

MANAGEMENT OF LABIAL ADHESION IN LOW RESOURCE SETTING

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Background :

Labial adhesion is the fusion of labia minora or majora and it is mostly located near the clitoris. It is most common in infants and young girls between ages of 13-23 months & occurs in 1.8% of all prepubertal girls. Patients are mostly asymptomatic and diagnosis is mostly incidental. Exact Etiology unknown, contributing factors are - low estrogen level, vulval irritation & infection, poor hygiene, candida infection, diaper use. It's a matter of extreme anxiety for the parents and grandparents. The mainstay of treatment is conservative with careful attention to vulvovaginal hygiene and reassurance to parents. No corrective surgery is required. Recurrence is common which can be reduced by maintaining personal hygiene.

Aims & objectives :

1. To share case-load and treatment outcome with conservative management in private settings.
2. To contribute avoiding surgical management and thus saving treatment cost.
3. To enhance better interprofessional co-ordination to improve treatment outcome.
4. To reduce the anxiety of parents.

Study design:

A longitudinal case-series study was conducted in a private hospital in Cumilla, Bangladesh covering a period of 10 years (January 2012 to December 2021). Patients with age between 0 to 12 years were included. Primary treatment included topical application of a bland cream (antifungal with mild steroid ointment) and manual pressure to the site of adhesion for 15 - 30 days and a follow up visit after one month. In case of failure, estrogen cream was advised. All treated patients were followed up through a 2nd visit 1 year after treatment.



Complete and partial Labial Adhesion

Conclusion :

Our experience suggests that labial adhesion is least important to the physician but most important to the parents. Conservative treatment is mostly successful with minimum recurrence and surgery is not at all needed to get rid of it. It's feel good to see the smiling face of the parents at the end

References :

1. NHS Direct Wales - [Encyclopedia: Labial fusion](#)". NHS Direct Wales. Retrieved 2011-09-13.
2. Bacon, Janice L. Prepubertal labial adhesions: evaluation of a referral population. American journal of obstetrics and gynecology 187.2 (2002): 327-332.
3. Mayoglou, Lazarus, et al. [Success of treatment modalities for labial fusion: a retrospective evaluation of topical and surgical treatments](#). Journal of pediatric and adolescent gynecology 22.4 (2009): 247-250.
4. <https://pubmed.ncbi.nlm.nih.gov/29087136/>

Results:

A total of 100 children were diagnosed as labial adhesion during 10-year period.

Median age of the patients – 3 years

Most of the patients are from low socio-economic condition

92 patients diagnosed incidentally by their parents, 5 with features of urinary tract infection, 3 with vulvovaginitis

Successful separation was possible in 94 patients with primary treatment

Estrogen cream was required in 6 patients

Recurrence reported in 5 patients and

1 patient was diagnosed as ambiguous genitalia & was referred to a higher facility

No corrective surgery was required.

Discussion :

Labial adhesion is a benign pediatric gynecological entity. There are very few published study in Bangladesh. Most of the parents come with extreme anxiety of absent vaginal opening. Many clinicians do not have exposure to management of labial adhesion lead to unnecessary USG to look for internal genitalia based on the suspicion of vaginal atresia. In most of the published literature, the preferred treatment choice is either observation or estrogen/steroid cream or manual separation. In our study most of the parents refused observation and wanted immediate surgical treatment due to apprehension. After proper counselling, we applied this easily available antifungal cream and found very much safe cost effective with excellent outcome .

Our aim was to see the effectivity of any lubricants or creams applied with slight manual pressure without estrogen/ steroid cream or surgery . Some study showed : Topical conjugated estrogens have a success rate of 50-90% with recurrence of 30% and topical corticoids reported 68-80% of success with 23% of recurrences. Surgical intervention has a success rate of 100% and recurrence of 10%. Whereas in our study success rate is 94%.