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**CRYPTOMENORRHEA DUE TO MULLERIAN AGENESIS AND ITS**

**RELATION TO KIDNEY ABNORMALITIES**

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**Introduction.** Cryptomenorrhoea is also known as hematocolpos. It is a medical disorder where a pubescent girl who has developed secondary sexual characters may or may not be undergoing menstrual like symptoms but inevitably without visible vaginal bleeding, this is mostly due to obstruction in the outflow tract but can also be a result of absence of internal reproductive organs namely; the uterus and fallopian tube. The goal of this study is to prove that the formation of kidney and the mullerian duct occurs simultaneously, therefore any exogenous cause inhibiting the formation of the mullerian duct would also result in congenital kidney anomalies.

**Materials and methods.** 25 patients in their pubescent age (12-19years) with developed secondary sexual characters but with concerns of absence of visible menstruation reported by their parents/guardians were investigated. Under transabdominal and transvaginal ultrasonography they proved to have an absence of uterus and fallopian tubes and presence of blind vaginal pouch consecutively. To evaluate existence of kidney anomalies urological contrast studies with iodine was performed due to its ability to be naturally excreted through urine.

**Results of research.** The urological contrast studies with iodine used as contrast with images taken at time of ingestion to 20 minutes after showed presence of solitary kidneys, horseshoe kidneys, torsion due to elongated ureters, multi cystic dysplastic kidneys and displaced and malrotated kidneys in 87% of patients.These same patients also showed presence of otological abnormalities like deformation in ear function.

**Conclusions.** On the basis of the background checks ran on these patients, results of their mothers during their gestational period having undergone exposure to teratogens especially during the beginning of their II trimester of pregnancy was obtained, with a handful of them suffering from TORCH infections; hence proving the relation between the defects formed during this embryonic period since the formation of kidney occurs simultaneously with the mullerian duct forthwith.