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Labial Adhesions (labial fusion or labial agglutination)

Patient and family information, brought to you by the Education Committee of APSA

Overview - “What is it?”

A condition in young girls where the inner lips of the vagina—called labia minora—have become stuck together. The affected area joined or stuck may be a small section, or it may be the entire length of the vagina. Labial adhesions most commonly occur between 3 months – 3 years of age.

The estimated prevalence of labial adhesions is 0.6-5% with peak incidence between 13-23 months of age.

Development of labial adhesions is thought to be caused by vulvar inflammation in a low-estrogen environment. Once girls begin puberty, a hormone called estrogen increases in their blood stream, these adhesions are less common or may separate on their own.

Other possible causes of labial adhesions are chronic inflammation from fecal soiling, vulvovaginitis (inflammation around the area of the vagina), infection from different bacteria and/or fungus, genital trauma, eczema or dermatitis (skin inflammation) from soaps or detergents.

Signs and Symptoms - “What symptoms will my child have?”

Most children will have no symptoms or problems. No treatment is required.

However, common symptoms or complaints can include:

- Urinary dribbling after urinating, which is due to urine that gets trapped behind the adhesion or fused labia, later dribbling out.
- Skin or vaginal irritation or redness.
- Frequent urinary tract infections as a result of the adhesions.

Diagnosis - “What tests are done to find out what my child has?”

This condition is diagnosed by physical exam. A doctor or health care provider can evaluate your child for this condition.

If your child has symptoms or problems, go seek medical evaluation by a doctor who will evaluate the area.

Treatment - “What will be done to make my child better?”

Observation: If child is having no problems or symptoms, nothing needs to be done. Do not attempt to separate the adhesions at home because they can hurt and tend to recur or scar again. Most adhesions will resolve spontaneously.

Medical Treatment: Children with problems can be initially treated with an estrogen cream. An alternative option is steroid cream. A doctor will prescribe the medication and tell you to apply this cream directly to the affected tissue. Duration of treatment is 2-6 weeks. Resolution of adhesions as high as 50-89%.

- Apply the cream with a cotton swab to the fusion line, and try not to get much on the surrounding tissues. Some doctors suggest switching to a nonprescription lubricating ointment like petroleum jelly after you stop using the estrogen cream, to reduce risk of recurrence of adhesions.
- Side effects: Irritation to area with applied medication, redness, breast budding, and hyperpigmentation of the vulva.

Surgery: If medical care does not result in separation of the labia minora or if urinary retention or urinary infections are present, manual or surgical separation (also known as lysing) may be considered.

- Surgical separation is needed if the adhesions are causing symptoms. Manually breaking down the adhesions in the doctor’s office, after applying a topical anesthetic cream, may be another option for treatment. If your doctor recommends, this can also take place under a short general anesthesia in the operating room if the adhesions are very thick. In either situation, it will be important to apply Vaseline® to either side of the labia so it does not reattach as it heals.
- **Preoperative preparation:** The child should bathe or shower the night before or the morning of surgery. She should not eat anything solid eight hours before surgery and 2-4 hours for liquid. Ask your surgeon’s office regarding when to hold feeding for your child.
- **Postoperative care:** Once the labial adhesions have been separated, either by medical means or through surgical, an ointment (examples: antibiotic ointment or diaper rash cream) should be applied several times a day for several months to allow the labial edges to heal without repeat adhesion formation.

Prevention

- If your child is in diapers, be vigilant with changing diapers when dirty.
- Avoid scented soaps or detergent that may cause irritation.

Long Term Outcomes - “Are there future conditions to worry about?”

- Because labial adhesions are usually asymptomatic and rarely constitute an emergency, follow-up care should be provided in the doctor’s office.
- Reported incidence of recurrent labial adhesions varies – 7-55%. Factors contributing to recurrent adhesions include poor perineal hygiene, vigorous cleaning techniques, trauma, genital infections, or dermatological disorders.

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