CASE REPORT
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URINARY RETENTION DUE TO LABIAL FUSION; BLOODLESS CORRECTION. A CASE REPORT.

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ABSTRACT: This report describes a 74 year old woman with urinary symptoms progressing to complete anuria with dense labial adhesions. This condition is mostly reported in pediatric age group but few reports addressed this condition in postmenopause.

Key words: labial fusion, anuria

INTRODUCTION

Labial fusion which is equal to phimosis is rarely seen in adults of postmenopause[1]. Different terms describing this condition have been used in literature. The first report of labial fusion was described in1936 in American literature[2].This condition is mostly discussed in childhood period and rare cases have been reported in post menopausal age group. It seems that more cases are reported so attention to etiology and treatment modalities should be paid to this age group due to paucity of information regarding etiology and the best treatment option undertaken.

CASE REPORT

A 74 year old woman para 5 with urinary symptoms as urinary retention was referred to a private clinic. She had urinary symptoms as post voiding dribbling for three month her symptoms aggravated for one week with total anuria from the last two days. No medical and surgical history except hypertension existed. She had not any coitus for eight years. Genital examination revealed total fusion of labia in midline obscuring vagina and vestibule with a dense fibrotic band in midline. Not any orifice could be found in this fibrotic band (Fig 1). The patient scheduled for a surgery to lyse the fibrotic band. A midline incision with cautery away from clitoris to fourchette made (Fig 2) without any bleeding or need for suture placement and about 1500 mls of urine drained by Foley catheter. No hormonal or steroid therapy after operation prescribed and 3 months after surgery no relapse was noted and the patient felt comfortable about her urinary symptoms.

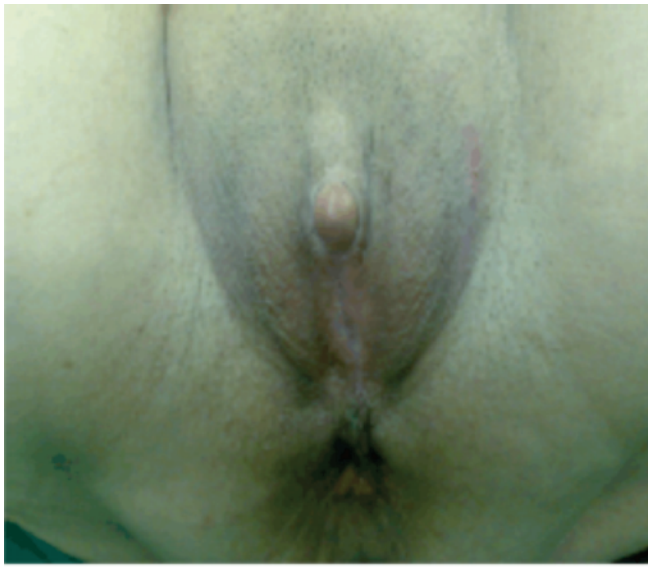

Fig-1.

DISCUSSION & CONCLUSION

Labial fusion is a rare condition with an estimated incidence of 0.6 to 1.4% in children. It's mostly reported in the extreme of life, the first two years and post menopausal period[1].

Different terms have been used to describe obliteration of external genitalia including labial adhesion, labial fusion,

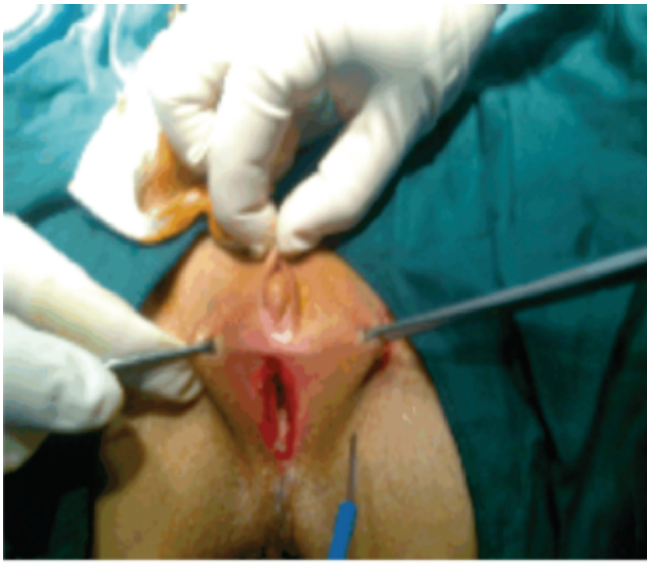

Fig-2.

and adhesive vulvitis, inter labial occlusion of the vulva, synechia vulva, Vulvar adhesion, Vulvar fusion and Vulvar atresia[2].

Etiology of this condition differs in this two age groups , being congenital or acquired due to low estrogen level and inflammation in the childhood[3] and secondary to operations and existing illness i.e. ,lichen sclerosis and hip joint diseases in post menopause age group[4,5].

Presenting sign differs, in 20-38% of patients urinary tract symptoms exist while other presentations such as lower abdominal pain, vaginitis, hematuria, perineal trauma, abnormal physical findings by patients or physicians have been explained[2,3].

Urinary symptoms such as difficult voiding and urinary retention and post voiding dribbling (incontinence) have been reported[6,3].Urge and mixed urinary incontinence and hydronephrosis can be a presenting sign[7,2].

Many treatment modalities including surgical and medical have been described .In medical treatment a question exists to use whether corticosteroids or hormonal derivatives especially in childhood labial fusion[8,9,10,3].In a childhood study of labial fusion greater proportion of refractory patients in premarin group needed surgery in comparison to betamethasone group[3].

Different surgical techniques to relieve the obstruction under anesthesia have been described and complementary steroid and antibiotic therapy applied .Hegar dilatation under anesthesia, Surgical application, sharp dissection and suture placement have been descried[11,12,13]. To our search no such article was found to describe blunt dissection with cautery in labial fusion. To conclude, it can be said that cautery dissection of vulvar adhesions has the advantages of less bleeding and scar formation and also simplicity and reduced need for suture application.

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"A fanatic is one who can't change his mind and won't change the subject."

(Sir Winston Churchill)