

Traumatic sex with vulval haematoma formation: case report and review of literature

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Abstract

The rich vascular supply to the vulva places it at risk for bleeding from trauma. Vulval haematomas are the most common sequelae. In adult women, the labia majora are comprised of large fat pads, which act to protect the vulva against injury. In contrast, children lack well-developed fat pads in this area and often engage in play activities predisposing them to vulval trauma; thus, they are more likely to sustain vulval injuries than adults eg “Straddle injuries” [1-4]. The case presented was of traumatic sex with vulval haemorrhage and haematoma formation. It was successfully managed by surgical evacuation, ligation of the bleeding sites, and use of antibiotics and analgesics.

Key words: Coitus, Vulval haematoma, Lacerations

Introduction

Any female with a complaint of vulvo-vaginal pain, bleeding or swelling should undergo a careful examination to look for vulval or vaginal trauma or laceration. Patients may not be forthcoming with details of the events that caused the trauma. Therefore, identifying those at risk is a crucial step in management. The possibility of sexual abuse or assault must always be considered. A case of a young lady who had “quick” coitus on her way home with subsequent vulval haematoma is presented.

Case Report

On 13th September 2014, a 19 year old para 0+0 single lady presented at St Francis Community Hospital at Nairobi with vulval pain, swelling and bleeding for 8 hours. On her way home, she had passed through her boyfriend’s house and had coitus for a few minutes. One hour

later, she noticed a painful vulval swelling. The swelling progressively increased in size for about 2 hours and subsequently, she noticed per vaginal bleeding. She was changing approximately 1 pad every 2 hours. She had been managed for pulmonary tuberculosis in 2013.

On examination, she was in pain and was walking with a waddling gait. She was not pale and the blood pressure was normal. She had no lymphadenopathy. She had very tender left vulval swelling approximately 7x4cm (Figure 1). There was a bleeding site on the surface of the swelling. The impression was vulval haematoma. Her haemogram, urea and electrolytes, urinalysis, random blood sugar were normal. HIV test, VDRL and pregnancy tests were negative.

She was prepared for operation. Under epidural anaesthesia, vulvo-vaginal toilet was done and she was catheterized. An incision was made on the mucocutaneous junction, haematoma was drained and bleeding sites singularly ligated using absorbable monocryl 2/0 suture. Obliteration of the cavity was done using the same suture. She was put on Betapyn, Augmentin and Clindamycin (Dalacin C). Sitz bath was done twice daily. She was discharged on 1st post-operative day. Subsequent follow-up revealed complete recovery.



Figure 1: Left vulval haematoma and associated blood clots in the vulva

Discussion

The highly vascular nature of the vulva places it at risk for bleeding from trauma. Haematoma of the vulva is a possible sequelae [5]. In adult women, the labia majora are comprised of large fat pads, which act to protect the vulva against injury. Among the adult women, obstetric injuries are the commonest causes of vulval haematomas. In contrast, children lack well-developed fat pads in this area and often engage in play activities predisposing them to vulvar trauma; thus, they are more likely to sustain vulval injuries than adults eg Straddle injuries [3,4].

In most cases direct vulvo-vaginal trauma is caused by direct blunt trauma to an area containing a rich vascular net-work. Such injuries usually result from coitus. Suggested predisposing factors that may result in such injuries include virginity, insertion of foreign bodies, self mutilation, disproportion of male and female genitalia, atrophic vagina in postmenopausal women, congenital abnormalities stenosis and scarring of the vagina because of previous surgery, or pelvic radiation therapy. Other factors include rough and violent thrusting of the penis during intercourse (consensual and non-consensual). This traumatic sex may result from hastily performed coitus [1,2,3,6]. This case is presented to highlight one of the injuries that may be a consequence of such.

Non-obstetric injuries of the female genital tract constitute up to 0.8% of all gynaecologic admissions. Approximately 40% of such admissions are due to coital injuries [2,7]. Non-obstetric vulva/vaginal trauma can span a continuum of severity from minor trauma resulting from normal sexual intercourse to major vaginal lacerations. The true incidences of such injuries are difficult to ascertain, especially because the nature of vulvo-vaginal injury usually remains undisclosed (8).

Diagnosis is usually not a problem when there is proper co-relation with the history, but sometimes, the vulval swelling could be mistaken for a Bartholin's abscess [5]. In our case, the diagnosis was presumed from the clinical picture and confirmed at operation.

Patients with large haematomas require operative management. Incision is made on the inner aspect of the vulva. Evacuation of the clots and separate ligation of the individual bleeding points are done. Then the dead space is obliterated with absorbable suture. Small haematomas with no active bleeding are managed conservatively with ice packs, bed rest and analgesics [1,3-5]. In our case, ligation of the bleeders and obliteration of the cavity was done. In view of the possible infection which could have occurred, the patient was put on antibiotics and

analgesics. Sitz bath helped to reduce the discomfort and accelerated the healing process.

Conclusion and Recommendation

A case of vulval haematoma due to traumatic sex was presented as one of the injuries that may be a consequence of violent coitus (consensual and non-consensual). In view of rich vascular supply to the perineum, patients should be encouraged to seek medical attention when they sustain vulval injuries. It is recommended that there should be modest approach to sexual intercourse with sufficient foreplay to encourage lubrication of the female external genitalia. This may not be accomplished when either of the parties is in extreme hurry.

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