

Labial Adhesions - Prepubertal Alert

Maria Guilhermina Pereira*

USF Benfica Jardim, ACES Lisboa Norte, ARSLVT, Portugal

***Corresponding author:** Maria Guilhermina Pereira, USF Benfica Jardim, ACES Lisboa Norte, ARSLVT, Portugal. E-mail: magui.blp@gmail.com

Received: May 26, 2022; **Accepted:** June 04, 2022; **Published:** June 28, 2022



Clinical Image

Introduction: Labial adhesions may affect 2% of prepubertal females, thought to be due to hypoestrogenic state typical of this ages. It results of a fusion of labia minora in the middle, causing no symptoms most of the time and can be treated conservatively. It should have differential diagnosis with other pediatric vulvar disorders such as imperforate hyman or a septate vagina [1]. The purpose of this case presentation is to alert the general practitioners to this situation, so it can be easily recognized during the child's observation.

Case: 6 months old female, nuclear family, 2nd child of an heterosexual couple, low-risk pregnancy, with no complications. Eutocic delivery. Background Pathologies: hemangioma in right arm, in regression. No other facts to describe. Familiar relevant antecedents: grandmother with labial agglutination in childhood.

Treatment: Spontaneous resolution may occur and commonly occurs during puberty. If treatment is needed by mild symptoms such as frequent UTIs, estrogen cream or estradiol vaginal cream 0.01% is indicated 2-3 times per day, during several weeks. If this does not result, manual or surgical separation may be considered [2].

Keywords: Vulvar; Prepubertal; Adhesions

REFERENCES

1. Fernandez, Sabrina MD. A Pediatrician's Take on a Few Common Infant Urologic and Gynecologic Issues. *Pediatric Annals*. 2017; 46: 397-399.
2. Norris JE, Elder CV, Dunford AM, et al. Spontaneous resolution of labial adhesions in pre-pubertal girls. *J Paediatrics Child Health*. 2018; 54: 748-753.