

## Labial Synechiae-Presenting As Menuria

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### I. Introduction

Labial synechiae is a disorder of female genital tract characterised by flimsy to dense adhesions of labia. The fusion originates from the posterior fourchette and advances to the clitoris. Complete fusion coceal urethral meatus and vaginal introitus. Partial synechiae also occur.

### II. Case Report

An 18 year old girl came to the OP with the complaint of thin stream of urine, passing menstrual blood along with urine since menarche. The patient had urinary obstruction in her teens, nature of that is not known. Physical examination is normal.

**Per abdomen:** Soft, NAD

**Local examination:** Showed a uniform thick synechiae extending from fourchette to clitoris. A small meatus is seen in the anterior wall of synechiae. Urethra and vaginal introitus not visualised.

**P/R:** Vagina appears normal in length noted hollow.

**O/E:** The uterine and Cervix length are normal.

**Contrast study:** A small 4mm feeding tube was passed and the saline and contrast injected. On lateral X-ray a distended bag of 4×4 cm is visualised close to sacrum corresponding to vagina. No fistula is seen.

### III. Discussion

The fusion was total from the fourchette to clitoris. The incidence of labial synechiae is 1.8% reported by Leung et al in a pediatric outpatient clinic. There is no racial predilection. The cases are asymptomatic and are reported by mother. Chronic infection denudes the layers of epithelium and the raw areas fuse to form a shelf in which the urine, vaginal secretion are collected and some times a sinus is formed for drainage.

#### Other associated conditions are:

Chronic vulvovaginitis

Nocturnal enuresis

usage of napkins

Lichen sclerosis

Pemphigoid lesions

Genital herpes

Diabetes

Caustic vaginitis

Fresh perineal tears are some of the conditions associated with synechiae.

Labial synechiae is not a congenital disorder.

**Treatment:** Reassurance of the patient

topical application of estrogen (47-100% success rate) .

Topical application of betamethasone cream (68% success rate)

Gentle manual separation may cause release of adhesions but may cause physical and mental trauma to the patient.

Synechial lysis under general anesthesia is advised.

Dense adhesions and fibrosis might complicate post surgically.

### IV. Conclusion

A thorough clinical examination will help in diagnosis. Separation under general or local anesthesia is adequate..

References

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