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Going down in the rabbit's hole

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ABSTRACT

Labial adhesions or labial synechiae are adhesions formed between labia. They can be thick or thin flimsy. This condition is seen in young girls before their puberty and sometimes in postmenopausal women. Most common cause is deficiency of estrogen. It can also be associated with infections and inflammations. Signs and symptoms vary between cases. These cases are usually presented to an urologist before gynaecologist. Treatment most of the time is surgical involving both urologist and gynaecologist. This is a case report of 5-year-old young child who presented with complaints of painful urination. She was diagnosed with labial fusion and treated surgically with a multidisciplinary approach.

Keywords: Labia; labial adhesions; estrogen; sexual abuse

INTRODUCTION

Labial adhesions or labial synechiae are adhesions formed between labia. They can be thick or thin flimsy. This condition is seen in young girls before their puberty and also sometimes in postmenopausal women.[1] Most common cause is deficiency of estrogen.[2] It can also be associated with infections and inflammations. Signs and symptoms vary between cases. These cases are usually presented to a urologist before gynaecologist. Treatment most often is surgical involving Multidisciplinary approach.

CASE REPORT

A 5-year-old girl was brought to Narayana Medical College and Hospital by her mother with complaints of painful urination and dribbling of urine. No other past medical or surgical history was present. On examination, abdomen was soft.

On local examination labia majora was fused & vagina could not be visualized (Figure 1).

Ultrasound: Trans perineal USG showed that vagina is ending blindly posterior tolabia, possibly labial adhesion. Other organs were normal.

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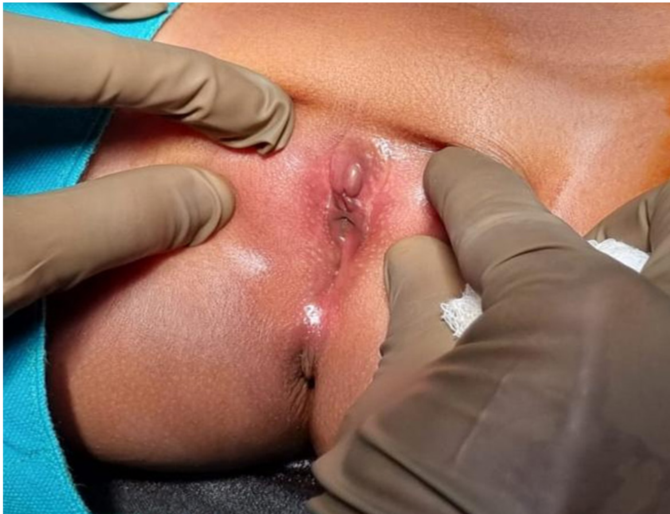

Figure 1. Examination under anaesthesia showing labial adhesion

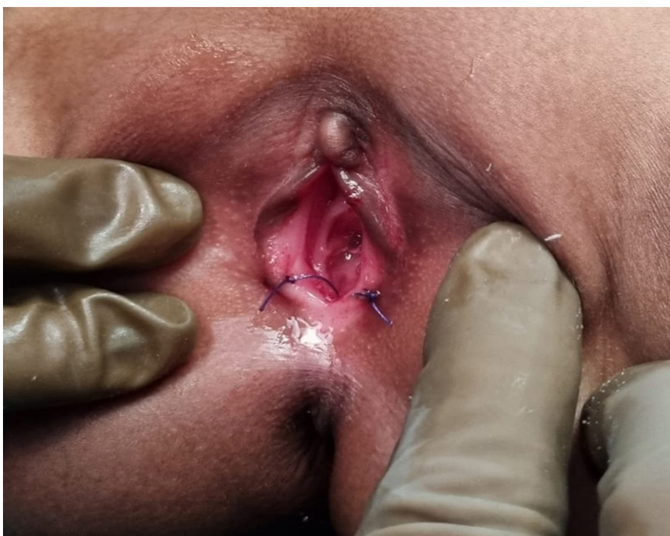

Figure 2. Postoperative picture showing released adhesions

Plan: Examination under anesthesia and labial adhesiolysis.

Intraop: Under general anesthesia, the patient was placed in a lithotomy. Position; Labial adhesions were present.

Adhesions were released from above downwards (Figure 2).

DISCUSSION

Etiology of labial adhesions are: Hypoestrogenism, vulvovaginitis, poor local hygiene, sexual abuse & genital trauma. In our patient as she is prepubertal 5-year-old girl, the cause might be hypoestrogenism. In about 1/3rd of cases this condition is asymptomatic. Symptoms whenever present are usually urological like dribbling of urine, pain during urination etc. Genital examination is missed in young girls leading to such misdiagnosis.

Treatment can be expectant, surgical, or medical. Expectant management in prepubertal asymptomatic girls. Pharmacological treatment is by local application of estrogen cream or betamethasone. Estrogen cream should not be used for more than 6 weeks. Betamethasone is given as 0.05% for 4 to 6 weeks.

Surgical treatment in failed medical management or thick adhesions. In our case as the adhesions were thick and causing urological symptoms also, hence we opted for surgical management.

Main stay of post op care is good local hygiene and by avoiding any local irritants Recurrence rate is around 11 to 14%.

CONCLUSION

Labial adhesion is a common misdiagnosed condition.[3] Clinical examination is the gold standard for diagnosis in this condition. Surgical management is reserved for symptomatic and unresponsive patients to pharmacological methods. Recently, betamethasone 0.05% cream has been reported to be a successful conservative treatment of labial adhesions as primary therapy or in patients that have failed previous therapies.[4] In refractory cases, amniotic membrane, rotational skin graft after surgical incision has been described in literature.[1]

ETHICS

Informed Consent: Informed consent has been taken from patient parents.

Peer-review: Internally and externally peer-reviewed.

Contributions

Surgical and Medical Practices: D.Y., L.S., N.C.; Concept: D.Y., L.S., A.M.; Design: D.Y., L.S.; Data Collection or Processing: D.Y., N.C., S.B., S.S.A., A.M.; Analysis or Interpretation: D.Y., N.C., S.B., S.S.A.; Literature Search: D.Y., A.M.; Writing: D.Y. S.B., S.S.A., A.M.

DISCLOSURES

Conflict of Interest: No conflict of interest was declared by the authors.

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