**Complete labial fusion and urinary retention in a postmenopausal woman**

Fusão labial completa e retenção urinária em mulher na pós-menopausa

Patrícia Gomes Ferreira¹, Vânia Ferreira¹, Foo Kok Mak¹

Serviço de Ginecologia/Obstetrícia do Centro Hospitalar de Entre o Douro e Vouga

**Abstract**

Complete labial fusion is a rare cause of urinary retention and typically presents at the extremes of age. Oestrogen deficiency, chronic inflammation, local trauma and lack of sexual activity may predispose to the appearance of labial fusion. The authors present a recurrence case of a postmenopausal woman with urinary retention associated with labial fusion.

**Keywords:** Labial fusion; Urinary retention; Menopause.

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**DESCRIPTION**

Labial fusion, which is also called labial adhesion or vulvar fusion, is defined as when the labia minora or majora undergoes partial or complete adherence¹. Labial adhesion is a rare cause of female voiding difficulty and it is more commonly seen in the extremes of age². The aetiology is thought to be chronic inflammation, oestrogen deficiency, local trauma and lack of sexual activity³,⁴.

A 63-year-old woman presented to the emergency department with abdominal pain and urinary retention for over 24 hours. In the previous 3 months, she complained with incomplete voiding and in the previous days, she had dribbling of urine.

Six years ago, the patient had undergone surgical correction for labial fusion. She was nulliparous, had been sexually inactive for 20 years, and reported menopause 15 years ago. Physical examination revealed a fused *labia minora* at the midline, obscuring the vestibule, vagina, and urethral meatus (Figure 1). No vulvar lesions suspicious of malignancy or lichen sclerosis were observed.

Under local anaesthesia, the fused *labia* were separated by blunt dissection along the line of fusion, with spontaneous discharge of urine (Figure 2). The patient was catheterized for 24 hours post-operatively. On discharge, the patient was advised to apply vaginal...
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Oestrogen cream and dilate the vagina digitally and regularly after the procedure. Recurrence can occur in 20% of patients who undergo surgical or manual separation.

After 24 months of follow-up, the patient had no complaints during micturition and no recurrent labial fusion was observed.

REFERENCES
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FIGURE 1. Complete labial fusion.

FIGURE 2. After surgical procedure.

AFFILIATIONS
Author's Contribution
Conceptualization: Patricia Gomes Ferreira, Vânia Ferreira and Foo Kok Mak. Methodology: Patricia Ferreira. Writing – Original draft: Patricia Ferreira. Writing – Review: Vânia Ferreira and Foo Kok Mak.

CONFLICTS OF INTEREST
There are no conflicts of interest.

PATIENT CONSENT
The patient gave permission to use clinical information and photographic material in this publication.

CORRESPONDENCE TO
Patricia Gomes Ferreira
E-mail: patriciagomesferreira10@gmail.com
https://orcid.org/0000-0001-5054-4936

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