

## ALLERGIC VULVOVAGINITIS IN A VASECTOMIZED COUPLE

by

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Severe allergic human serum reaction named as "Familial allergic seminal vulvovaginitis" is rather a rare condition with reports of only 6 cases so far (Chang 1976; Halper *et al* 1967; Levine *et al* 1973). The condition is characterized by severe allergic reactions starting from first coitus, during or following ejaculation, with the peak reaching within 15-30 mts (Halpern *et al* 1967); and persisting from 30 mts (Halper *et al* 1967) to few hours (Chang, 1976) or several days (Levine *et al* 1973). Alongwith allergic reaction, limited primarily to perineal area, other reactions may be seen such as generalized urticaria involving skin, tongue, pharynx, eyelids, peri-vaginal and peri-orbital oedema, congested vaginal mucosa, stinging and burning pain in vagina or pelvis, red and swollen vagina and vulva, uterine contractions, choking sensation in the throat dizziness helplessness with lower extremities, and asthmatic attacks. Allergy may be on any part of the body in direct contact with the semen.

### CASE HISTORY

A Hindu female 29 years of age, married for 3 years came with history of generalized urticaria and reddening specially on vulva, thighs, breasts, shoulders and neck. She also reported severe itching in the scalp immediately after ejaculation of semen in the vagina. The itching

at times extended upto soles of the feet. Along with these she gave a history of severe spasm and cough soon after ejaculation on the very first intercourse. Cough persisted for only about a year but the other symptoms continued. Symptoms did not appear when condom was used by the male partner.

She had a family history of asthma although herself she never suffered.

She had no problem of fertility. Although in first pregnancy she developed severe pre-eclamptic toxemia (PET) and accidental haemorrhage at 26 weeks. The other 2 pregnancies were also associated with PET leading to pre-term deliveries. The children are alive.

Her husband got the vasectomy done but allergic manifestation persisted after each ejaculation. Use of condom during coitus and washing after ejaculation have been reported to be effective. Washing was not effective in this case. Oral use of 25 mg Benadryl (Antihistaminic), prior to coitus was found to be effective by Chang (1976) as also local hydrocortisone therapy. However, in this case antihistamine use was found to be effective but hydrocortisone, instead of reported decreased vaginal secretion, was negative.

### Discussion

Halpern *et al* (1967) reported asthmatic attack in one case soon after first intercourse. Chang (1976) also reported history of other allergies in all the 4 cases studied by her. The cough in our case may also be similar primary allergic manifestation.

In our study it is important to note that the ejaculate caused allergic symptoms even after, vasectomy of the

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husband. Thus sperm part of the ejaculate may not be the only allergy causing constituent in seminal vulvovaginitis.

Levine *et al* (1973) and Change (1976) referred that prostatic or seminal vesicular fluids may be as potent as regular seminal fluid in eliciting skin reactivity. Our findings support their view. This is the first report of ejaculation caused

allergic-vulvovaginitis in a couple with vasectomized husband.

References

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