

A STUDY OF POST COITAL INJURIES

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Laceration or rupture of the virginal hymen is almost an inevitable feature with defloration. The injury is usually slight and the bleeding ceases spontaneously. But at times, it may be an alarming feature with profuse bleeding as to require all resuscitative measures even surgical interventions and blood transfusion in some cases. Though it sounds strange, this is not an uncommon feature, but many patients do not report because of personal and social reasons.

Observations and Comments

In an exclusive study from April, 1975 to March, 1980, 27 cases of post coital injuries have been reported to the Department of Obstetrics & Gynaecology, Regional Medical College, Imphal, Manipur. The figure may naturally be much lower than the real incidence as only those where the bleeding is excessive reported to the hospital.

The youngest was 11, whereas the oldest was 44, the commonest age group being between 21-25 years. Table I shows parity distribution of the series. From Table II, it is relevant that coital injury

TABLE I
Parity

Unmarried	2
Divorced	1
Separated from husband	1
P ₀ + O	10
P ₁ - P ₂	5
P ₃ - P ₄	4
P ₅ and above	2

TABLE II

Unmarried	2
Divorced	1
Separated from husband	1
Married (within 7 days)	8
Post partum	12
Pregnant	4

is commonest during post partum periods. Logambal's observation (1978) that the date of birth of the last child is not a relevant feature in coital injuries is not consistent with our series, because as many as 12 (44%) cases, the injury occurred during the post partum period (upto 3 months). This may be because of increased vascularity, friability and peculiar vulnerability of the tissues during this period. The next commonest cause is newly wed women upto 7 days of marriage. More than 70% of the cases were married more than 4-6 years, so that the commonly held view that coital injuries is more common amongst the newly wed women does

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not hold true in our series. The type and site of injuries are shown in Table III and IV respectively.

TABLE III
Type of Tear

Longitudinal	2
Transverse	6
Stellate	7
Crescent	12

TABLE IV
Site of Tear

Ant wall		1
Post wall		4
Fornix	Left	3
	Right	5
	Ant	0
	Post	4
Postero lateral	Left	3
	Right	7

General anaesthesia was used for adequate and proper exposure in suturing 24 out of 27 cases, while the remaining were sutured under pethidine and Calmose injection. Blood transfusion was given in 8 cases (30%).

Rupture and laceration of the vaginal vault is likely following vaginal repair or total hysterectomy, where the recently sewn vault may be disrupted by coitus especially if resumed too soon after the operation. Vault laceration due to sneezing causing tense posterior wall of the vagina to shear at the attachment of the fixed cervix has been reported by Morrison (1967).

In Manipur, most of the people usually have a combined family in a small congested house and their prevailing environment are such that there is little scope for prelude and loveplay and also many lack-

ed the idea of it. It is quite reasonable to envisage that lack of loveplay might be a great attributing factor in the causation of such injuries when she is not "ready" or "prepared" for the act and especially so after a violent or rough coitus and this history could be traced in many cases, if delicately questioned.

Dickinson (1933) has pointed out that the upper part of the vagina is not properly supported except for a few bundles of connective tissues and fascial sheath which lie anterolaterally to make up the base of the broad ligament which itself is also a weak ligament. The right fornix is stretched more during coitus as it is larger than the left fornix, hence is more prone to injury (Table IV).

It is an interesting and well established fact that it is hardly possible to draw any correct inferences from the general build and stature of man or woman, as to the correct size of either phallus or vagina. It is really remarkable how often a marriage between a tall and powerful man and a small woman is as successful sexually as in every other way.

Summary

1. Twenty seven cases of coital injuries admitted in R.M.C. between April, 1975 to March, 1980 are discussed.
2. Majority of the patients are between 21-25 years.
3. The posterior and right fornix are the most vulnerable sites.
4. The post partum period is the most susceptible period.
5. Lack of prelude and loveplay are

the great attributing factor for causing coital injuries. *References*

Acknowledgement

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