OPEN ACCESS
Scholars International Journal of Obstetrics and Gynecology
Abbreviated Key Title: Sch Int J Obstet Gynec
ISSN 2616-8235 (Print) |ISSN 2617-3492 (Online)
Scholars Middle East Publishers, Dubai, United Arab Emirates
Journal homepage: https://saudijournals.com

Case Report

Acquired Vaginal Stenosis: About a Case

Klétigui Samuel Dembele[1*], Malle K[2], Diarra I[3], Dembele A[1], Dolo H[1], Keita M[4], Haidara K[4], Coulibaly M[5], Diarra M A[6], Camara S[6], Konate S[7], Fomba D[8], Kanthe D[8], Coulibaly P[9], Cisse D[9], Dao S Z[10], Dicko O A A[1]

[1]Tominian Reference Health Center, Mali
[2]Regional Direction of Ségou, Mali
[3]Commune I /Bamako Referral Health Center, Mali
[4]Nianakoro Fomba Hospital in Ségou / General Surgery Department and Urology Department, Mali
[5]Koutiala Reference Health Center, Mali
[6]Bla Reference Health Center, Mali
[7]Kolondiéba Reference Health Center, Mali
[8]Markala Reference Health Center, Mali
[9]Somine DOLO Hospital in Mopti / Department of Gyneco-Obstetrics and Urology, Mali
[10]Referral Health Center of Commune II /Bamako, Mali

DOI: 10.36348/sijog.2023.v06i07.007 | **Received:** 07.06.2023 | **Accepted:** 18.07.2023 | **Published:** 26.07.2023

***Corresponding author:** Klétigui Samuel Dembele
Tominian Reference Health Center, Mali

Abstract

Female genital mutilation covers all interventions including the partial or total removal of the female external genitalia or any other lesion of the female genitalia that are carried out for non-medical reasons. They can be serious due to the occurrence of complications and sequelae. Our observation was a case of sequellar vaginal stenosisaftergenital mutilation performed 15 years ago. The discovery of the stenosis was linked to a difficulty in being able to consum mate his marriage. The diagnosis of stage III vaginal stenosis was suggested and disinfibulation associated with vaginal dilation was performed.

Keywords: Mutilation, Vagina, female, Sequel, Stenosis, Acquired, Desinfibulation, Tominian.

INTRODUCTION

Female genital mutilation covers all interventions including the partial or total removal of the female external genitalia or any other lesion of the female genitalia that are performed for non-medical reasons [1, 2].

In other words, these are all interventions resulting in partial or total removal of the female external genitalia and/or any other lesion of the female genitalia performed for non-therapeutic purposes [3].

Vaginal strictures are defined as a shortening of the vagina to less than 8cm with the impossibility of inserting two fingers [4, 5]. This is an exceptional complication whose etiologies are diverse and function of age, in particular the sequelae of dermatosis or therapy in elderly women, or genital mutilation in young girls (Fig. 1 et 2) or traumatic.

According to the WHO, 100 to 140 million girls and women worldwide live with the consequences of FGM; around 3.3 million girls are at risk of being sexually mutilated each year [6].

The prevalence rate of FGM varies between 5 and 98%, in particular above 70% [7]. This prevalence remains high, particularly in Mali where it reaches 83% [8].

We report a case of sequelae of excision leading to stenosis of the vaginal orifice following an excision performed 15 years ago.

OBSERVATION

It was a 17-year-old girl, who came for consultation with her parents in a context related to a difficulty in being able to consummate her marriage and repeated vulvar pruritus. The interrogation had revealed a history of female genital mutilation carried out at the

age of 2 years in the village, the consequences of which would be complicated by profuse bleeding, delayed healing for which several traditional treatments had been carried out for approximately 1 month and having allowed The healing.

On admission, the temperature was 37°4, the conjunctiva well colored, the patient was anxious.

The gynecological examination had found a regular cycle, pubic hair of the female type, a vulva stained with whitish leucorrhoea (Fig. 1), an absence of the clitoris, an absence of the labia majora and labia minora, a closure of the vaginal orifice at its 2/ 3 by a scar band. The hymen was absent and Vaginal touch was impossible (Fig. 2 et 3). The rest of the exam was unremarkable.

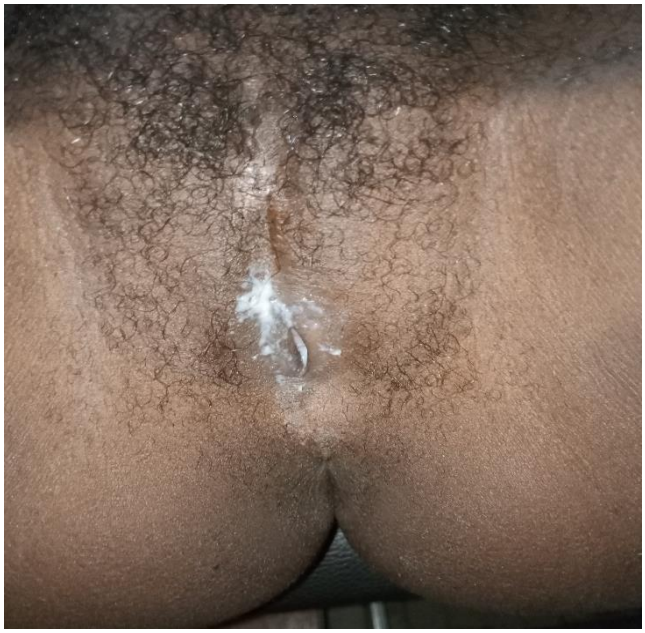

Fig. 1: Vaginal stenosis with leucorrhoea

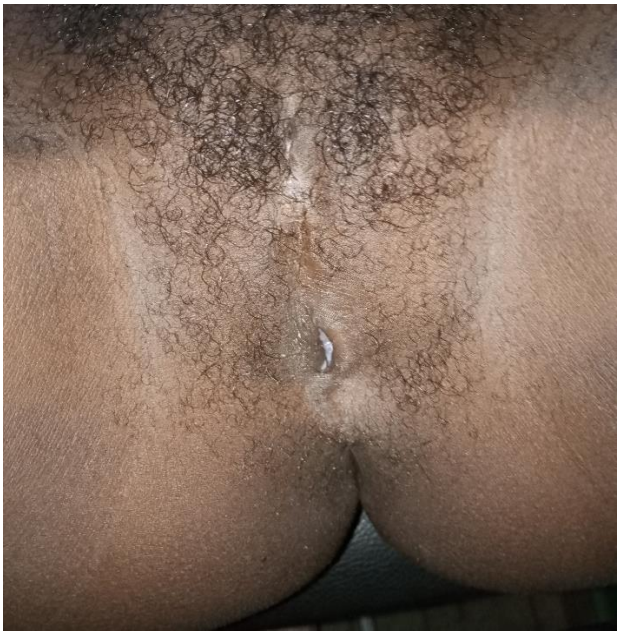

Fig. 2: After cleaning

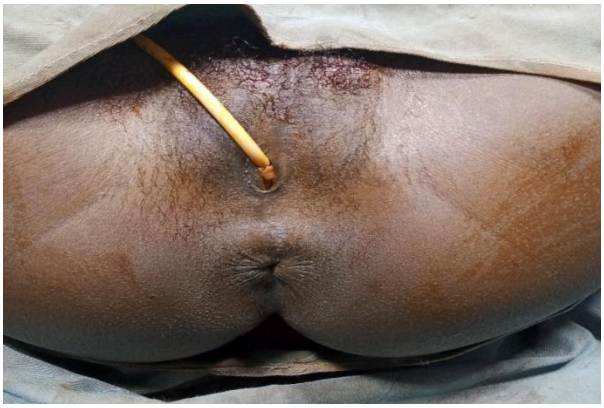

Fig. 3: After placement of a urinary catheter in Pre Op

In view of this picture, the diagnosis of type III post-excision vulvar stenosis was made (Fig. 2 et 3). A preoperative assessment was carried out which concluded with a hemoglobin level of 13g/dl, a rhesus O+ grouping, WBCs of 5000/field.

Deinfibulation with vulvovaginal plasty (Fig. 4) was performed under locoregional anesthesia. This treatment was followed by vaginal dilation by vaginal examination.

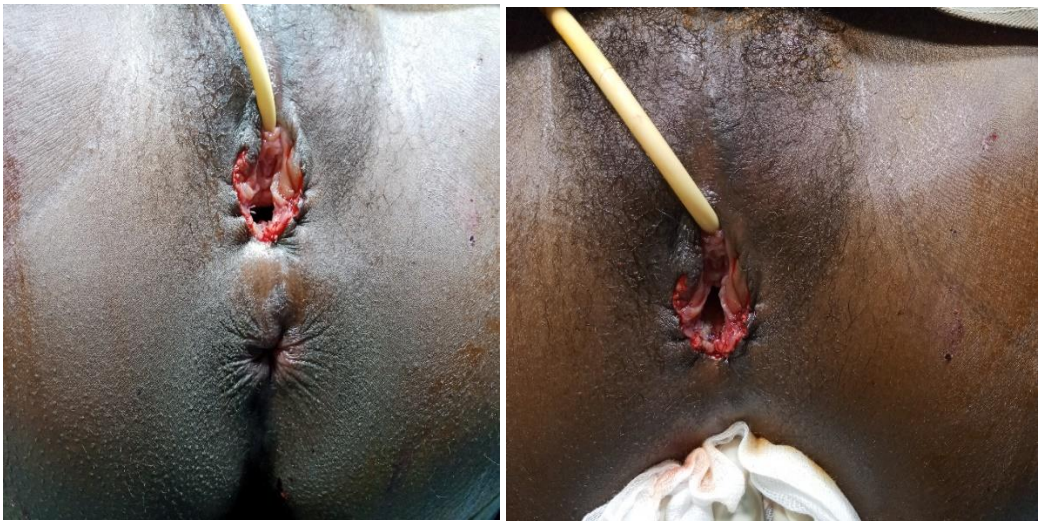

Fig. 4: Immediate post Op aspect

The postoperative course was simple and the patient was discharged after 5 days.

Postoperative follow-up after 1 month (Fig. 5 et 6) was satisfactory. Sexual function was not assessed.

Fig. 5: Post-Op appearance after D15

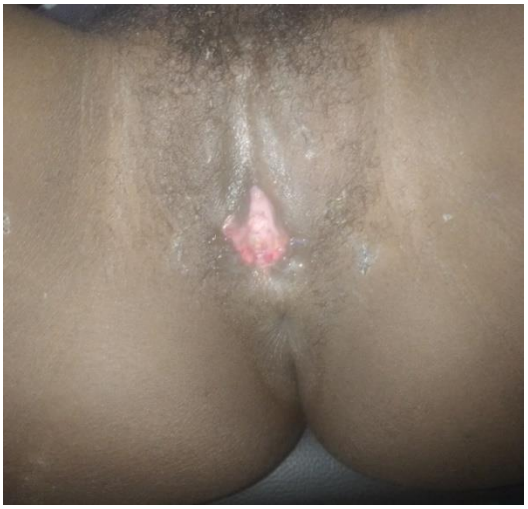

Fig. 6: Post-Op appearance after D45

DISCUSSION

The prevalence of FGM is very diverse [8]. In the literature, this prevalence varies according to the customs and mores of the regions, countries and also the type of study [12-14].

Excision is practiced throughout Africa with the exception of a few countries (Gabon, Congo, Equatorial Guinea, Angola, Zimbabwe, South Africa, etc.) and is considered a deliberate act that causes significant harm to the girl and the woman [12].

Our patient was young, this agrees with the studies of Koné, Touré, Doumbia [14-16] who had contacted that most of the victims were between 11 and 25 years old and unlike that of Fanta [12] who had registered infant victims.

The membrane usually completely covers the vaginal opening and leaves a small space in front, which allows for urination and menstrual flow. [9] In our observation, it was gynatresia because the adhesion covered almost the circumference of the vulva.

In developing countries, several etiological factors have been mentioned in the literature [5, 10]. In our observation, WHO type III genital mutilation [1] was the cause of the sequelae as in the study by Traoré [17] and unlike that of Yousra [5] who found an obstetrician.

Other vaginal etiologies have also been reported in the literature that may be the basis of gynatresia, in particular the insertion of caustic pessaries intravaginally to treat fibroids, prolapse or unwanted termination of pregnancy, synechiae including in the immediate postpartum; lichen sclerosis, genital herpes, diabetes, pemphigoid, caustic vaginitis and severe monilial infection and forgetfulness of intravaginal compress etc. [5, 9, 10].

Most patients are usually asymptomatic [9]; in our study, the discovery was motivated on the one hand by the impossibility of consummating one's marriage and on the other hand by the repetitive occurrence of ordinary vulvar pruritus in a context of gynecological pathology as in the study by Shipra [10] but unlike that of Howard and Yousra [5, 11].

Vaginal synechia is a condition characterized by partial or complete adhesion of the labia minora caused by the labia minora having fused together and covering the opening of the vagina with a fleshy membrane; our observation was not a synechia.

In our observation, the patient had no menstrual disturbances, in particular no notion of amenorrhea, unlike Yousra's observation [5].

Abnormalities of the internal genitalia and urinary system are not associated with vaginal synechiae; treatment in general is not warranted for vaginal synechiae [10]. Our patient had undergone deinfibulation; this was similar to that of Traoré and Keita [17, 18] associated with vaginal dilation for 1 month.

Topical application of estrogen has been recommended for symptomatic patients with success rates ranging from 47-100% and 68% success for betamethasone cream. [9]this has not been used in our context; instead, we used medical petroleum jelly for our patient.

The evolution was favorable, without complications in our context.

In our observation, sexual function was not assessed unlike that of Yousra [5] where all the patients were satisfied with their sexual intercourse.

CONCLUSION

Female genital mutilation remains a public health problem and considered as gender-based violence. They remain serious due to the occurrence of complications and sequelae. Acquired vaginal stenosis, which is one of the sequelae, can have a negative impact on a woman's social and marital life. Public education and awareness of the dangers of this practice could reduce this impact.

REFERENCES

1. WHO. Guidelines on the management of complications of female genital mutilation [Online]. 2014. Available: http://www.who.int > iris > handle
2. DIARRA IBRAHIMA; Knowledge, attitudes and practices regarding female genital mutilation (FGM) by users and health providers at the commune's referral health center i. medical thesis, N°25 Bamako/ 2022
3. Andro, A., & Lesclingand, M. (2016). Female genital mutilation: State of play and knowledge. *Population*, *71*. [Online]. 2016 [cited]. Available: https//www.cairn.info/revue-population-2016-2-page-224.htm
4. Flay, L., & Matthews, J. H. L. (1995). The effects of radiotherapy and surgery on the sexual function of women treated for cervical cancer. *International Journal of Radiation Oncology Biology and Physics*, *31*(2), 399-404. PubMed | Google Scholar.
5. Krimou, Y., Guennoun, A., Mamouni, N., Erraghay, S., Bouchikhi, C., & Banani, A. (2019). Acquired vaginal stenosis: about a case and literature review. *The Pan African Medical Journal*, *34*, 175-175. doi:10.11604/pamj.2019.34.175.15036
6. World Health Organization. Female genital mutilation. Understanding and combating violence against women .2012
7. Kintega B. Female genital mutilation. Morocco: medicine; 2004
8. Aminata KODIO: Evolution of practices and perceptions of the population on excision in Mali; DES in Community Medicine, 2023
9. Dinata, K. A., Setia, D. P., & Putra, I. R. (2022). Vaginal synechiae in reproductive woman: A case report. *Andalas Obstetrics And Gynecology Journal*, *6*(2), 203-208. http://jurnalobgin.fk.unand.ac.id/index.php/JOE
10. Kunwar, S., Khan, T., & Gupta, H. (2014). Acquired gynatresia. *BMJ Case Rep*, *28*.
11. Howard, T. F., & Lewicky-Gaupp, C. (2012). Postpartum vaginal agglutination: a case report. *Female Pelvi Med Reconstr Surg*, *18*(3), 188-9. Google Scholar
12. Fanta TRAORE, Epidemio-clinical and therapeutic study of complications related to excision in the pediatric surgery department of the chu gabriel toure; Medical Thesis 2020, No. 131; Bamako/Mali
13. FATOU A. Excision: Socio-sanitary aspects in Mali about 1000 cases in the Gynecology and Obstetrics department of the Point G University Hospital [Medical thesis].Bamako: FMPOS; 2007. 85p.
14. KONE J P. Epidemiological and clinical aspect of complications of female genital mutilation at Fouissent Daou hospital in Kayes [Thesis]. Bamako: FMOS; 2018. 86p.
15. TOURE M. Excision and women's health in Bamako. 1st edition. Conakry: Gandal; 2003.64p.
16. Doumbia, B., Traore, M. S., Diallo, J. Z., Samake, S., Maiga, A., … & Diop, M. (2012). Mali Demographic and Health Survey (EDS-V). *Investigation report*, 557p.
17. Malamine Abdoulaye TRAORE, assessment of the management of the sequelae of excision at the reference health center of commune IV in the district of Bamako. Medicine Thesis N°49.
18. KEITA Kanda. Management of sequelae related to excision at the Niamakoro FOMBA hospital in Ségou, medical thesis 2010.