9 month old female presents with mother for WCC

Mom complains of recent lice infestation, treated with Nix

On physical exam of genitalia, labial adhesion observed which almost completely occludes the vagina

Small pinpoint opening noted beneath the clitoris

Mom denies any change in number of wet diapers, unexplained fevers, noticing any urine pooling beneath the adhesion or vaginal discomfort
Labial Adhesions
Labial Adhesions

**Etiology** – unclear

1. Vulvar irritation
2. Lack of estrogen → decreased estrogen after 3 months of age

**Epidemiology**

1. Includes 2% of girls within first few years of life
2. Peak incidence 13-23 months of life

**Clinical presentation**

*(per Mayoglou, Dulabon, Schober et al)*

1. Urinary frequency – 7.3%
2. UTI – 19.9%
3. Vaginitis – 8.6%
4. Post-void dripping – 12.6%
5. Most are asymptomatic and found incidentally on exam
Labial Adhesions

Treatment options

1. Observation

2. Estrogen cream (Premarin)* – Grade 2B
   - Literature shows up to 90% success rate
   - Application 1-2x daily x several weeks

3. Betamethasone topical

4. Manual separation

5. Surgical separation – referral to Pediatric Urologist

*Side effects of topical estrogen - minimal breast development and vaginal bleeding which remit after treatment is finished

The most common reason for medical failure is placement of the cream in the wrong location or placement of too small an amount of cream.
• Time to resolution:
  Premarin (2.0-2.5 wks) vs. betamethasone (1.0-1.5 wks)
• Complete resolution after treatment → recurrence
  • Premarin 71% → 35%
  • Betamethasone 79% → 16%
  • Surgery 100% → 26%

• Topical estrogen therapy was successful in 79 percent of patients after a mean duration of four months.
• 41% (44/107) had recurrence of labial fusion one to five times (range 2 to 72 months)
• Surgery was required in 21% (22/107)
Summary

- Female GYN exams are important at every age - a complete genital exam is essential if presenting with urinary complaint.
- Labial adhesions can develop at any time, especially in females under age 3.
- Consider estrogen but also consider betamethasone for treatment.
- Make sure parents know this isn’t normally a “quick fix” after use of topical therapy.

