

Bilateral Labial Hitching of a Patient on Her Own for Reduction of Labial Size: A Rare Cause of Labial Edema

Labiasını Küçültmek İsteyen Hastanın Kendi Başına Bilateral Labium Minuslarını Bağlaması: Nadir Bir Vulvar Ödem Olgusu

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ABSTRACT Currently, there is an international trend to labial reduction due to enhance labial physical appearance. Infact very little is known about why women stand this surgery. Vulvar edema is associated with different pathologies including inflammatory conditions, trauma, pregnancy, tumors. In this report we present a vulvar edema because of bilateral hitch on labium minus applied by the patient on her own due to desiring labial reduction. This is the first case report in the English literature on this cause of vulvar edema. We concluded that to adjust the unawares demand or application about labial reduction, good information about normal genital experience must be given to women, especially younger women, in obstetrics and gynecology care and where opportunities present, for example in media.

Key Words: Vulva; edema; anatomy; gynecologic surgical procedures; awareness

ÖZET Günümüzde hiçbir patoloji bulunmadan sadece labial görünümünü değiştirmek için labial küçültme operasyonlarına başvuranlarda uluslararası bir artış görülmektedir. Ancak bu operasyona talep eden kadınların neden bu operasyona ihtiyaç duyduklarına dair yeterli bilgi bulunmamaktadır. Vulva ödemi; inflamatuvar durumlar, travma, gebelik, tümör gibi farklı patolojilerle birlikte izlenebilir. Biz bu yazıda; literatürde ilk kez labiasını küçültmek isteyen bir genç kızın kendibaşına bilateral labium minuslarını bağlamasına bağlı vulvar ödem olgusu sunduk. Bu olgu sunumu sonucunda bilinçsiz bir şekilde labial küçültme uygulamaları ve taleplerinin kontrol edilebilmesi için; kadın doğum kliniklerinde özellikle genç kızlara normal genital görünüm hakkında sağlıklı bilgiler verilmesi gerekliliği fikrine vardık. Bu şekilde sağlıklı bilgilendirme için medya ya da fırsat bulunan her ortamda çaba sarf edilebileceğini saptadık.

Anahtar Kelimeler: Vulva; ödem; anatomi; jinekolojik cerrahi işlemler; farkındalık

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Vulvar edema is associated with different pathologies. Inflammatory conditions, infections, infestations, trauma, pregnancy, tumors and iatrogenic occasions can cause of edema.¹ In this report we present a vulvar edema because of bilateral hitch on labium minus applied by patients due to desiring labial reduction. The clinical features and the management of the patient was discussed.

CASE REPORT

A 21-year-old woman was referred to our hospital because of vulvar edema and pain. Pelvic examination revealed bilateral hitch on labium minus

caused vulvar edema (Figure 1). Stinker and leucorrhoea were observed. Hymen was intact. A pelvic ultrasound scan showed normal internal genitalia. Laboratory findings were normal (Table 1). General physical examination was also normal. She had a history of bilateral hitch application on her labium minus with raffia by herself three days before admission to our hospital. She was ashamed and anxious. After an interview with the patient we learned that she would marry one month later and she had the opinion that her vulva was not normal. She could not share her concern with her family and she planned to hitch her labium minus by herself to remove it like a nevus, which are traditionally being removed by hitching in her cultural region.

The patient was admitted to our clinic with a very hard pain and the patient was carried into operating room urgently also for preventing vulvar necrosis. She was placed in the dorsal lithotomy position under epidural anesthesia. Local anesthetic was applied for hemostasis with care not to distort the anatomy. After the hitch was cut, the excess skin flap was excised. We performed wider excision because of damage and edema of labium minus skin by ensuring that the fourchette was not included in the excision. After hemostasis, the wound was closed with interrupted sutures by 3/0 glyconate (Surgicryl monofast, Hunningen, Belgium) (Figure 2). No significant postoperative pain or complication was observed.



FIGURE 1: The view of the patient with vulvar edema because of bilateral hitch on labium minus.

(See for colored form <http://jinekoloji.turkiyeklinikleri.com/>)

TABLE 1: Clinical characteristics of the patient.		
	Results	Reference Values
Hemoglobin (g/dl)	12.3	12.3-15.4
Leukocytes (103/ μ l)	10.3	4.1-10.3
Trombocytes (103/ μ l)	231	158.7-387.7
Glucose (mg/dl)	102	70-109
BUN (mg/dl)	0.067	0.57-1.11
Uric acid (mg/dl)	4.42	3.5-5.0
ALT (U/l)	16	3-55
AST (U/l)	14	0-40
Total bilirubin (mg/dl)	0.3	0.2-1.2
Na (mmol/l)	140	136-145
K (mmol/l)	3.9	3.5-5.1
Ca (mg/dl)	9.3	8.4-10.2
PT (sn)	0.25	11-14.2
INR	1.06	0.85-1.2
CRP (mg/l)	5	0-5

BUN: Blood urea nitrogen; ALT: Alanine amino transferase; AST: Aspartate amino transferase; PT: Prothrombin time; INR: International normalized ratio; CRP: C-reactive protein.



FIGURE 2: The postoperative view of the patient with.

(See for colored form <http://jinekoloji.turkiyeklinikleri.com/>)

DISCUSSION

In the past, esthetic genital surgery has been an uncommon practice; however; recently, more attention has been focused on esthetic surgeries of the female lower genital tract.² Infact very little is known about why women stand this surgery.

Historically, the surgery on vulva were performed for patients with genital cancer, vulvar intraepithelial neoplasia, Paget disease, ambiguous genitalia, and adrenogenital syndrome.³ More recently woman undergoing the procedure want to enhance labial physical appearance.⁴ As a result of this demand, there is an international trend to labial reduction operations solely for esthetic reasons. Culturally affection to have a high opinion of beauty may induce this emerging trend. In western cultures, female genitalia are openly exposed in magazines, movies and Internet. These images contribute to a limited and idealistic view of the female genitalia, especially in younger women's mind. In this report we present a vulvar edema because of bilateral hitch on labium minus applied by the patient who desiring to labial reduction. This is the first report in the English literature on this cause of vulva edema.

Although different operation techniques are performed for esthetic labial reduction procedures

by gynecologist and plastic surgeons including the edge resection technique, the inferior wedge resection with pedicled flap closure and deepithelialization reduction labioplasty, there is no consensus concerning the best procedure for labia minora reduction.⁵ In this case we performed bilateral edge resection of labium minus and closed the wound with interrupted sutures.

In conclusion to adjust the unawares demand or application about labial reduction, good information about normal genital experience must be given to women, especially younger women, in obstetrics and gynecology care. It may also put forth an effort providing expert information to the media, where opportunities present.

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