Labial adhesions after genital herpes infection

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SUMMARY A case of genital herpes complicated by persistent labial adhesions is reported. As far as we know, this is the second such complication of genital herpes to be reported from this side of the Atlantic and only the third case documented world wide.

Case report

A single woman aged 18 with a five day history of increasing vulval redness, swelling, and pain was admitted by gynaecologists. At the time of admission she was taking co-trimoxazole and using clotrimazole cream and pessaries. Examination showed vulval inflammation and discharge, and pain restricted a full vaginal examination. Antibiotic treatment in the form of amoxycillin and metronidazole three times a day was started. After admission, oral ulceration was noted in addition to the vulval condition, and Behçets syndrome was considered as a possible diagnosis.

*Staphylococcus aureus* and a haemolytic *Streptococcus* spp grew profusely on cultures from vulval swabs taken at admission. These organisms were both sensitive to erythromycin but not penicillin, so amoxycillin was replaced by erythromycin. A vulval viral swab taken two days after admission yielded herpes simplex virus (HSV). The oral ulceration settled quickly, and 10 days after admission her general condition had improved and the patient was discharged from hospital.

When she was seen five days later in the department of genitourinary medicine (GUM) she still complained of persistent vulval soreness and ulceration. Examination showed herpetic ulceration (which was confirmed by viral culture), secondary infection, and adhesion of the labia minora (fig 1). The adhesion did not cause any urinary or menstrual flow difficulties. The patient had had oral sex before the development of her initial symptoms. As part of her investigation she was screened for other sexually transmitted conditions, including gonorrhoea, chlamydial infection, and syphilis. These tests, which included cervical cytology, gave negative results. She was also seen by the clinic's health adviser and counsellor.

We prescribed a five day course of acyclovir five times a day, erythromycin, saline bathing, and clotrimazole cream. Her symptoms and signs resolved appreciably during the next 10 days. When she was reviewed three weeks later, apart from the persistence of the labial adhesion, her vulval skin appeared normal.

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Fig 1 Central labial adhesions and active infection.
Fig 2 Central labial adhesions having resolved spontaneously, but leaving some residual infracrural adhesions.

Three months after the onset of infection, her vulval adhesions persisted and their division by laser under anaesthesia was considered necessary. A week before her proposed admission for the operation, however, she attended the GUM clinic for review. Except for some adhesions in the clitoral region, the labial adhesions were found to have resolved spontaneously (fig 2), thereby eliminating the need for any operation.

Four months after the initial attack the patient developed an atypical rash in her left groin, from which HSV was isolated. The attack caused minimum upset and was resolved by simple measures.

Discussion

Labial adhesions are not uncommon in prepubertal girls, and separation can occur spontaneously or by using topical oestrogens. Labial adhesions are, however, a rare complication of genital herpes, and to our knowledge this is only the third such case reported. The first resulted in long standing introital occlusion, which required laser vapourisation for separation.

The development of adhesions could possibly have been prevented by the early use of oral acyclovir, which has been shown to decrease viral shedding and accelerate healing time in first episode genital herpes. Accelerating healing time would have reduced the length of time when the "raw" areas of both the labia minora were in apposition, and hence likely to adhere to each other during healing.

Although a viral culture was not obtained from this patient’s oral lesions, she probably had concomitant oral and genital HSV infection. This is in keeping with the history of oral sex before the onset of her symptoms, and is an example of how infection can occur even if the transmitting partner does not have overt lesions.

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References

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