

FUSED LABIA: TREATED BY STILBESTROL CREAM

(A Case Report)

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Although fused labia or synechia vulvae is not too uncommon a condition as many general Surgeons and Paediatricians have come across this entity in their practice (Anderson, 1956; Campbell, 1940; Nowlin *et al*, 1949), yet we have not been able to find such a case report in Indian literature. The condition does not occur between the age of menarche and menopause. This observation, that fused labia does not occur in the reproductive age group, probably led to the treatment by oestrogen cream (Huffman, 1958). We came across a 3 months old female child having synechia vulvae which is reported below.

CASE REPORT

Patient U.R., 3 months old female child was brought to the office of the senior Author with the complaints of increased frequency of micturition. Her mother had inspected the vulva of the child and was apprehensive as to whether the child was really a hermaphrodite. Child was duly diagnosed as a case of fused labia (Fig. 1) and was put on treatment with application of

stilbestrol cream locally once at night. The labia separated completely with two weeks application. There has been no recurrence.

Discussion

Fused labia, as explained by Nowlin *et al* (1949) is an acquired condition though it may present itself at birth also. This is probably due to an undetected intrauterine inflammation (Vakar, 1930). There are no congenital anomalies associated with this condition, substantiating its acquired origin. However Campbell (1940) differed in pronouncing it as a congenital anomaly.

Surgical separation is invariably attended with recurrence and still denser adhesions. The condition may also involve elderly postmenopausal women (Taylor, 1941). It is inferred that the condition involves the age groups when blood oestrogen levels are low.

The child is usually brought by her apprehensive mother when incidently she finds the abnormality. However certain cases do have symptoms like tenesmus, frequency, deviation of urinary stream, straining on micturition, residual urine in vagina and bladder. Some may even have pyuria and chronic pyelonephritis (Nowlin *et al*, 1949).

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Anderson (1956) is of the view that synechia valvae being a spontaneously resolving recurrent condition, it should be left alone without intervention unless it produces urological symptoms. The fusion disappears at puberty when child's oestrogen level approach the adult level. Importance of vulvitis in causing this condition can not be over emphasized. Physiological desquamative vulvovaginitis of the new born plays an important role in making the labial surfaces raw which later on adhere together (Vakar, 1930).

Conclusion

Fused labia is a common clinical entity

which should not cause undue alarm in the minds of parents as well as the treating surgeon. Topical application of oestrogenic ointment is satisfactory alternative to surgery.

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See Fig. on Art Paper VIII