Vulval adhesions causing urinary incontinence

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Summary

An elderly patient complained of urinary incontinence which was found to be due to vulval fusion. Surgical division followed by local oestrogen cream was curative.

KEY WORDS: urinary incontinence, vulval fusion, surgical division.

Introduction

A severe degree of vulval fusion is rare and only 4 previous cases have been reported with urinary incontinence as the main complaint. We report a fifth case in which surgical division of the adhesions, followed by the local application of oestrogen cream, cured the incontinence.

Case report

An 86-year-old widow was referred complaining of vulval pain and urinary incontinence which lasted for approximately 30 min after micturition and had been present for 6 months. At other times she remained dry. A vaginal repair operation had been performed when she was 53 years old and operations to divide vulval adhesions were necessary 7 and again 20 years later. On the latter occasion it was recorded that the vulva was slow to heal postoperatively. On direct questioning she denied any difficulty in initiating micturition but reported a poor stream.

On examination the labia minora were almost completely fused in the midline with a pin hole sized aperture which only admitted a fine probe (Fig. 1). Oestrogen creams were applied locally for 3 months without benefit in the symptoms or signs.

She was admitted to hospital and under general anaesthetic the labia were separated by sharp dissection. A crenated stone 5 mm diameter was removed from under the clitoral hood. Histological examination revealed fibrocollagenous and fatty tissue with no evidence of malignancy. Oestrogen cream was

FIG. 1. External genitalia with probe inserted between fused labia minora.

applied to the vulva postoperatively. When reviewed 3 months later her vulva had healed normally and her symptoms of urinary incontinence and perineal pain had disappeared.

Discussion

There are few reported cases of vulval fusion and only 4 in which the predominating symptom was one

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of urinary incontinence (Taylor, 1941; Damanski, Barker and Sheehan, 1969; Purnell, 1969; Varenhorst, 1978). It is rare to see complete obliteration of the introitus by vulval fusion although minor degrees of labial adhesions are common in post-menopausal women. When this patient micturated the urine passed into the 'sinus' consisting of the vagina and vestibule into which the urethra opened. The urine then dribbled slowly from this reservoir during the following 30 min. Minor degrees of labial fusion in post-menopausal women and pre-pubertal girls often respond to the local application of oestrogen cream but they were of no benefit in this patient nor the one reported by Purnell (1969). In the four previously reported cases and our own, surgical division of the adhesions was necessary. Only Purnell and ourselves

found that the condition recurred. It is suggested that the local application of oestrogen creams following division may help to prevent further recurrence of the condition.

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