

Case Report

VAGINAL LITHIASIS IN A 9 YEAR OLD YOUNG GIRL WITH FEMALE GENITAL MUTILATIONS: A CASE REPORT

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ABSTRACT

Background: Female genital mutilations are among the most common widespread traditional practices in sub-Saharan Africa and Mali particularly. The mutilations cause dramatic psychosomatic disorders, and may severely compromise the external genital structures with eventual obstetric complications.

Infibulation is one of the most fatal complications. It is a major and advanced type of female genital mutilation with small and large lips, or partial resection and suture narrowing of the vaginal opening therefore responsible of serious structural, sexual and functional complications.

We report a rare complication of vaginal lithiasis in a 9 year old young girl who had infibulation following external genitals excision at younger age. Surgical reconstruction of the vagina, and urethra recanalization were performed; and the patient recovered well but remained with high risk obstetrical complications.

Keywords: Female genital mutilation, Infibulation, Excision, Vaginal lithiasis, Western Africa, Mali

ABSTRACT

Female genital mutilations have been called for long time "female circumcision", "female genital organ excision" or "sunna." In 1990, The Conference of the Panafrican Committee on Traditional practices gathered in Ethiopia adopted the term "Female genital mutilation" to clarify the confusion on multiple traditional practices [1].

The infibulation is classified type III Female genital mutilation by WHO, and is the major type of Female Genital Mutilations exposing women to dire structural, clinical, psychosocial, and eventual obstetrical complications.

Dirie et al reports bleeding as the most common immediate complication [2]; with eventual fatal association of hemodynamic collapse to a high mortality rate. Long term complications are: chronic anemia, local infections (i.e. Perineal phlegmon, vulvo-vaginal abscess, pelvic abscesses, ascending infections, and sepsis) [3], urological and gynecological conditions (such as urethral and vaginal stenosis) with compromised external genital structures leading to difficult even impossible normal sexual intercourse, therefore high risk obstetrical complications [4]. Although Urolithiasis are common urologic conditions, they are rare complications of infibulation and most of them are localized through the vaginal wall.

We report a case of infibulation complicated with vaginal urolithiasis in a 9 year old young girl whose external genital organs were excised at younger age with persistent and worsening dysmorphic anatomy of the genitals.

The surgical treatment implemented aimed at restoring the normal course of structures with reconstruction of urogenital systems to allow closure of the urethrovaginal fistula and reopening of the vaginal orifice.

CASE PRESENTATION

A 9 year old prepubertal girl referred to the clinics with Dysuria and an all-day constant urinary incontinence associated with persistent hypogastric pain and tenderness. She had a normal Tanner stage but no menarche yet reported. The external genitals excision was performed at 4 years old, and reportedly the toddler was followed at the nearest health center immediately after excision for massive genital bleeding. The physical examination noted an almost complete suturing of labia majora, a complete absence of clitoris and labia minora, and a nearly obliterated vagina. The urethral orifice was not evidenced (figure 1), though the external genital organs were urine-stained with high suspicion of urethrovaginal fistula.

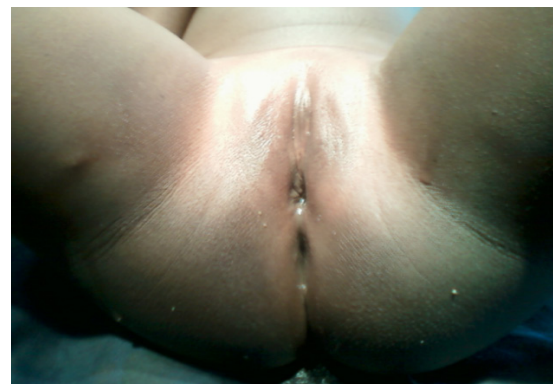


Figure 1 : Preoperative vaginal infibulation [With Permission]

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The abdominopelvic ultrasound showed vaginal lithiasis without abnormality of the upper urinary tract. Surgical management with lithotomy was performed through a short anterior cystostomy to approach the urethra and its orifice; and to introduce a retrograde urethral dilator (beniqué type); and did complete reversal of vaginal infibulation, liberation of the urethral orifice, retrograde urethral recanalization, removal of 5 vaginal lithiasis (**Figure 2**) with vaginal meatus reconstruction.

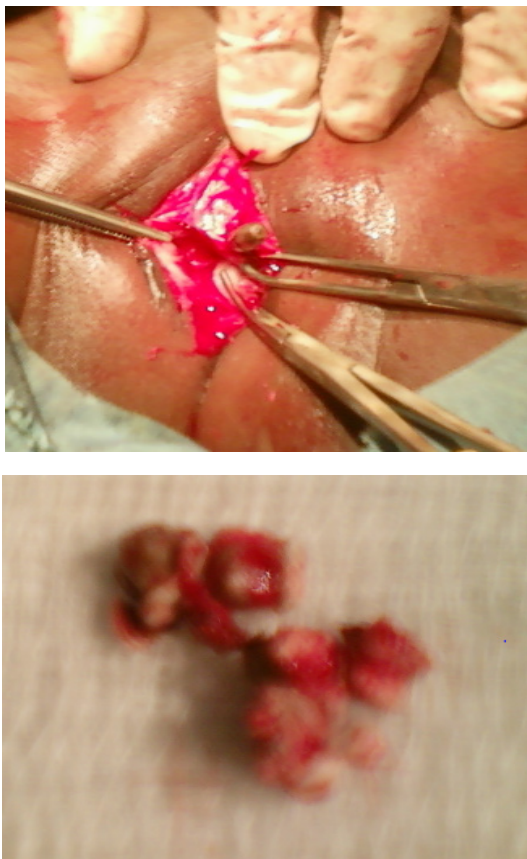


Figure 2 : Vaginal stones removal with lithotomy through vaginal orifice [With Permission]

The patient was followed 7 days in a postoperative setting with Vaseline gauze packing through the vagina twice per day, and the foley catheter was removed after 6 days from surgery.

6 months later, during the out-patient follow-up, the external genital structures had recovered well with normal structural morphology, though the patient remained with eventual high risk obstetrical complications.

DISCUSSION

Female genital mutilation are common in western African communities and in the Horn of Africa; with significant medical, sexual, and psychosocial implications [4,5,6]. In Mali, according to the 5th World Health and Demographic survey in 2006, the prevalence of Female genital mutilations was very high with 85% of women aged 15-49 years [7].

WHO classifies Female Genital Mutilations in 4 types [1,8,9]:

- Type I: Clitoral foreskin excision with total, partial or absence of clitoral removal
- Type II: Clitoral and foreskin excision with partial or total removal of labia minora
- Type III: Partial or total removal of labia minora, labia majora, and vaginal meatus stenosing suture/obliteration (Infibulation)
- Type IV: Non-classified interventions (perforation or incision of the clitoris, labia minora and labia majora; elongation of clitoris or both labiae, thermic cauterization (burn) of clitoris and surround tissues, vaginal meatus abrasion, vaginal incision, use of corrosive substances in the vagina to cause bleeding, or traditional medicines to retract or obliterate the vaginal meatus, etc).

A. Konta et al. reports type I and II female genital mutilations the most common conditions with respectively 52% and 47%; and type III (Infibulation) less than <1% in Mali [10]. The infibulation represents 15% of Female Genital Mutilations in Burkina Faso with 0.5% of Female Genital Mutilations in girls between 12-14 years old, and 1.4% in women between 20-24 years old [4]. In fact, the condition is a major and fatal injury to the women wellbeing and sexuality [9,8,11]. Immediate and late complications are: Bleeding, Infections, Gynecologic, obstetrical, urological and psychosocial [4,11].

Urologic complications of infibulation such as urovaginal lithiasis are often reported nowadays in the literature [12,13,14]. The lithiasic complications are related to epidermoid cysts formation on the clitoris, the vagina and/or on all other external genital structures [15]; however, vaginal lithiasis remain rarely described in the literature. In fact, there are multiple urological approaches to reverse the dysmorphic structures with clear exteriorization of urines and menses. In the case report herein described, the advanced vaginal retraction caused the accumulation of urine in the vagina through the urethrovaginal fistula which was confirmed with cystourethrography; therefore the urinary stasis contributed significantly to the formation of vaginal lithiasis.

Although, most authors don't recommend lithotomy through a retrograde approach in the surgical management of Female Genital Mutilations [8, 9], the aforementioned surgical technique was justified in this case to prevent further damage of urethra due to the impossibility of visualization of urethral meatus from outside.

CONCLUSION

Infibulation or type III female genital mutilation remains a major public health problem in most western African countries despite the support of local and international partners in the prevention of those traditional practices. The burden of diseases related to infibulation remains poorly reported in scientific journals, and complications are dramatic provided the challenge to procreation and

childbearing anatomy of the young female who are victims of female genital mutilation. The Western African health associations continue to fight for the complete abolition of the practices in remote communities, and national health policies and significant efforts are mobilized to manage the inevitable medical and psychosocial complications. We reported a rare complication of infibulation - vaginal lithiasis - whose surgical management aimed to preserve the urethra canal barely damaged from the wide external genital excision. The discussion emphasized the need of awareness of the pathology and the dramatic complications of infibulation; therefore, the need for prevention campaigns to decrease such traditional and cultural practices more frequent in some western African communities.

Authors declare no conflict of interests to the redaction and publication of the case report

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