Operative hysteroscopy preserving virginity: a new technique

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Summary

Objective: To present a new technique of virginity-preserving operative hysteroscopy in the treatment of intrauterine pathologies. *Materials and Methods:* The details of operative hysteroscopy in which the hymenal orifice was left intact to preserve virginity are presented. The technique briefly involved the following steps: holding the cervix with a tenaculum and its traction to the immediate posterior hymenal opening with use of office hysteroscopy, which was then followed by operative conventional hysteroscopy. *Results:* The technique was performed successfully in all patients with an annular hymenal morphology. The technique enabled complete resection of intrauterine pathologies in all cases. There was no case of inadvertent hymenal injury during the procedure. *Conclusion:* The presented technique, makes it possible to easily treat intrauterine pathologies while preserving the hymen. It can be preferred in groups of patients in whom it is necessary to preserve virginity.

Key words: Operative hysteroscopy; Vaginoscopy; Virginity.

Introduction

Hysteroscopy is a significant method commonly used in the evaluation of the vagina, cervix, and endometrium [1]. Currently, it has become the gold standard as it is minimally invasive and can be performed on an outpatient basis. Although it is widely used for quite a large group of indications, some restrictive factors may occasionally limit its use. One of these factors is virginity.

As virginity refers to the intactness of the hymen and sexual integrity in many cultures, it is directly related to female social life. It is of great importance in China and Mediterranean cultures, as well as in Muslim communities [2, 3]. Therefore, interventions through the vaginal route are found unacceptable in these cultures. It is obvious that there is a need to develop virginity-preserving methods.

The present study aims to specify the details of a new technique developed to preserve virginity.

Materials and Methods

In the present study, retrospective records of five cases were examined in whom hymen-preserving hysteroscopic technique through the vaginal route was performed. All of the patients and their parents were informed about the technique in detail, and written consents were obtained. The procedure was conducted under intravenous sedo-analgesia. The technique is performed in patients with annular hymenal morphology. Briefly, in a lithotomy position, an office hysteroscope was inserted through the hymenal opening and vaginoscopy was conducted without using a vaginal speculum. A panoramic image of the cervix was obtained and external cervical orifice was rendered more visible. Then, with the visual guidance of office hysteroscopy, a tenaculum was inserted through hymenal orifice and the upper cervical lip was grasped. The cervix was then pulled down through the vagina as close as possible to the proximity of the hymenal orifice (Figure 1). After adequate traction, the cervix was dilated by Hegar dilators through hymenal orifice up to nine mm and an operative hysteroscope was introduced into the endometrial cavity. The cervix was firmly held in traction throughout the procedure. The rest of the procedure was conducted in line with routine operative hysteroscopy.

Results

In this study, the aforementioned technique was performed in five cases. All the cases were virgins and had annular hymens. All the cases had a complaint of abnormal uterine bleeding which did not respond to medical treatment. Two of the patients had submucous leiomyomas and three had endometrial polyps. Mean operation time was 16 ± 3 minutes. Fluid deficit was 340 ± 80 ml. None of the patients had intraoperative or postoperative complications. Hymenal integrity was preserved in all patients.

Discussion

The findings of the present study have shown that operative hysteroscopy can be safely performed when hymenal integrity is a concern. There are only few studies about virginity-preserving gynecological interventions. Most of them are small case series that have reported the use of office hysteroscopy mainly in cervical pathologies [4, 5]. All the cases in the present study had intrauterine pathologies, and in this respect it is the first of its kind in the literature. The described method has some restrictions. Social, cultural, and religious values of the patients are the main obstacle to the vaginal approach [2]. This situation seems to be the most common limitation which

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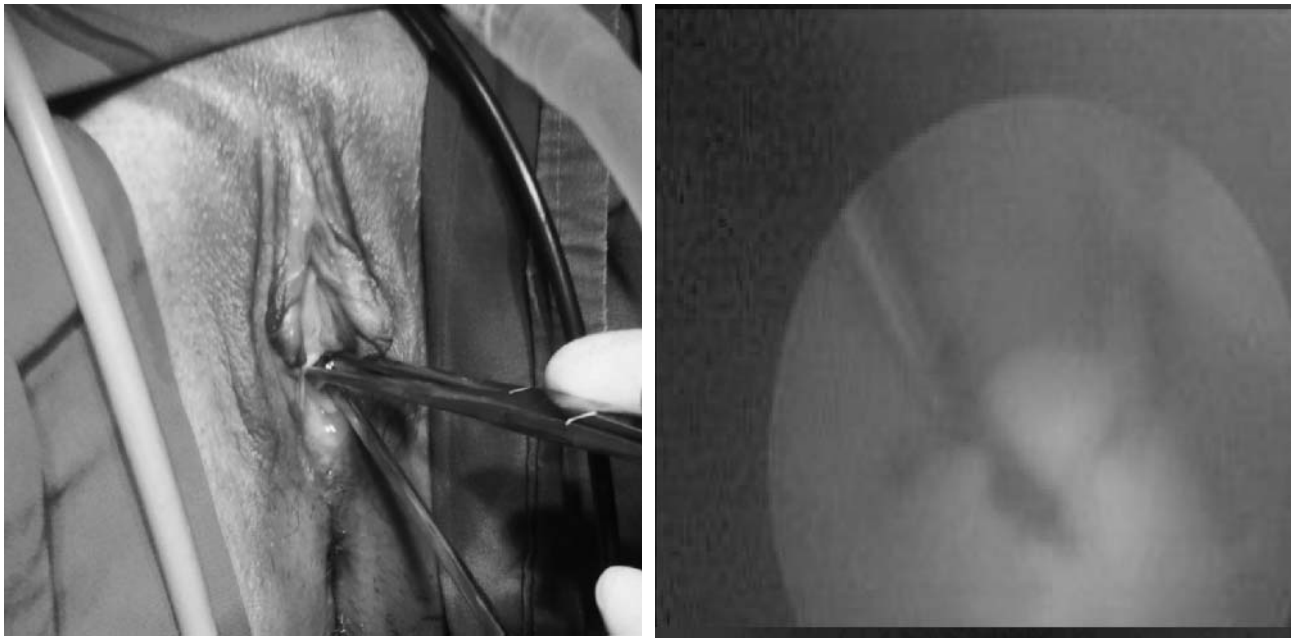

Figure 1. — Grasping of cervix during vaginoscopy.

can be overcome by adequate information. Variations in hymenal morphology, size, and shape of hymenal orifice are also significant intrinsic factors that can limit the use of this operative hysteroscopy. This present method cannot be used in septate or cribriform hymenal structures. However, this type of hymenal morphology is found in about three percent of patients, therefore this is a limited concern [6]. Another potentially limiting factor is the inability to provide adequate cervical traction. As stated above, traction of the cervix is the essential step of the method. Conditions like endometriosis, pelvic infections, and nulliparity may compromise the amount of descensus provided.

The approach proved that operative hysteroscopy is a viable option in virgin patients whose main concern is preservation of hymenal integrity. The method was successfully applied in all five cases. However applicability of this technique in all virgin patients still remains to be answered due to the aforementioned limitations.

In conclusion, the technique the authors have described may enable the treatment of intrauterine pathologies requiring operative hysteroscopy while preserving hymenal integrity.

References

[1] Fernandez H.: "Update on the management of menometrorrhagia: new surgical approaches". *Gynecol. Endocrinol.,* 2011, *27,* 1131.
[2] van Moorst B.R., van Lunsen R.H., van Dijken D.K., Salvatore C.M.: "Backgrounds of women applying for hymen reconstruction, the effects of counselling on myths and misunderstandings about virginity, and the results of hymen reconstruction". *Eur. J. Contracept. Reprod. Health Care,* 2012, *17*, 93.
[3] Studd J.: "A comparison of 19th century and current attitudes to female sexuality". *Gynecol. Endocrinol.*, 2007, *23,* 673.
[4] Küçük T.: "When virginity does matter: rigid hysteroscopy for diagnostic and operative vaginoscopy-a series of 26 cases". *J. Minim. Invasive Gynecol.*, 2007, *14,* 651.
[5] Ou K.Y., Chen Y.C., Hsu S.C., Tsai E.M.: "Hysteroscopic management of lower genital tract lesions in females with limited vaginal access". *Fertil. Steril.*, 2009, *91,* 293.
[6] Heger A.H., Ticson L., Guerra L., Lister J., Zaragoza T., McConnell G., Morahan M.: "Appearance of the genitalia in girls selected for nonabuse: review of hymenal morphology and nonspecific findings". *J. Pediatr. Adolesc. Gynecol*., 2002, *15,* 27.

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