**Introduction**

- Hydrometrocolpos (HMC) develops in a female child as a result of a vaginal outflow tract obstruction and accumulation of secretions.
- Incidence of classic CAH is 1:14,000 to 1:18,000 births.
- 21 hydroxylase deficiency accounts for 95% of CAH.
- Androgen exposure before 12 weeks of gestation leads to labial fusion and persistent urogenital sinus (PUGS).
- Accumulation of bladder and vaginal contents in the common channel leads to pressure effect which can lead to bladder outflow obstruction (BOO) and varying degree of hydronephrosis.

**Case Report**

- A term infant presented with abdominal distension and clitoromegaly.
- Examination, no palpable gonads and had single perineal opening with bilateral ballotable masses.

**Investigation**

- Karyotyping - 46,XX
- 17 hydroxy progesteron > 60nmol/l

**Imaging**

- **Ultra sound (US)**
- Distended bladder and bilateral severe hydronephrosis.
- Well define cystic area, posterior to the bladder suggestive of hydrometrocolpos possibly due to PUGS.
- Normal internal Female genitalia.
- **MCUG**
- Contrast filling was noted into a cavity.
- No evidence of fistulous tract extending from the cavity.

**Management**

- BOO and bilateral severe hydronephrosis lead to hypertension, which needed vesicostomy.
- Later vesicostomy was reversed and had normal urinary flow from the urethra.
- Treatment with hydrocortisone and fludrocortisone was commenced.
- Awaiting for correction of PUGS and genitoplasty.

**Conclusion**

- This case highlights the varying degree of urogenital abnormality caused in CAH.
- Multidisciplinary care is needed for patient with androgenital syndrome in CAH.

**Diagnosis**

Virilized female due to congenital adrenal hyperplasi with PUGS.