

Apareunia Due to Labial Adhesions: A Rare Postpartum Complication

KATAGERI GEETANJALI M., PUJARI LINGANAND L., VISHWANATH G., USHA DODDAMANI

ABSTRACT

Severe degree of vaginal or labial adhesions is due to the healed intrapartum lacerations which requires surgical correction that are rarely reported. A woman presented three months after home delivery with apparent obliteration of the vagina by adhesions

resembling a thick membrane. This was divided surgically with successful restoration of the anatomy. Prolonged immobilization with tight apposition of the thighs most likely led to the adhesions in this case.

Key Words: Labia, Postpartum, Surgical division

INTRODUCTION

Minor vaginal distortions occurring due to healed intrapartum lacerations are frequently encountered. However, severe degree vaginal or labial adhesions requiring surgical correction are rarely reported. We present one such case here.

CASE REPORT

Mrs.X, 28 year old P₁L₁ presented to our OPD three months following home delivery. Her chief complaint was that of abnormality of the vagina, which was discovered on attempted resumption of sexual activity. Since her delivery, she also complained of dribbling a small quantity of urine each time she stood up after passing urine in the squatting position. On enquiring, it was revealed that she had bleed excessively following her delivery and was made to lie with her legs crossed over with only minimal mobilization for about a week.

On examination, it was found that the medial aspects of the labia minora were partly fused anteriorly and the entire vagina was obliterated by an apparently thick membrane inferior to the urethral orifice. This septum like structure was deficient only in the anteriormost aspect [Table/Fig-1]. It was surmised that every time the patient passed the urine, part of it collected in the vagina behind this membrane. This would then dribble out on standing upright.

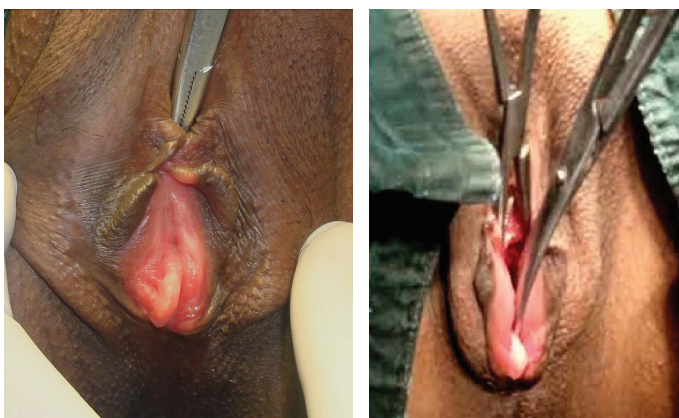
At the time of presentation, the patient was found to be severely anaemic and also unwilling for surgical intervention. She reported back after resumption of menstruation, about five months later. She was now willing and fit for surgery. She was posted for a surgical division of the septum under spinal anaesthesia on 18/11/08. The septum, which was about three mm thick, was cut through with a scissor and the walls of the vagina fell apart [Table/Fig-2]. No other abnormality of the vagina or cervix was noted. The bleeding edge of the divided vagina was secured by a running suture and a vaginal pack inserted. This was removed the next day, and the patient was discharged. She was advised daily application of a topical antiseptic with slight separation of the labia to prevent readhesion. At follow up after one month, satisfactory healing was noted. At present; the patient is carrying a full term second pregnancy.

DISCUSSION

Labial adhesions are frequently encountered in young girls or in post-menopausal women. However, those occurring in the postpartum setting are rare. As per an article published by Seehusen and Earwood [1] in 2007, only 9 cases were previously reported. Difficulty resuming sexual activity was the most common complaint [1,2,3,4,5]. Several of the cases have unrepaired superficial lacerations, which is likely in this case too. Lin [4] et al theorized that significant perineal swelling may promote adhesion formation by mechanically pressing the labia together. However, in our patient, prolonged tight apposition of the thighs may have been the precipitating factor. Proper perineal care in the postpartum period may prevent labial adhesion formation.

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[Table/Fig-1 and 2]: Per-Operative

AUTHOR(S):

1. Dr. Katageri Geetanjali M.
2. Dr. Pujari Linganand L.
3. Dr. Vishwanath G.
4. Dr. Usha Doddamani

PARTICULARS OF CONTRIBUTORS:

1. MBBS, MS OBG, Associate Professor,
Dept. of Obstetrics and Gynaecology,
S. N. Medical College, Bagalkot - 587102.
Karnataka, India.
2. MBBS, MD OBG, Professor,
Dept. of Obstetrics and Gynaecology,
S. N. Medical College, Bagalkot - 587102.
Karnataka, India.
3. MBBS, MS Surgery, Professor
Dept. of Surgery, S. N. Medical College,
Bagalkot - 587102. Karnataka, India.

4. MBBS, MS OBG, Assistant Professor,
Dept. of Obstetrics and Gynaecology,
S. N. Medical College, Bagalkot - 587102.
Karnataka, India.

NAME, ADDRESS, TELEPHONE, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Geetanjali M. Katageri,
Assoc. Professor,
Dept. of Obstetrics and Gynaecology,
S. Nijalingappa Medical College,
Bagalkot - 587102.
Karnataka, India.
Phone: 09448776044
E-mail: geetanjali_mk@yahoo.co.in

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