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WHEN VAGINA SPEAKS THROUGH KIDNEY: RARE EARLY CASES OF OHVIRA

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ABSTRACT

Obstructed hemivagina and ipsilateral renal anomaly (OHVIRA) syndrome is a rare congenital anomaly characterized by the combination of obstructed hemivagina, ipsilateral renal anomaly, and associated uterine anomalies. The epidemiology of this syndrome is not well established due to its rarity, although some have quoted the incidence at 0.1%-3%. OHVIRA patients commonly present after menarche with lower abdominal pain and dysmenorrhea due to progressive distension of obstructed hemivagina by menses. Many are asymptomatic before menarche. We report 2 paediatric OHVIRA patients who presented with persistent vaginal discharge at 7 months old and 9 years old respectively. Ultrasound and MRI showed 2 uterine cavities and absence of one of the kidneys, which strongly suggested OHVIRA. The 9-year-old patient underwent exploration under anaesthesia (EUA) and confirmed the diagnosis. The 7-month-old patient was asymptomatic after imaging diagnosis and in view of young age, EUA was postponed until a later date. These cases highlight OHVIRA as a possible differential diagnosis in prepubertal patients presenting with persistent vaginal discharge. Delay in diagnosis may result in serious complications and future obstetric problems. Management typically involves surgical intervention to relieve the obstruction and restore normal anatomy. Prognosis in young patients is generally promising, especially when the condition is diagnosed and managed early.

Keywords: OHVIRA, Obstructed Hemivagina and Ipsilateral Renal Anomaly Syndrome, Müllerian anomaly, paediatric, renal agenesis, vaginal discharge

MULTILEVEL INTUSSUSCEPTIONS IN PEDIATRIC INTESTINAL BURKITT LYMPHOMA

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ABSTRACT

Burkitt lymphoma is a highly aggressive pediatric non-Hodgkin lymphoma that frequently involves the gastrointestinal tract through lymphoid infiltration, particularly at the ileocecal region. However, presentation as multiple simultaneous intussusceptions with distinct pathological lead points is exceedingly rare.

We report an 11-year-old boy with newly diagnosed metastatic Burkitt lymphoma who developed acute abdominal symptoms during chemotherapy. Contrast-enhanced CT revealed ileo-ileal and ileocecal intussusceptions, each with enhancing mural masses, jejunal thickening and small bowel obstruction—findings consistent with multifocal lymphomatous involvement. Despite the typical indication for surgical intervention in intussusception with a pathological lead point, the absence of bowel ischemia or perforation led to conservative management.

This case highlights the critical role of cross-sectional imaging in detecting rare multifocal intussusceptions and assessing bowel viability. Recognition of such an uncommon radiologic presentation is essential for timely diagnosis and coordination with multidisciplinary teams. Imaging is integral in guiding the diagnostic process in these complex pediatric cases.

Keywords: paediatrics, lymphoma, intussusceptions

THE TRAPPED AIR POCKET: A RARE CASE OF FISSURAL TRAUMATIC PNEUMATOCELE IN A PEDIATRIC PATIENT

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ABSTRACT

Traumatic pneumatoceles are rare sequelae of blunt chest trauma, occurring more frequently in pediatric patients due to the pliability of their thoracic cage. We report a case of a 13-year-old boy who presented with right-sided chest discomfort one day after a bicycle fall. Initial chest radiograph revealed a cavity-like lesion in the right middle zone. Further evaluation with computed tomography (CT) demonstrated a well-defined air collection located within the right horizontal fissure, accompanied by pleural thickening and surrounding ground-glass opacities consistent with pulmonary contusion. There was no evidence of pneumothorax, rib fracture, or other traumatic injuries. The imaging findings were consistent with a post-traumatic pneumatocele, located in an atypical extraparenchymal fissural position. The patient remained clinically stable and was managed conservatively with close observation. Serial imaging demonstrated progressive resolution of the lesion without complications. This case highlights an unusual presentation of a fissural traumatic pneumatocele and reinforces the importance of recognizing atypical air collections following pediatric chest trauma to avoid misdiagnosis or unnecessary intervention.

Keywords: Traumatic pneumatocele, pediatric chest injury, pediatric trauma

SMALL BOWEL DUPLICATION CYST MIMICKING JEJUNAL AND ILEAL ATRESIA: A DIAGNOSTIC PITFALL IN NEONATAL INTESTINAL OBSTRUCTION

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ABSTRACT

Enteric duplication cysts are rare congenital anomalies that can occur anywhere along the gastrointestinal tract, most commonly in the ileum. In this case, the mother had class II obesity, and a 20-week antenatal scan showed a fetus large for gestational age with dilated bowel loops. The baby was delivered via spontaneous vaginal delivery with good APGAR scores and remained clinically asymptomatic. Abdominal X-ray showed an opacified mass in the umbilical region extending to the left hypochondrium. Ultrasound revealed a long, dilated bowel loop (up to 3.3 cm) tapering at the duodenojejunal junction, raising suspicion for jejunoileal atresia. Peristalsis was present, with no wall thickening. The stomach was collapsed and posterior to the dilated loop; the gallbladder was not visualized. The infant was referred to Sarawak General Hospital. Intraoperative findings revealed a small bowel duplication cyst, not atresia. Long segment duplication cysts can mimic jejunoileal atresia and should be considered in neonatal bowel obstruction.

Keywords: duplication cyst, small bowels, atresia

EMBRYONAL RHABDOMYOSARCOMA PRESENTING AS A VULVOVAGINAL MASS IN A 21-MONTH-OLD GIRL: A CASE REPORT

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ABSTRACT

Rhabdomyosarcoma (RMS) is the most common soft tissue sarcoma in children, originating from primitive mesenchymal cells. Genitourinary involvement, particularly in female patients, may present with vaginal bleeding, dysuria, and visible or palpable masses. This case highlights the importance of recognizing clinical and imaging features of embryonal RMS in pediatric patients with genitourinary symptoms. A 21-month-old girl presenting with a vulvovaginal mass, vaginal bleeding, and urinary retention. She had a prior history of laparotomy, mass excision, and vaginoplasty. Histopathological examination suggested a malignant mesenchymal tumor, suspected to be embryonal rhabdomyosarcoma. Abdominal CECT revealed a recurrent inhomogeneous lesion (solid with cystic components) in the pelvic cavity and vulvar region, measuring approximately 5.35 x 6.44 x 14.26 cm. The mass displaced the urinary bladder anteriorly and the rectum posteriorly, indicating significant mass effect. CECT imaging plays a critical role in establishing the initial diagnosis, assessing tumor recurrence, and guiding further management decisions.

Keywords: embryonal rhabdomyosarcoma, pediatric malignancy, pelvic mass, CT imaging, vaginal bleeding

PAEDIATRIC INTRAMEDULLARY SPINAL CORD CAVERNOUS MALFORMATION: A CASE REPORT

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ABSTRACT

Intramedullary Spinal Cord Cavernous Malformations (ISCMs) are rare vascular malformations of the central nervous system, accounting for only 1% of all intramedullary spinal cord lesions in the paediatric population. Their clinical presentation is often nonspecific, posing a diagnostic challenge. Early identification and accurate characterisation primarily with the contrast-enhanced magnetic resonance imaging (MRI) is essential for correct diagnosis and timely intervention. We report a case of a 6-year-old girl presented with limping gait for three days which later progressed to inability to walk a day before presentation to emergency department. MRI revealed a well-defined intramedullary lesion involving conus medullaris with distinct surrounding hypointense signal on T2W sequence consistent with intramedullary cavernomas. The patient was subjected for surgical intervention a day after the MRI was performed and diagnosis was established. This case highlights the diagnostic difficulties and key considerations in the clinical management of spinal intramedullary cavernomas.

Keywords: Paediatric, Spinal Cord, Cavernous Malformation, Magnetic Resonance Imaging (MRI)

A CASE REPORT: A RARE CASE OF CONGENITAL SKULL DEPRESSION IN A NEONATE

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ABSTRACT

Congenital skull depression in neonates without associated birth trauma or instrumental delivery is exceedingly rare. We report a case of a late preterm neonate, delivered at 36 weeks via spontaneous vaginal delivery following premature pre-labour rupture of membranes. Antenatal findings included small-for-gestational-age status at 35 weeks and oligohydramnios (AFI 5). At birth, a left frontal skull depression was noted. Skull X-ray revealed a depressed area in the left frontal bone. CT imaging showed a depressed left frontal bone with mass effect on the underlying frontal lobe, without intracranial haemorrhage, scalp hematoma, or cortical discontinuity suggestive of fracture. Occipital bone moulding beneath parietal bones was also observed. The infant was clinically stable and managed conservatively. Given the absence of neurological deficits and spontaneous improvement reported in similar cases, no surgical intervention was undertaken. The patient remains under outpatient follow-up for reassessment.

Keyword: Congenital skull depression, neonate

A MIDGUT MALROTATION AND LADD'S BAND MIMICKING DUODENAL ATRESIA: A UNIQUE CASE REPORT

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ABSTRACT

Duodenal atresia in neonates has typical sign such as bilious vomiting, abdominal distension, and the characteristic "double bubble" sign on radiologic imaging. However, other conditions, such as midgut malrotation with Ladd's bands, may present with similar clinical and radiologic features with duodenal atresia. A 12-day-old neonate who had bilious vomiting and abdominal enlargement. The abdominal X-Ray demonstrated the "double bubble" sign, and barium meal study confirmed a provisional diagnosis of duodenal atresia. During laparotomy exploration, the cecum was identified in the right hypochondriac region with midgut malrotation. The stomach and duodenum were dilated, and Ladd's bands were found to be the cause of the obstruction. Derotation of the intestines and division of the Ladd's bands were performed, followed by an appendectomy. In conclusion, midgut malrotation should be considered an important differential diagnosis in neonates presenting with signs and symptoms suggestive of duodenal atresia.

Keywords: Midgut Malrotation, Ladd's Band, Duodenal Atresia

WHEN CULTURAL HABIT BECOMES A CURSE: FATAL PSEUDOMENINGITIC BERIBERI LINKED TO MATERNAL BETEL NUT CHEWING

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ABSTRACT

Thiamine deficiency is rare in Malaysia but may occur in exclusively breastfed infants of mothers with low dietary diversity and betel nut chewing habits. We report 5-month-old twin infants of a Burmese migrant mother who presented with seizures, poor feeding, and tachypnoea. Cranial ultrasound showed symmetrical basal ganglial and caudate nuclear hyperechogenicities. A contrast-enhanced computed tomography (CT) scan of the second twin revealed symmetrical hypodensities in the caudate, lentiform nuclei, and inferomedial thalami, suggestive of metabolic or hypoxic-ischemic insult. Maternal dietary history confirmed betel nut use. Low serum thiamine levels and rapid clinical response to supplementation confirmed the diagnosis. This case highlights the role of imaging in early recognition of infantile thiamine deficiency. While MRI is preferred, CT and ultrasound can detect characteristic metabolic injury patterns. Symmetrical deep grey matter involvement helps differentiate thiamine deficiency from other encephalopathies. Early diagnosis and treatment are critical to prevent long-term neurodevelopmental impairment.

Keywords: Pseudomeningitic beriberi, infantile thiamine deficiency, betel nut

A RARE IMPOSTOR: SOLITARY METASTATIC INTRACRANIAL NEUROBLASTOMA MIMICKING A PRIMARY BRAIN TUMOUR

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ABSTRACT

Neuroblastoma is the most common childhood extracranial solid tumor, typically metastasising to lymph nodes, liver, bone, and marrow. Central nervous system (CNS) involvement is rare, particularly as isolated parenchymal brain metastasis without skull or leptomeningeal disease. We present a 12-year-old girl with Stage IV right adrenal neuroblastoma who, following adrenalectomy, chemotherapy, radiotherapy, and hepatectomy for hepatic metastases, developed progressive headache, nausea, and vomiting. Contrast-enhanced CT and MRI revealed a large cystic right frontoparietal intra-axial mass with an enhancing mural nodule, mimicking primary cystic tumors like pilocytic astrocytoma or pleomorphic xanthoastrocytoma. Surgical resection confirmed metastatic neuroblastoma, histologically concordant with the primary tumour. Restaging CT demonstrated further systemic spread. Although rare, parenchymal brain metastasis from neuroblastoma should be considered in the differentials of paediatric cystic intracranial masses due to its potential for cystic degeneration. Heightened awareness of this atypical presentation facilitates earlier diagnosis and intervention, which optimises outcomes in this vulnerable population.

Keywords: Neuroblastoma, solitary, intra-axial, metastasis

A DIAGNOSTIC IMAGING DILEMMA: AN INCIDENTAL FINDING OF A PRIMARY RETROPERITONEAL TERATOMA MIMICKING AN EPIDERMOID CYST IN A PAEDIATRIC PATIENT

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ABSTRACT

Primary retroperitoneal mature teratoma (PRT) is a rare, benign non-seminomatous extragonadal germ cell tumor (EGGCT), constituting only 4% of all primary teratomas. PRTs are usually represented as a cystic mass with mature elements, ie, teeth and hair.
We described a case of a 7-year-old girl presenting with a 3-week history of fever, abdominal discomfort, reduced oral intake, and a 2-day history of dysuria. Urinalysis showed urinary tract infection features with elevated white cell count. Initial kidney ultrasound led to an incidental finding of a well-defined ovoid solid hypoechoic mass at the preaortic region with alternating hyper- and hypo-echogenicity resembling onion peel configuration, favoring retroperitoneal epidermoid cyst. This is further supported by the MRI findings of T1W hypo-, T2W hyper- with restricted diffusion, and wall enhancement. Moreover, there is an absence of mature elements and fat components within the mass on imaging. Alpha fetoprotein (AFP) and beta-human chorionic gonadotropin (BHCG) are both within the normal range, indicating benignity. The patient underwent surgical resection and was discharged well two days after. HPE reveals retroperitoneal mature teratoma as the diagnosis. This case report highlights the unusual imaging appearance of PRT mimicking an epidermoid cyst, causing a dilemma in diagnosis.

Keywords: Primary retroperitoneal mature teratoma (PRT)