Labial Adhesions in a Post-menopausal Woman

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ABSTRACT
Labial fusion is a common benign genital disorder in a post-menopausal woman. A low serum oestrogen level appears to be the basic cause of labial adhesions. Management of a case of 60 year old postmenopausal patient who presented with history of difficulty to void is discussed who on examination was found to have labial adhesion.

Keywords: Labial fusion, postmenopausal woman, voiding symptoms.

INTRODUCTION
Labial adhesion/fusion which is also known as labial agglutination or synechia vulvae is a common vaginal condition in prepubertal girls. However labial adhesion is rare in an adult woman and is defined as either partial or complete adherence of the labia minora or majora. It commonly occurs in postmenopausal women and is associated with hypoestrogenic state, local inflammatory and irritative conditions, and vulvar dystrophies such as lichen sclerosis. Though rare, labial adhesions can occur in reproductive age women secondary to female circumcision, herpes simplex, dermatological conditions, caustic vaginitis, local trauma, and vaginal laceration following childbirth.

The diagnosis of labial fusion is usually made by visual inspection. The condition remains asymptomatic for a long period of time in these post-menopausal women and clinical symptoms present only when complications occur. The clinical symptoms are usually minor in nature. Recurrent urinary tract infections or hydronephrosis can result from disturbances in voiding. We report a case of labial adhesion in a 60 years old post-menopausal woman.

CASE REPORT
A 60-year-old postmenopausal woman presented with difficulty to void and a thin urinary stream. Patient was non-diabetic and had undergone hysterectomy 12 years back for abnormal uterine bleeding. On examination the labial folds were fused in midline with changes similar to that of lichen sclerosis (Fig. 1A). A pinhole was seen suggestive of a tiny passage for urine (Fig. 1B). The patient was prepared for surgery and counselled for the same. Under regional anaesthesia, the adhesions between the labia were divided using cautery. The cut margins were properly sutured to give a wide vaginal opening (Figs 2A to D). A vaginal mould was placed in the vagina to prevent post-operative adhesions. A small piece of representative tissue was sent for histopathological examination. The patient was advised to do self dilatation of the vagina for a six-month period. Histopathological examination revealed unremarkable squamous epithelium and fibrosis with lymphocytic infiltrate in the submucosa. A pathological diagnosis of lichen sclerosis was made. The patient is on regular follow-up.

DISCUSSION
Labial fusion is a benign genital disorder in an adult post-menopausal woman. A low serum oestrogen level appears to be the basic cause of labial adhesions.
Figs 1A and B: (A) Widening up of midline opening; (B) After adhesiolysis

Figs 2A and B: (A) Midline fusion of labial folds; (B) Pinhole opening in midline
Physiologic hypoestrogenism, chronic inflammation of the vulvar skin and mucosa, leads to labial adhesions with subsequent partial or total obstruction of the vagina and/or the urethra. Lack of sexual intercourse at this age also contributes to the occurrence of labial fusion. Vulvar dystrophies should be ruled out in all these cases by sending skin biopsy from the representative area.

Surgery is the only form of definitive treatment. Topical oestrogen and betamethasone though useful in prepubertal girls, appears to be hardly effective in post-menopausal woman. Use of oestrogen cream post-operatively may help prevent recurrences and repeat surgery.

CONCLUSION
Labial adhesion is observed rarely in postmenopausal women. Patients can present with nonspecific urinary complaints. The diagnosis can be made by clinical examination and this can be treated with local application of estrogen creams or surgical separation.

Conflict of Interest
There are no conflicts of interest.

Financial Disclosure
Nil

REFERENCES