Case Report

An unusual case of labial fusion

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ABSTRACT

Labial fusion is sealing of labia minora in midline. It is also known as Labial adhesion or Labial agglutination or synechia vulvae. This condition is common in pre-pubertal females when estrogen levels are low and commonly resolves spontaneously post-puberty. Usually asymptomatic and typically treated conservatively. Medical treatment includes use of estrogen cream or betamethasone cream. Surgical treatment rarely required, if not responding to medical treatment or dense adhesions. This case report is unusual as it presented in a post-pubertal female and which needed surgical management.

Keywords: Labial adhesion, Labial fusion, Labial agglutination, Synechia vulvae

INTRODUCTION

Labial fusion is when the lips of labia minora around the entrance to the vagina become fused together or covered with a fleshy membrane. The membrane usually completely seals the vaginal opening, leaving a very small gap at the front through which urine passes. It is also known as labial agglutination or labial adhesion. Labial fusion is affects 2-5% of babies and young girls, most commonly seen between 1-2 years of age.1

CASE REPORT

A 23 year, unmarried female, came to gynecology outpatient department with complains of decreased flow during menses and pain in abdomen on and off since 12 years. The pain was since menarche which was spasmodic in nature and was associated with menses. A past history of fall on perineum at 12 years of age and wound over labia was sutured under local anesthesia was noted. After the intervention a pin point opening over perineum had developed through which she would urinate as well as menstruate. Her complains had developed after the incident. There was no history of sexual abuse or no complains of irritation or allergic rash over labia in past. No other bowel or bladder complains.

Her general and systemic examination was normal. On abdominal examination, her abdomen was soft. On local examination of genitals, labia majora was normal and labia minora was fused in midline. Urethral opening was not visualized in anatomical place. Perineum was normal. No scar visible. A small 0.5 mm circular opening visualized near fourchette (Figure 1). On per rectal examination, uterus was normal in size, anteverted. Bilateral fornices were free and non-tender.

All routine investigations needed for surgery were done and noted normal. Ultrasound showed uterus anteverted and normal size, bilateral ovaries were normal. As exact anatomy behind the fused labia could not be made out, a vaginogram with simultaneous micturating cystourethrogram was done. The film (Figure2) showed bladder and urethra both visualized and normal. The
vaginal pouch is opacified and seen separate from bladder.

Figure 1: A small Hegar’s dilator is passed through the circular opening near fourchette.

Figure 2: (A): A Complete film of the Micturating cystourethrogram with vaginogram. (B): Magnification of last image in the film. The red arrow shows urethra and black arrow shows vagina. The blue arrow shows the inflated bulb of Foley’s catheter.

Figure 3: Layer by layer dissection.

Figure 4: Visualization of anterior vaginal wall.

Figure 5: Dissection for visualization of urethra.

Figure 6: Silicon catheter insertion in urethra.

A decision for Labia minora reconstruction with urethroplasty was taken with multidisciplinary approach.

The fused tissue from introital opening dissected layer by layer and opened anteriorly (Figure 3). Anterior wall of vagina was seen (Figure 4). Normal rugosity were maintained. Sharp and blunt dissection was carried upwards to visualize the urethral opening (Figure 5). The urethral meatal opening was seen 1 cm below the clitoris. A silicone catheter was passed through it (Figure 6). The final appearance of vagina inside which healthy cervix is visualized with a catheter in urethra (Figure 7).

Post-operative course was uneventful. An antibiotic ointment and estrogen cream for local application was given. Catheter was removed on day 7. Patient passed urine uneventfully. On follow up, patient was day 4 of menses and had no complain of pain with normal flow.
Adhesion if dense or not responding to medical treatment may require surgical management. The adhesions are divided by gentle traction or running a sound along the fusion line. Once the labial adhesions separate, emollient such as antibiotic ointment applied several times a day to prevent repeat adhesion formation.

The recurrence rate of labial adhesions is 11-14%. Usually recurring adhesions especially post-surgical are denser and less likely to resolve with conservative line of management. The surgical techniques include use of amniotic membrane, rotational skin flaps with varying rate of success.11,12

CONCLUSIONS

This is a rare case with fused labia minora in post pubertal girl that developed post-trauma to genitals which required surgical management.

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