Case Report

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Labial Adhesions in a Diabetic Woman

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Key Words

Diabetes mellitus
Estrogen deficiency
Labial adhesions
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Abstract

This paper reports a 72-year-old woman with labial adhesions, who complained of difficulty in urination and terminal dribbling. The adhesions were surgically dissected with success. Diabetes mellitus in addition to poor perineal hygiene seem to have made her susceptible to the recurrent vulvitis which led to labial adhesions. This case implies the significance of detecting diabetes mellitus as a contributory factor for labial adhesions.

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Introduction

Labial adhesions are rare, acquired conditions which occur both in children [1] and postmenopausal women [2]. Local inflammation and hypoestrogenism have been said to be responsible. Since diabetic women have a high incidence of anogenital pruritic and inflammatory reactions [3, 4], we think that diabetes mellitus may play an important role in causing labial adhesions.

Case Report

A 72-year-old monoparous woman complained of difficulty in urination, a prolonged period of voiding, terminal dribbling and itching of the vulva, all of which started 5 years ago and intensified in degree 4 months before examination. She had undergone hysterectomy 30 years earlier because of myoma uteri. She had had no coital activity for more than 20 years.

Physical examination revealed a near-complete fusion of the labia majora leaving just a small opening with a diameter of 3 mm near the posterior fourchette (fig. 1). Urine was projected through this small orifice and continued to dribble afterwards. Since manual separation of the fusion was unsuccessful, she underwent sharp dissection under epidural anesthesia. The raw edges were sutured with Dexon 3-0. Urinary culture revealed the presence of 105/ml of Can-

Fig. 1. Labial adhesions before treatment. Note small opening near the posterior fourchette through which an 8-French Foley catheter could be passed.

did a tropicalis. Hyperglycemia was identified: the daily profile of the blood glucose was 144, 284, 107, 201, 156, 227, 221 mg/dl.

Medical control of diabetes mellitus together with local hygiene and application of sulfa and boric acid ointment was effective in healing her operative wound and in preventing recurrence.

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Discussion

Local inflammation and estrogen deficiency have been documented as an etiology of labial adhesions in children [1] and postmenopausal women [2]. Our patient had not had sexual intercourse for the past 20 years and had paid little attention to perineal hygiene. Furthermore, we think that an insidious presence of diabetes mellitus might have exacerbated her vulnerability to monilial and bacterial infection of the vulva.

Diabetes mellitus causes various cutaneous complications including generalized pruritus, perineal-pudendal pruritic syndromes, fungus and bacterial infections of the skin, arteriosclerosis obliterans dermatoses and dermal exanthema [3, 4]. Especially, anogenital pruritic and inflammatory reactions are very common in diabetic women (about 50%).

This case may not be so unique, but the relationship between labial adhesions and diabetes mellitus has never been reported in the literature. We believe that the existence of diabetes is significant as a contributory factor for labial adhesions. Therefore possible insidious diabetes should be investigated in cases of labial adhesions.

References

- Capraro, V.J.; Greenberg, F.; Greenberg, H.: Adhesions of the labia minora: a study of 50 patients. *Obstet. Gynec.*, N.Y. 39: 65–69(1972).
- Chuong, C.J.; Hodgkinson, C.P.: Labial adhesions presenting as urinary incontinence in postmenopausal woman. *Obstet. Gynec.*, N.Y. 64: suppl., pp. 81–84 (1984).
- Greenwood, A.M.: A study of the skin in five hundred cases of diabetes. *J. Am. med. Ass.* 89: 774–776 (1927).
- Patras, T.; Beerman, H.: Some aspects of dermatology in diabetes mellitus: a review of some recent literature. *Am. J. med. Sci.* 247: 363–375 (1964).