

# Vaginal Recanalization after 15 Years Closed due to Post Partum Infection

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## ABSTRACT

Synechiae labia, is also called adhesi labia or agglutination of the labia, is a disorder occurred to the women genitalia with the characteristic of thin labia, the presence of a membrane attached to the labia minora. The incidence rate of synechiae labia in adolescent women is 1 to 5% , while in infant girls is about 10% in the first year of life. However, it is very rare in women with reproductive age. This research is conducted to the patient of 43 years old with synechiae labia. On physical examination, labia minora were found attached to each other towards the clitoris in patients performed operative introitoplasty and administration of antibiotics.

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## INTRODUCTION

Synechiae labia, also called adesi labia or agglutination labia, is a disorder occurred of women genitalia with the characteristic of thin labia that the presence of a membrane attached to the labia minora (Erdoğan et al., 2017; Goel et al., 2014; Prihadi & Wahyudi, 2020; Rahman Dhaiban & Chaudhary, 2021; Sukmawati et al., 2016). The synechiae labia can close completely or partially (Goel et al., 2014; Rahman Dhaiban & Chaudhary, 2021). The adhesion between the labia is usually asymptomatic and can close towards the clitoris, so it can completely close the vaginal opening (William, n.d.). Labial adhesion occurs when the labia minora adhere and occurs membrane formation. Until now, the exact cause of labial adhesion is still unknown, but it is believed that one of the causes is low estrogen hormone levels and trauma, such as curettage or surgery uterine (Dowlut-McElroy et al., 2019; Ethirajan et al., 2021; Gonzalez D, Anand S, 2000; Maeda et al., 2021). Labial adhesion usually occurs in newborns and in young age or adolescence women (Goel et al., 2014; Rahman Dhaiban & Chaudhary, 2021).

The incidence of synechiae labia is 1 to 5% in adolescent women and approximately 10% of female babies in the first year of life, but it rarely happens in women of reproductive age group. Synechiae labia in women usually occurs spontaneous resolution during puberty (Rahman Dhaiban & Chaudhary, 2021; Sukmawati & Nur Imanah, 2020). The diagnosis is established from examination. The labia majora normally involved but there is a pasting of the labia minora connected to a thin line or raphe between them (Amin et al., 2021; Ellyzabeth, 2018; Gonzalez D, Anand S, 2000; Laih et al., 2020; Maleki & Pourali, 2022). Severe agglutination can cause a ventral

meatus in the size of a straight pin between the labia and located under the clitoris. Therefore, it causes complaints of urine dribbling due to urine collected in the area behind the place of adhesion (William, n.d.). In addition, hematuria, dysuria and local inflammation of the labia can also be felt. Therefore, it can lead to the occurrence of urinary tract infections or urethritis (William, n.d.).

Management depends on the degree of severity and symptoms. If the adolescent patient is asymptomatic, then there is no intervention as the adhesions will disappear slowly due to estrogen levels increase. Severe adhesion with urinary symptoms, then estrogen cream therapy is required. The cream applied is estradiol or Premarin cream (conjugated equine estrogen) which is applied to the adhesion area two times a day for the first two weeks, then the next two weeks applied every day. The cream is used approximately as large as 1 peanut placed on the fingers of the hand or cotton-bud and applied to the raphe area. Every time the patient apply the cream, please to be gently gouging the labia to help separating the adhesions and applying light pressure. After the adhesion area is separated, the patient can apply petroleum jelly or vitamin A and D ointment at night for 6 months to lower the risk of recurrence. Some side effects of using too much estrogen cream might cause local irritation, hyperpigmentation of the vulva and minor breast budding. If the adhesion is re-formed, the separation can be carried out as before. You can also give betamethasone cream of 0.05% in two times a day for 4-6 weeks if it re-forms the adhesion due to too much use of estrogen cream. Adhesion that is not easily separated or that cannot be tolerated. Thus, surgery is recommended to separate adhesion. The division of the midline in the labia is also called introitoplasty. It aims to prevent repeated agglutination through given estrogen cream after surgery every night for two weeks which is then followed by the administration of emollient cream every night for 6 months ( Rahman Dhaiban & Chaudhary, 2021; William, n.d.).

## RESEARCH METHOD

This type is qualitative research with a case study approach (Sugiyono, 2017, 2018, 2019). Case taking was carried out at the working area of at a hospital in Ciawi.

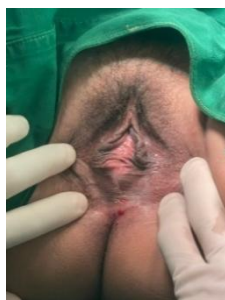
## RESULTS AND DISCUSSIONS

A 43-year-old woman came to the obstetric polyclinic at Ciawi Hospital with a complaint of feeling detained during urination. Each patient with urination also feels that the flow out is slow, not slow, always in a hurry, and unable to hold the urination so that the patient pees in her pants. Complaints are felt by patient since  $\pm$  20 years ago. Complaints of difficulty holding pee have been felt since adolescence. The patient was married one time and has been married for 24 years. The complaints are felt even more aggravating after giving birth to the first child. The first child was born in the midwife, and now the child is healthy and 22 years old. When giving birth, the patient claimed not to have any injuries to the birth canal. Every day she uses a small pad and changes it six times. If not using a pad, she changes underpants four times due to an uncomfortable feeling of dampness (Ertürk, 2014; Thierens et al., 2017).

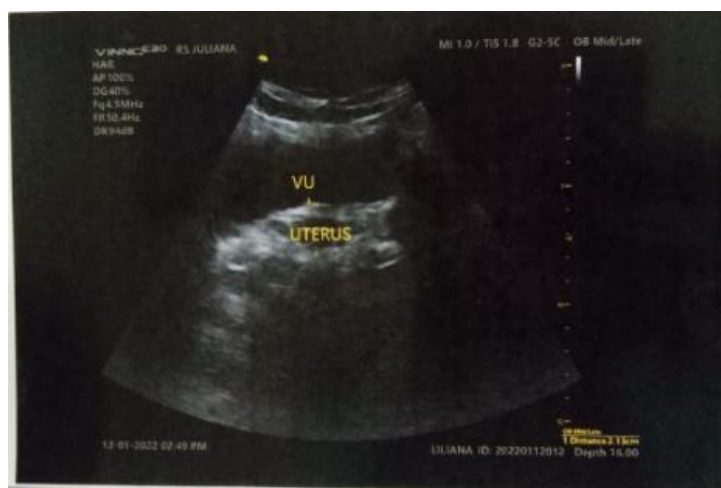
Every day, the patient drinks water  $\pm$  3-4 glasses a day and at night and the urination of the patient as much as two times. Patients experienced first menstruation at the age of 12 years with a regular cycle every month and a menstrual period of about 5-7 days, but since  $\pm$  20 years ago every menstruation feel pain in the vagina that appears  $\pm$  10 minutes and appears 2-3 times/day. The first day of the patient's last menstruation is January 15, 2022. She has a history of bleeding pee approximately 10 years ago and appears fluid from the vagina like cheese with a dense texture. Complaints of vaginal discharge are felt since 21 years ago but she did not go treatment.

The history of surgery is denied, the patient suffers from HT disease and history of using injectable birth control of one month and three months. A physical examination of the genital organs is carried out between the right and left labia minora approaching the patient's clitoris. The

patient's body weight is 56 kg with a height of 155 cm. The supporting examination conducted on January 31 – February 2, 2022, and obtained normal results.



**Figure 1.** Synechia labia in labia minora



**Figure 2.** Ultrasound Results



**Figure 3.** weeks post-surgery

## Conclusion

Patient with complaints and diagnosed synechia labia has been subjected to vaginoplasty surgery and given antibiotics for 2 weeks.

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