Vulval Adhesion – A Sequele of Vulvo-Vaginitis

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Mrs. Damai Sho Tamang 19 years female from Dhading (Nepal) married for the last one month presented in Gynaecological OPD on 13-10-042 with the complaints of coital difficulty due to absence of vagina and occasional whitish discharge through a small orifice in the posterior part of the vulva (Fig. 1)

Menstrual history:-

Cycle - regular, 28-30 days, 4-5 days, normal amount-

LMP - 24-9-042.

Menarche - 13 year.

Obstetrical history:-

Nulliparous

married for 1 month.

Past history:-

During childhood, she had swelling of the vulva with purulent discharge for long duration.

Socio economic status:-

Lower group

Family history:-

Not contributory

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O/E

Built - Adverage

G. C. - fair

B. P. - 120/80 mm Hg.

Pulse - 76/min, regular

Weight - 54 kg.

Pallor |

Cyanosis | nil.

Icterus |

Local Exam:-

Both the labia majora were found fused with each other and there was one small opening at the posterior part of vulva. It was from that opening through which both urine and menstrual blood used to come out. On palpation, the clitoris and depth of vagina could be felt and when a probe was passed through the orifice, it went into up to 8 cm. Per vaginal examination was not possible and so per rectal examination was done and the findings were - uterus - small, retroverted, right ovary and tube felt but left ones not felt.

So, on the basis of history and clinical examination, a diagnosis of vulval adhesion due to some kind of vulvo-vaginitis made and a repair operation was planned. The following investigations were done before the operation:-

1. Blood - Hb - 14.9gm%
TC - 17250/mm
Neutrophil - 72%
Lymphocytes - 19%
Monocytes - 6%
Eosinophils - 3%
ESR - 10 mm / hr (Wintrobe)
2. Urine - R/M - Albumin +-
W. B. C. - plenty
3. Urine C/S - Proteus vulgaris |
E. Coli | isolated

Both organisms were sensitive to Nalidixic acid.

4. Chest X-Ray PA view - NAD
5. Blood Group - 'A' Rh Positive
6. Blood Sugar - (R) - 5.4 mmol/litre
7. Blood Urea - 5-7 mmol/litre
8. Stool R/M - Ova of Ascaris lumbricoides and Trichuris trichura found.

The urinary tract infection and the intestinal helminthiasis were treated before the operation.

(20)

Fig. 1 Vulval adhesion before repair.

Fig. 2 Vulval adhesion after repair.

Operative Procedure:-

Caudal anaesthesia was given. EUA was done, which revealed the presence of vaginal orifice of sufficient length. A probe was passed through the orifice which confirmed the diagnosis of labial adhesion. Incision was made in the midline under the guidance of probe. Labia minora were exposed and other structures were found normal including urethra and vagina. Speculum examination was done and cervix was visualised which was healthy. Uterine cavity measured 7 cm and dilation up to 4 Hegars was done. Two folds of cut margins of the labia majora were stitched with chronic '00'. (Fig. 2) Bleeding was minimal.

Post - operative period:-

It was smooth and pt. was discharged on 6th day.

Follow up:-

Patient was advised to attend OPD after a week. She attended OPD with smiling face with no sexual problem. On examination wound was completely healed with normal looking external genitalia. Bimanual examination was performed and nothing abnormal was detected. So she was advised to go back to Dhading.

Discussion:-

Adhesion of vulva can result from chronic infection such as tuberculosis, granuloma inguinale and lymphogranuloma. It can also be seen as a complication of chronic epithelial dystrophies. When vulval adhesion is found in the adult, it can date back to infancy having been overlooked during the years.

Adhesive vulvitis is not uncommonly encountered in the babies. The initial inflammation generally passes unnoticed or is not regarded as significant but it raws the edge of the nymphae which then stick together in the midline leaving only a small opening anteriorly or posteriorly for the escape of urine. In at least one third of the cases, however, the condition is symptomless.

References

1. Sir Norman Jaffcoate - *Principles of Gynaecology*, 4th edition, P. 248.
2. Sir Jhon Dewhurst - *Integrated Obstetrics and Gynaecology*, 3rd edition p. 18.
3. Ralph C. Benson, MD and associate authors - *current Obstetrical and Gynaecological diagnosis*, 3rd edition p. 149.