Labial Fusion in an Adult Woman Represented as a Congenital Disorder: Case Report

Yetişkin Bir Kadında Doğumsal Hastalık Olarak Labial Füzyon

Burhan ÖZALP, MD,[a]
Aylin BİLGİN KARABULUT, MD[a]

[a]Department of Plastic, Reconstructive and Aesthetic Surgery, İstanbul İstanbul University İstanbul Faculty of Medicine, İstanbul

Geliş Tarihi/*Received:* 28.04.2009
Kabul Tarihi/*Accepted:* 20.09.2009

Yazışma Adresi/*Correspondence:*
Burhan ÖZALP, MD
İstanbul University
İstanbul Faculty of Medicine,
Department of Plastic, Reconstructive and Aesthetic Surgery, İstanbul,
TÜRKİYE/TURKEY
burhanozalp@hotmail.com

ABSTRACT Labial adhesion is usually diagnosed in young prepubertal girls and postmenopausal women but it is extremely rare in reproductive young adult females. The major etiological factor seems to be hypoestrogenism at most of the cases but adult reproductive women can be excepted from this condition. This report represents a primiparous 31-year-old female with labial fusion referred as a congenital anomaly by the patient's parents. Despite the labial fusion was recognised after the delivery, the parents didn't apply for the treatment. Medical history had no surgical or sexual trauma, recurrent urogenital infection, chronic dermatopathological diseases or vaginal delivery which could revealed cause of labial fusion. The patient had a lot of problem about sexual life during her marriage and had a confusion with her own sexual identity. Estrogen cream and labial massage were given for two months but no improvement was observed, than subsequent surgical operation was performed to seperate labial fusion under local anesthesia.

Key Words: Coitus; dyspareunia; estrogens; vaginal diseases

ÖZET Labial adezyon genellikle puberta öncesi küçük kızlar ve postmenopozal dönemdeki kadınlarda teşhis edilir ancak doğurganlık dönemindeki yetişkin kadınlarda oldukça nadirdir. Olguların çoğunda etiyolojideki ana faktör östrojen yetersizliği olarak görülse bile, doğurganlık dönemindeki kadınlar bu durumun dışında tutulabilir. Bu raporda 31 yaşında, tek çocuk sahibi bir kadında, hasta ebeveyni tarafından doğumda mevcut olduğu söylenen bir labial füzyon olgusu sunulmaktadır. Labial füzyon doğumdan hemen sonra fark edilmiş olmasına rağmen tedavi için herhangi bir girişimde bulunulmamıştı. Hastanın öyküsünde labial füzyona neden olabilecek cinsel istismar, cerrahi travma, tekrarlayan ürogenital enfeksiyon, kronik dermatopatolojik hastalık ya da vajinal doğum travması yoktu. Hasta, evlilik sürecinde düzenli cinsel hayatla ilgili ciddi sorunlar yaşamış ve böylece cinsel kimlik sorunu oluşmuştu. Tedavide ilk olarak iki ay süreyle östrojenli krem ve labial masaj verildi ancak düzelme olmadığı saptandığından hasta, lokal anestezi altında labial füzyon ayrıştırılması için opere edildi.

Anahtar Kelimeler: Koitus; disparoni; östrojenler; vajinal hastalıklar

Turkiye Klinikleri J Gynecol Obst 2010;20(1):57-9

Labial adhesion is caused by local vulvovaginal inflammation, paucity of sexual activity, poor hygiene, local trauma, sexual abuse, surgical operations, trauma of vaginal delivery, recurrent urogenital infection, skin pathological diseases such as; lichen sclerosis, herpes simplex, HIV and diabetes.[1,2] Reported cases are generally related to estrogen insufficiency and topical estrogen cream is the first step treatment choice in these patients who have low estrogen level.[1,2] If medical management doesn't impro-

ve the fusion, surgical operation must be considered as an optimal treatment alternative.[1,3] Surgery can be performed under local or general anesthesia. Here an adult woman is reported who was operated after topical medical management to seperate the labial fusion.

CASE REPORT

A 31-year-old female patient, primiparous, was referred to our clinic with labial fusion. Major complaints were voiding difficulty and painfull coitus. She had been having a lot of trouble during her sexual life because of dysparenuia and it was the most important problem for the patient.

The patient's menarcheal age was 12 years and menstrual cycles were normal. There were no infection, trauma, sexual abuse, lack of sexual activity, surgical operation in the history and the patient and her family represented this abnormality as a congenital disorder.

The patient had a child by cesarean section and no genital trauma was occured because of the delivery. The fusion was constant during the pregnancy.

An extensive labial fusion excluding vaginal orifis was diagnosed in the examination (Figure 1). Clitoris, external urethral orifis and labium minores were disappeared and there was a hole between them and fused labium majores. Voiding was possible only with pushing back the fused labium majores.

Blood hormon profile was normal and a pelvic computed tomography showed that the urogenital system had no abnormality.

Topical estrogen cream with genital massage was administered for two months but it was not beneficial. A surgical operation was performed under local anesthesia, fusion was seperated by longutidunal incision and dressing was placed between seperated labium majores through the vaginal orifis (Figure 2). The operation was well tolerated by the patient. Hospitalization duration was three days after surgery, dressings were changed once per day. She was warned about it was important to stabilize the legs in abduction position and labium majores had to be kept away from each other by dressing until complete healing was observed. Topical estrogene and steroid cream were applied during three moths after the operation to prevent the recurrence.

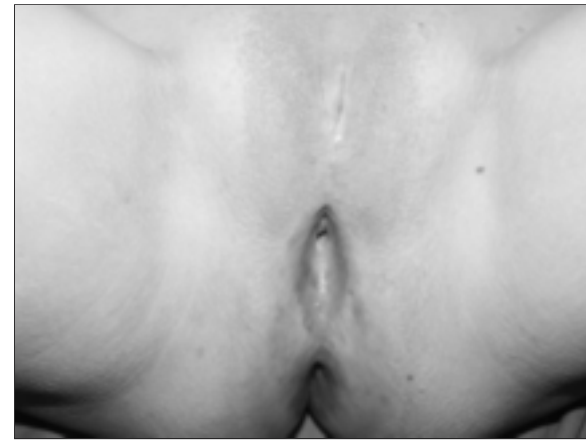

FIGURE 1: Extensive labial fusion is seen in preoperative examination.

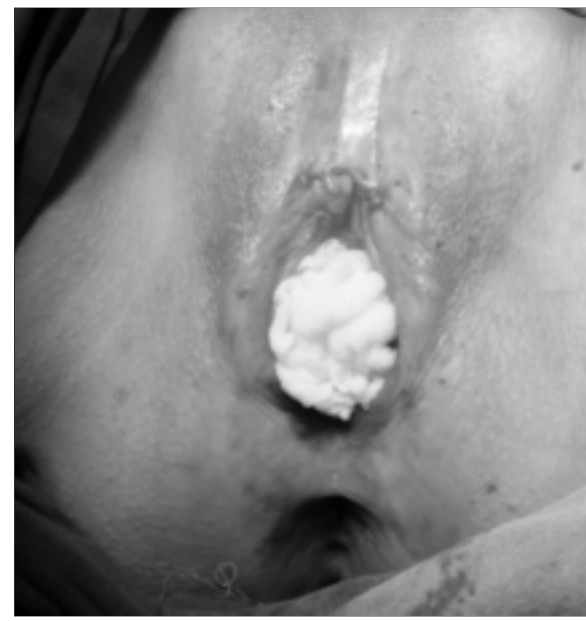

FIGURE 2: Surgical release of labial fusion.

There was no recurrence at postoperative sixth month, labial healing and cosmetic results were very good. The patient was satisfied for painless coitus and there was no complaint about voiding difficulty.

DISCUSSION

Labial fusion is very rare in reproductive women and also related to local inflammation, genital in-

fection, lack of sexual activity, poor hygiene, trauma of normal delivery, surgical operation or vulvar trauma.[1,2] Labial adhesion is usually observed in young prepubertal girls and postmenopausal women who have low estrogen level.[1,3]

Treatment of labial fusion is divided into two methods; surgical operation and medical management. In the first grup included young prepubertal girls and postmenopausal women, topical estrogene is useful and can treat the patients succesfully for a few weeks, especially in young prepubertal girls.[1,3] On the other hand, adult young women usually have normal hormon profile and undergo surgical operation.[3] Combined therapy including surgery and medical management is necessary especially in elderly patients for seperation and prevention of recurrence.

In a review of the literature, most of the reported cases are among Japanese women and major complaints are voiding difficulty and painfull sexual activity.[4] Thus, it is recommended to seperate the labial fusion before beginnig of sexual life because it can be a trouble with sexuality.

Lichen sclerosis is a chronic dermatopathologic disease which is seen more common in women than in men. Vulvar lichen sclerosis causes persistent inflammation in vulvar region and treated with topical steroid pomads. It is characterized with vulvar and perianal pruritus, ivory white papules and skin atrophy.[1] It usually occurs in two-six old young girls or perimenopausal women. The patient didn't vulvar pruritus in her medical history and there was no skin lesions in genital examination, so lichen sclerosis was eliminated among differantial diagnoses.

Vulvar vestibulitis syndrome is another disease which has to be considered among of differantial diagnoses of labial fusion. It is related with dyspareunia and the patient fells severe pain when touching and pressure of the vulvar vestibule. There is usually an erythema in the vaginal orifis and it is a significiant sign of the disesase. In genital examination, there was no erythema and the patient didn't feel severe pain with pressure or touching the vaginal orifice. Most likely cause of painful coitus is narrowing of vaginal orifis because of labial fusions.

However, topical medical management is sufficient in the patients who have low estrogen, some authors reported it was insufficieny in adult women and our presentation supports this concept.[1,3] Effect of estrogen on vaginal mucosa and glands is helpful to prevent recurrence and it must be used after the surgery.[5]

As a conclusion; labial fusion may be presented at the birth by an unknown mechanism but diagnosis and treatment may be postponed if there is no unbearable symptom. Surgical procedure is usually necessary in an adult female because medical management is generally insufficient. To prevent dyspareunia and related psychiatric problems, it would be reliable performing optimal treatment before beginning sexual activity.

REFERENCES

1. Girton S, Kennedy MC. Labial adhesion: a review of etiology and management. Postgraduate Obstetrics & Gynecology 2006;23(1):1-5.
2. Acharya N, Mandal AK, Ranjan P, Kamat R, Kumar S, Singh SK. Labial fusion causing pseudoincontinence in an elderly woman. Int J Gynaecol Obstet 2007;99(3):246-7.
3. Seehusen DA, Earwood JS. Postpartum labial adhesion. J Am Board Fam Med 2007:20(4): 408-10.
4. Aramburu L, Arias RPena P. Labial Adhesion: A Rare cause of Urinary Obstruction. Actas Urol Esp 2008;32(10):1037-8.
5. Schober J, Dulabon L, Martin-Alguacil N, Kow LM, Pfaff D. Significance of topical estrogens to labial fusion and vaginal introital integrity. J Pediatr Adolesc Gynecol 2006;19(5):337-9.