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## CASE REPORT

# Postpartum Labial Adhesion Presenting with Apareunia: A Case Report

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## Summary

Labial adhesion is commonly seen in the paediatric and post-menopausal age groups and treatment of this condition with oestrogen cream is effective. On the other hand, postpartum labial adhesion is an unusual complication of vaginal birth except when it associated with trauma to the perineum. In that situation, treatment with oestrogen cream is usually in-effective.

A 19-year-old primipara presented 15 months after vaginal birth with difficulty in having sexual intercourse. She had sustained a perineal tear during her last childbirth at home. Pelvic examination revealed fusion of the medial aspect of the labia minora with a membrane inferior to the external urethral opening completely closing the vaginal orifice. A surgical division under anaesthesia was carried out and she resumed sexual intercourse within five days.

Postpartum labial adhesion is an uncommon complication of vaginal births and surgical division of labial adhesions is the first line of management. Good postpartum perineal care for perineal laceration following vaginal births should be encouraged to prevent apareunia.

*Keywords: Apareunia, Labial adhesion, Postpartum, Vaginal birth.*

## Introduction

Labial adhesion is a common finding among infants, young girls and post-menopausal women. Among these groups, it is attributed to the low serum oestrogen level but it is an unusual occurrence in women of reproductive age. However, when it is observed in women of reproductive age, it is acquired and associated with severe inflammatory disease, surgery or trauma to the perineum. <sup>[1, 2]</sup> It may also arise from female genital mutilation, vaginitis and systemic lupus erythematosus. Other likely causes include lichen sclerosis, herpes simplex

disease and following vaginal birth. <sup>[1-4]</sup> Postpartum labial adhesion is rare and treatment is usually by a surgical division of the adhesion. This report aims to create awareness about this uncommon complication of vaginal births. This is important because unplanned home births are very common in Northwest Nigeria, <sup>[5]</sup> where the case was managed.

## Case Description

A 19-year-old primipara, who had her last childbirth 15 months before presentation,

presented at the Gynaecological clinic of the Federal Medical Centre Birnin Kudu, Jigawa State with the complaints of difficulty in having sexual intercourse since her last childbirth.

The last pregnancy was spontaneously conceived and she had an uneventful antenatal period. The labour was spontaneous at term but it took place at home. She achieved vaginal birth of a live male baby before the arrival of the Traditional Birth Attendant who managed the third stage of labour using misoprostol. However, she sustained a perineal tear which was not surgically repaired. Three months after birth, she was unable to resume sexual intercourse due to the inability to achieve penile penetration of the vagina. There was no abnormal vaginal discharge or history suggestive of genital mutilation during

pregnancy and labour. She had no difficulty with urination and had resumed menstruation, with the normal monthly flow. She had several unsuccessful attempts at vaginal sexual intercourse; hence she was confronted with a threat of divorce from her husband who was already making arrangements for a second marriage.

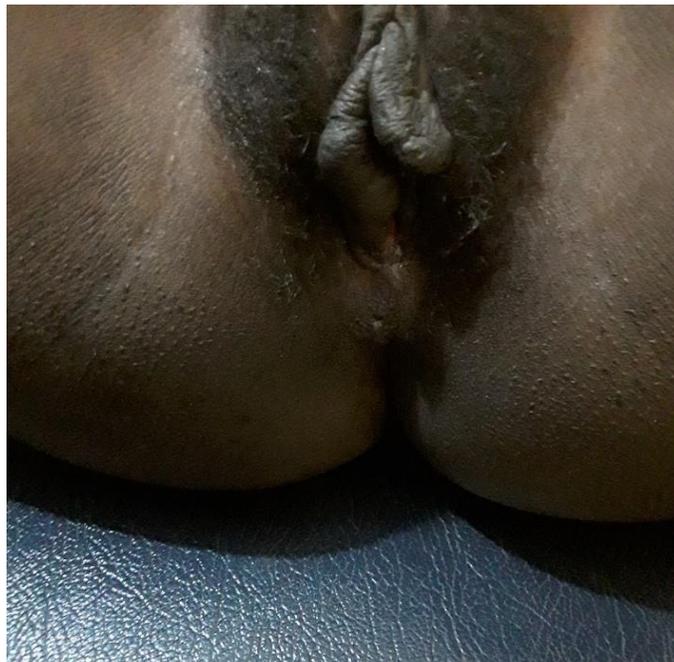
General examination revealed an apparently healthy young lady while the pelvic examination revealed fusion of the medial aspects of the labia minora by a membrane inferior to the external urethral opening, almost completely closing the vaginal orifice, leaving an opening superiorly (Figure 1).



**Figure 1: Postpartum labial adhesion**

An assessment of postpartum labial adhesion was made. The patient was reassured and was counselled for examination under anaesthesia and surgical intervention. In the theatre, under general anaesthesia, the adhered lower half of the right and left labia minora was divided with a Metzenbaum scissors starting inferior to the external urethral meatus and haemostasis was

ensured. The procedure was well tolerated and she was discharged home the same day. She was counselled on the need to separate the labia each time she defecates or urinates and attempt sexual intercourse as soon as possible. She was seen on the fifth postoperative day; the wound had healed (Figure 2) and she had resumed sexual intercourse.



**Figure 2: Post-surgical division of labial adhesion**

### Discussion

Postpartum labial adhesion is a secondary phenomenon and it is poorly understood. Previous reports have noted its association with first- and second-degree perineal lacerations following spontaneous or vacuum-assisted vaginal births. [6, 7] This is regardless of whether the perineal laceration was repaired or not; interestingly, none had been reported in north-western Nigeria despite the high prevalence of

unsupervised home births with high prevalence rates of perineal tear. [5, 8]

The commonest mode of presentation of postpartum labial adhesion known is *apareunia* though some authors have reported infertility and dysmenorrhoea. [2, 6] Difficulty in the resumption of sexual intercourse postpartum is often a source of anxiety and when it is unresolved, may be a cause of marital disharmony or violence as it was in the index case. In Northern Nigeria, the tradition and

culture dictate that a primigravida goes to her parents at term, for care and support until after childbirth, and may not return to her husband until several months postpartum. This might have informed the delay in presentation as sexual intercourse would resume only after returning to her husband.

The diagnosis of labial adhesion is clinical and the treatment option for this condition varies from the use of topical oestrogen cream to excision under anaesthesia. The topical oestrogen is usually used for several days to weeks and has been successful in the treatment of labial adhesion in children and post-menopausal women. [6, 9, 10] However, it is observed to be ineffective in postpartum labial adhesion because the woman is of reproductive age and does not have oestrogen deficiency. [6] This condition in the index case may not be unconnected with trauma and the subsequent healing with fibrosis, hence the choice of surgical division in the case. The outcome of the surgical division under general or local anaesthesia is good in either case but the choice usually depends on the nature and extent of the adhesion. [6] Where feasible, a surgical division under local anaesthesia is preferred because it is cheaper and safer.

## Conclusion

Postpartum labial adhesion is an uncommon complication of vaginal births. Surgical division of the labial adhesion remains the first line of treatment. Proper postpartum perineal care for perineal laceration following vaginal births should be encouraged to prevent labial adhesion.

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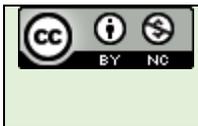
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