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A RARE CASE OF IATROGENIC LABIAL FUSION IN REPRODUCTIVE AGED WOMAN

Obstetrics & Gynaecology

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ABSTRACT

Labial adhesions are extremely rare in reproductive age women. It is common in prepubertal girls due to hypoestrogenism and resolves spontaneously postpubertally ,also seen in postmenopausal women with lichen sclerosis , chronic inflammatory conditions, urinary tract infections, sexual abuse, following female genital mutilation and after normal vaginal delivery. The present case is unusual as it is presented in reproductive aged female who presented with complaints of scanty flow during menstruation and complaining of passing urine and menstrual blood through single opening and complain of pain during intercourse, which required surgical correction.

KEYWORDS

Labial fusion, Reproductive age, Adhesiolysis, Labial reconstruction.

INTRODUCTION:

Labial adhesion is also called as synechia vulvae or labial agglutination is a common condition estimated to occur in 0.6 -5 %of prepubertal girls with peak incidence up to 3% in 2nd year of life .Usually asymptomatic and treated conservatively with oestrogen cream or Betamethasone cream .Surgical treatment is rarely required if not responding to medical treatment .However the condition is rare clinical entity in adults ,only a few cases have been reported in literature and it is rare in reproductive ages.

Case Report:

A 20 year aged married female came to our gynaecological opd with complaints of irregular cycles with scanty menstrual flow since 2years associated with pain abdomen on and off ,bleeds for 2days in 30day cycle and dyspareunia.

Past Menstrual History:

age of menarche: at 11years of age ,regular cycles 3d /25-30days , moderate flow ,no dysmenorrhoea

Married history: 3years of marietal life ,no history of any contraceptive usuage.

Past history –
History suggestive of road traffic accident at 12 years of age in which she sustained injury to genital area .she went to general surgeon where vulvar repair done following the repair she had dribbling of urine with no good stream , no h/o hematuria , underwent urethral dilatation and cystoscopy in 2003. Following suprapubic methylene blue injection narrow urethral meatus identified in anterior vaginal wall very close to vagina .Urethra dilated up to 14 FR and catheter placed , postoperative period uneventful .In 2018,she presented to us after 7years of surgery with menstrual irregularity and difficulty in sexual activity.

EVALUATION OF PATIENT:

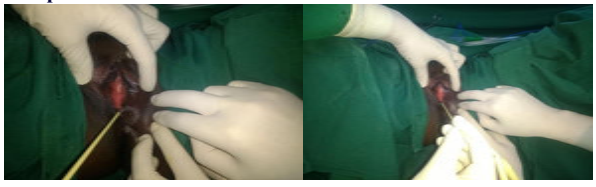
Her general and systemic examination was normal, per abdomen- soft. On local examination of genitalia labia minora was fused in midline, urethral opening was not visualised. A 1*1cms opening seen near the fourchette, through which she urinates and menstruates .on per rectal examination uterus was normal in size.

Investigations:

all routine investigations done preoperatively was normal , Hormonal profile which includes Thyroid profile,FSH and LH was normal ,.

USG shows uterus of 4*3*4 cms ET : 4mm ovaries normal
MRI: uterus normal size . ET : 5mm , ovaries : PCO

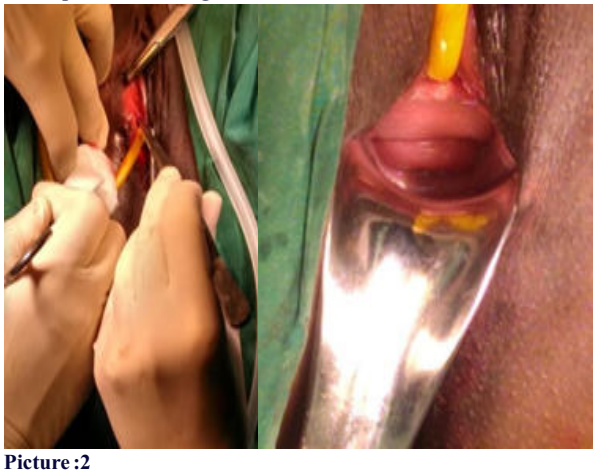
Preoperative:



Picture :1

Planned for labia minora reconstruction and release of adhesions. Local examination was done and small orifice noted at posterior fourchette ,paediatric catheter 14 fr used and pushed through the orifice and the fused tissue from introital opening dissected by layer by layer , anterior wall of vagina seen sharp dissection was carried upwards to visualise the urethra ,normal foleys catheter kept and clear urine drained ,

Intraoperative Findings :



Picture :2

Finally healthy and patent vagina of good length visualised after release of adhesions ,inside which healthy cervix visualised with foleys catheter per urethra ,postoperative period uneventful no other complaints .she came for followup on post operative day 7 ,on day 2 of her menstrual cycle flow is normal , on examination vagina normal and patent.

DISCUSSION :

Labial fusion is a common condition in children,rare clinical entity in reproductive age women, in children it will get resolved with medical management ,surgical management rarely needed if dense adhesions were present .As the patient here is reproductive aged and she complained of dyspareunia and menstrual irregularity this required surgical management.

CONCLUSION:

Only a few cases in reproductive aged women with sexual dysfunction as a complaint reported in literature ,as many of them go un noticed because they are asymptomatic . This is an iatrogenic morbidity due to improper handling .In such cases multidisciplinary approach by gynaecologist ,urologist,and plastic surgeon will overt such complications and morbidity.

Acknowledgment:

I would like to thank my patient and patient attenders for giving acceptance.

I would like to thank my guide for guiding me in this case report.

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