

Developmental Differences of the Female Reproductive Organs

The uterus and part of the vagina are formed from two ridges of tissue while you are in the womb. When the 2 ridges do not come together all of the way, you may develop differences (also called congenital anomalies) in your reproductive organs.

How do the female reproductive organs develop?

The uterus and part of the vagina are formed from 2 ridges of tissue on the left and right side of the body. This happens while you are still in the womb (uterus). These 2 ridges must come together in the middle to form 1 structure. When the two parts do not come together all of the way you may develop differences (also called congenital anomalies) in your reproductive organs (this includes the uterus, cervix, vagina and hymen).

What are the types of developmental differences?

Some people have a type of developmental difference of the reproductive organs, including:

- No uterus and very little vagina - this is found during puberty, when a teen does not have a period.
- Extra tissue dividing the uterus or vagina (a septum) - this is usually found during an exam or an ultrasound.
- Extra tissue at the hymen, or entrance to the vagina - this is usually found when it is hard to place a tampon, have sex or during a routine pelvic exam
- Unicornuate - the uterus develops only on one side
- Didelphys - instead of 1 uterus, your body forms 2
- Bicornuate or arcuate - the uterus has 2 sides

Some of these anomalies are also connected with differences in the formation of the kidneys.

To Learn More

- Adolescent Gynecology
206-987-2028
- After hours on-call OB/GYN
206-987-2000
- Ask your child's healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

What are the symptoms of a developmental difference of the reproductive organs?

Most teens with developmental differences of their uterus do not have symptoms. You may only find out that you have a uterine or vaginal difference during a routine pelvic exam or with an ultrasound.

Some people will have signs or symptoms depending on the type of developmental difference. This includes:

- No menstrual (period) bleeding outside of the body. This may mean the vagina did not develop all of the way or a blockage is stopping menstrual blood from leaving the uterus. You will likely have pain if you have a blockage.
- Higher risk for miscarriage, infertility (unable to get pregnant), preterm (early) labor, or a breech baby (bottom first) during labor if you have a uterine septum, bicornuate uterus, didelphys uterus or unicornuate uterus.

How do you diagnose a developmental difference?

To find out if you have a developmental difference of the reproductive organs, your doctor will start with a physical exam. Your doctor may also:

- Schedule you for an MRI (magnetic resonance imaging) or ultrasound so they can look at your reproductive organs. This allows your doctor to find out if you have a uterine septum, bicornuate uterus, unicornuate uterus or do not have a uterus. These tests may also be used to look at your kidneys to see if they have developed normally.
- Recommend a hysterosalpingogram to look at the inside of the uterus or a laparoscopy to look at the outside of the uterus.

What is the treatment for developmental differences?

Many teens with a developmental difference of the uterus will not need any treatment. If you are having severe pain with your periods or repeat miscarriages, your doctor might recommend surgery. If you have:

- A uterine or a vaginal septum, this can be removed by surgery.
- A part of the uterus that is not fully developed, this can be removed by surgery.
- A vagina that is not fully developed, it can usually be stretched to a normal length using vaginal dilators. Some teens want a vagina to be made. This is done by taking tissue from another part of your body and making it into the shape of a vagina.
- Extra tissue at the hymen or entrance to the vagina, it can be removed in clinic or in the operating room.
- A history of preterm (early) delivery, you may be able to have a stitch to help keep the cervix closed (cerclage) during pregnancy.