

ABSTRACTS

Case Reports

CR01

A 14-year old girl with abdominal pain and inability to urinate– case report of imperforate hymenAnte Blažević^a, Marija Vukojević^a, Ante Vuković^a, Egon Kruezi^b^a School of Medicine, University of Zagreb^b Department of Gynecology and Obstetrics; University Hospital Center “Sestre Milosrdnice”; Zagreb, CroatiaDOI: <https://doi.org/10.26800/LV-144-supl2-CR01> Ante Blažević 0000-0003-2128-5933, Marija Vukojević 0000-0003-0355-8141, Ante Vuković 0000-0002-5792-2765, Egon Kruezi 0000-0002-4801-8037

Keywords: Hematocolpos, Imperforate hymen, Pediatric Abdominal Pain

INTRODUCTION/OBJECTIVES: Imperforate hymen is a congenital malformation in the female reproductive system that gives rise to obstructive symptoms. Condition is caused due to the organ's failure to perforate during embryologic development. Symptoms often arise at menarche since diagnosis is not usually made in newborn girls. The patients can present with cyclic abdominal pain, back pain, painful urination, and constipation. Standard treatment includes hymenectomy, a surgical procedure that creates an opening in the hymen.

CASE PRESENTATION: We present you with a case of a 14-year old girl who came to the hospital on January 17th due to severe lower abdominal pain and inability to urinate. Gynecological examination revealed hymen without aperture. Transabdominal ultrasound showed a dilated vagina with hemorrhagic content (hematocolpos), 70x70 mm. There was 1100 mL of urine evacuated after catheterization. Minimally invasive surgical treatment was indicated and scheduled on the same day. The incision was made following dilatation with Hegars dilator. The leakage of hematized content was later observed. A Foley catheter in the bladder was placed. Few hemostatic sutures were set, preventing postoperative bleeding and re-closure of the vagina. Additionally, antibiotic prophylaxis and peroral analgesics were administered. The patient was released from the hospital two days later. On a regular check-up two weeks later, the patient did not report any symptoms and recovered well.

CONCLUSION: Imperforate hymen is a rare condition that can easily be overlooked or misdiagnosed. Therefore, it should be suspected in adolescent girls with abdominal pain, lower back pain, or urinary retention.

CR02

A case of an unilateral sensorineural hearing-loss after SARS CoV-2 infection in a 8-year-old boyAndrija Nekić^a, Lucija Lučev^a, Lana Kovač Bilić^b^a School of Medicine University of Zagreb^b School of Medicine University of Zagreb, Department of Otorhinolaryngology, Head and Neck Surgery, Zagreb University Hospital Centre, Zagreb, CroatiaDOI: <https://doi.org/10.26800/LV-144-supl2-CR02> Andrija Nekić 0000-0003-1214-8646, Lucija Lučev 0000-0003-0247-099X, Lana Kovač Bilić 0000-0003-2526-226

Keywords: Coronavirus, COVID-19, Hearing loss, Otolgic symptoms, SARS-CoV-2

INTRODUCTION/OBJECTIVES: Up to 30% of adult patients affected by COVID-19 have neurological manifestations. If the affected area is the inner ear, sensorineural hearing loss is the most common clinical presentation.

CASE PRESENTATION: We present a case of a previously healthy 8-year-old boy administered 20 days after asymptomatic SARS-CoV-2 infection reporting hearing loss in his left ear. The external auditory canal and the tympanic membrane were both otoscopically without any pathological signs as effusion or inflammation. The tympanogram was of the type A in both ears. The Weber test showed lateralization in the right ear, showing that the hearing loss was of the sensorineural type. This finding was further confirmed with the tonal audiogram in which the right ear was with normal hearing threshold, and the left had the hearing threshold of 35 dB at three consecutive frequencies. Furthermore, the acoustic reflex was elicited ipsilaterally and contralaterally in the right ear, whereas in the left ear it was elicited contralaterally but not ipsilaterally. This test also confirmed that the damage was in the sensorineural pathway. The prescribed therapy was oral glucocorticoids during the course of 7 days with progressive daily dosage reduction (methylprednisolone 32mg, 32mg, 16mg, 16mg, 8mg, 4mg, 4mg) accompanied with proton pump inhibitors during 14 days (esomeprazole). After four weeks at the control checkup the boy showed full clinical recovery, with normal hearing in both ears confirmed by tonal audiogram.

CONCLUSION: This case demonstrates that non-pulmonary sensorineural symptoms can also occur in pediatric patients as a result of COVID-19.