prolapses above the left cervix, located slightly to the left. Examination is problematic due to very high location of the two described cervices.

***Diagnostic conclusion***: The findings obtained following physical, instrumental and ultrasound examination suggest that the patient has structural abnormality of external and internal genitalia, namely dimetria. Given the absence of one kidney and abnormal development of the urogenital system, she should be referred to karyotyping analysis, hormonal profile assessment and diagnostic laparoscopy to specify the nature of internal genitalia abnormalities.