

A rare complication of vaginal delivery: labial adhesion

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Summary

Labial adhesions are mostly seen in teenagers and menopausal women, however they may be encountered rarely in the postpartum period. Surgical division under local anesthesia is more effective than topical estrogen. *Case:* In this article a young women at the age of 23 years, who gave normal vaginal birth 12 months prior and who had difficulty in coitus because of labial sinechia is reported. During physical examination, an adhesion between right and left labia minora approximately three cm in length was observed. The adhesion was separated under local anesthesia and the patient was discharged from the hospital on the same day. On postoperative seventh day control, she had neither complaints nor complications. *Conclusion:* Labial adhesions are rarely encountered after normal vaginal childbirth. The most effective treatment of labial sinechia is surgical division under local anesthesia.

Key words: Postpartum; Labial adhesion; Treatment.

Introduction

Labial adhesions are mostly seen in teenagers and less frequently in older women. The predisposing factor of adhesions is attributed to relative hypoestrogenic condition at these ages. In reproductive period: female circumcision, lichen sclerosis, herpes simplex infections, diabetes mellitus, pemphigoid, recurrent urinary infections, lack of sexual activity, local trauma and caustic vaginitis play a secondary role in the etiology [1,2]. Labial adhesions after birth are rarely encountered.

Case Report

The primigravid woman at age of 23 years had given spontaneous vaginal birth at 38th week of pregnancy 12 months prior. She was discharged from the hospital the day after without any complications. She returned to the hospital because of difficulty in coitus after giving birth. During physical examination an adhesion between right and left labia minora approximately three cm in length was observed (Figure 1). Local anesthesia performed by one percent lidocaine containing epinephrine. The adhesion was divided with electro-catheter ablation in gynecologic position in the operating room (Figure 2). The patient was discharged from the hospital on the same day. On postoperative seventh day follow-up, she had neither complaints nor any difficulty with coitus.

Discussion

Labial adhesions are a simple occurrence, that are mostly encountered in teenagers and post-menopausal women; nevertheless they can be rarely encountered in reproductive period. The incidence of labial sinechia is unknown in the population, although the literature reports it to be in the range of 0.6% - 5% in total, but more frequent in the first two years of life [3-5]. Labial adhesions

are benign diseases that are congenital or acquired [6]. Vulvovaginitis and mechanical irritation are presumed as the cause of labial adhesions but the real cause is not definite [3]. In reproductive period labial adhesions are rarely observed with the protective effect of normal sexual hormone levels; this impression supports that hypoestrogenic condition is a predisposing factor in labial and explains increased frequency of labial adhesions in postmenopausal women. Sometimes they can result from bad hygiene of the genital region [3,6].

Labial adhesions can be determined incidentally or as the result of various symptoms, such as vulvodynia, vaginal pruritus, voiding difficulty, change in urinary flow, urinary incontinence (stress and/or urge), recurrent urinary tract infections, urinary retention, enuresis, dysuria, dyspareunia, and pelvic pressure [2-4]. Similar as in this presented case, difficulty resuming sexual activity is the most commonly reported complaint in reproductive women with labial adhesion [1].

In treatment of hypoestrogenic women with atrophic mucosa, topical creams containing estrogen are preferred. Surgical division is a better alternative therapy in symptomatic thick adhesions than topical therapy and manual separation has failed, when recurrent adhesions occur with topical estrogens, and also when the patients did not accept the other treatment modalities. During surgical treatment, the adhesion is divided by blunt and sharp dissection under local anesthesia [3]. Although the role of the topical steroids and daily manual separation are certainly unknown, they are suggested to reduce recurrent labial adhesion. This presented case had a thick labial adhesion; for this reason, the authors opted for surgical division of the adhesion. Labium minors are separated with sharp dissection under local anesthesia. Topical estrogen is prescribed after the operation. At follow-up the authors did not observe recurrence and all complaints of the pa-

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Figure 1. — Preoperative appearance in a patient with labial adhesion.



Figure 2. — Postoperative appearance of the labia in the same patient.

tient had improved. However, there are some reported cases in which recurrent adhesions have occurred and re-operation may be required in this group of patients [2,3,7,8].

Labial adhesion after normal vaginal birth is a rare situation and can be diagnosed earlier, simply with physical examination during the first visit after labour.

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