What is OHVIRA?

OHVIRA stands for “Obstructed Hemivagina and Ipsilateral Renal Anomaly”. It is an abnormality of the “Mullerian ducts” which are the part of the fetus which develop into the uterus and top of the vagina, or internal genital system.

Patients with OHVIRA have two uterine cavities, two cervixes, and two vaginal canals, but one of the vaginal canals is blocked by a bridge of tissue. This bridge is called a “septum” and menstrual blood becomes trapped in the upper vagina behind the septum and can cause pain. However, menstrual blood from the other uterus is able to flow, so most patients do experience menstrual bleeding. It may take some time before the obstruction is discovered because menstruation appears to be normal at first. As the menstrual blood builds up behind the obstruction, patients may start to have abdominal pain with each menses that gets worse over time.

While most people have two kidneys, patients with OHVIRA usually have only one normal kidney. They are usually missing the kidney on the same side of their body as the blocked vagina.

What are symptoms of OHVIRA?

- Pain in your abdomen and pelvis that occurs during your period and gets worse over time
- A pelvic mass
- Vaginal pain

How is OHVIRA diagnosed?

A physician, or other qualified healthcare professional, performs a physical exam which may include an abdominal exam, external genital, vaginal or rectal exam. In young patients, an internal vaginal exam is rarely performed.

An ultrasound is routinely ordered to give a general idea of what the organs look like on the inside. A magnetic resonance imaging (MRI) test may be ordered to give a more detailed view of the kidneys and reproductive organs.

How do people get OHVIRA?

OHVIRA is a congenital abnormality – this means you were born with this condition. When you were a fetus, developing inside the womb, the Mullerian ducts did not come together to create one uterus.

Instead, two uteruses, two cervixes and two vaginas formed and one vagina became blocked.
**Is OHVIRA treatable?**

Yes! You will be referred to a Pediatric and Adolescent Gynecologist, or other qualified surgical specialist, who will perform surgery to remove the septum and allow your menstrual blood to flow freely. Most patients feel better very quickly after surgery, although you may need to take some pain medicine for a few days.

After surgery, some patients with OHVIRA may continue to have painful periods. Your healthcare provider may discuss using hormone therapy, such as oral contraceptive pills, oral progesterone or injections (Depo Provera), or other medications.

**Can OHVIRA affect my future?**

Talk to your healthcare provider about how OHVIRA may affect your period and future fertility. Many people with Mullerian abnormalities such as OHVIRA can have healthy pregnancies if they choose to have children.