

Case Report: Female Circumcision and Infertility

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Abstract

This is a case report of a married couple came to the clinic with a complaint of infertility. On examination of the vulva, there was adhesion of labia minora forming a fibrous septum against proper sexual vaginal intercourse. Past history indicated a female circumcision done before marriage. Other parameters of investigations were within the normal values. Cutting the septum and suturing the raw edges on either side were done under anesthesia and sterilization precautions. Pregnancy occurred within three months of the procedure. It is concluded that female circumcision could result in infertility through adhesions of the edges of the wound.

Keywords: Circumcision, Infertility, Vaginal intercourse, Labial adhesions.

Introduction

Female circumcision also called genital cutting or mutilation is an ancient Egyptian practice. It is an invasive procedure of non-medical purposes [1]. Nowadays, it has been documented in 30 countries all over the world mainly in Africa, Asia, Middle East and South America. It threatens about three millions girls every year. The WHO asserted that procedure of female circumcision is a form of violence against women and their human rights in healthy sexual life [2].

It has been practiced in Egypt outside the hospitals and medical clinics by non-medical persons and midwives. These personnel are mostly ignorant of the anatomical features of the external genitalia. Despite there is a debate about the benefits of male circumcision, there is a consensus about the harms of female circumcision [1,3]. The circumcision done for females could result in many complications and bad sequelae without any health benefits or even medical indication. Circumcision deprives the woman from her right in healthy sexual life through cutting the most sensitive organs such the clitoris that is necessary for good sexual sensation and satisfaction not only for the wife but also for her partner. The complications include disfigurement of the external genitalia as well as hemorrhage that might be fatal and lead to loss of female life. Moreover, there might be infections that might affect the fertility later on [1]. Here, we presented a case of infertility following the procedure of female circumcision; caused by formation of a fibrous septum preventing the actual sexual contact during intercourse.

Case Report

A woman of 27 years old, married since two years came to our

private gynecology and infertility clinic. The wife and her husband were highly educated. She was complaining of infertility in spite presence of regular sexual relation with her husband every other day. Semen analysis was done for her husband; and its parameters were within the normal values regarding the amount, sperm count, viability, motility, forms and others. She attended with other investigations done before. These included complete blood count, Rh blood grouping, hormonal profile and pelvic ultrasonography. All investigations were of normal values.

On taking the past history, there was a female circumcision done for the wife at the age of 15 years by paramedical personnel. There was dribbling of urine; no foreword stream at micturition was said but without dysuria or cystitis. There was no history of systemic disease such as diabetes mellitus or previous abdominal surgery. Then, physical examination was performed including body weight, blood pressure, chest and heart auscultation and abdominopelvic palpation. There was no abnormal or pathological finding. On pelvic examination, there was a parietal septum within the labia majora acting as a barrier wall in-front of the urethral opening and partially covering the vaginal introit us.

The patient then was prepared for minor surgical procedure. In the theatre, she was anesthetized and placed in the dorsal lithotomy position. Then, surgical cutting of the septum with was performed using a scalpel after taking all measures of sterilization. The edges of the wound on either side were repaired with interrupted 3/0 synthetic absorbable sutures (Fig. 1). Postoperative care was taken; and proper antibiotic was given to the patient for one week.

Follow-up of the patient was taken for few months. Pregnancy occurred in the third month following cutting of the fibrous barrier.

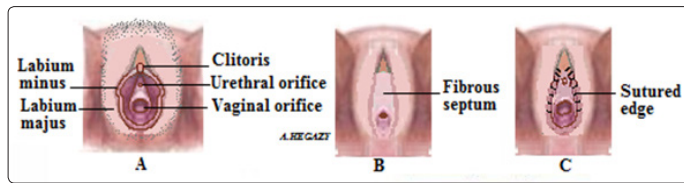


Figure 1: Diagrams showing: A) Normal anatomy of vulva; B) Fibrous septum connecting the remains of two labia minora; C) Sutured edges of labia minora after cutting the adhesions.

Discussion

The normal external female genitalia called the vulva include many organs; mons pubis, labia majora, labia minora, clitoris and vestibule containing two main orifices, a small one above for the urethra and a larger orifice for vagina that is closed partially by the hymen below (Fig. 1). The clitoris is the most sensitive erectile organ [4].

Despite female circumcision is a forbidden procedure in Egypt; it is widely practiced especially in rural and poor areas [1]. However, our case was found in highly educated couple. Moreover, the ignorance of the husband and his wife regarding the principles of sexual education leads to such problem of infertility. Regular intimate sexual relation was found but without actual vaginal intercourse.

There are different types for cutting of the genitalia in the circumcision [2]. The most common type to be performed is excision of the clitoris and the two labia minora. These organs are hold by forceps; and rose away from the body; then they are cut together [1]. Since the operator is non-medical, he/she does not perform suturing the raw edges; and instead keep the victim with approximated thighs to prevent bleeding as possible. Long staying in such approximation results in adhesions between the raw edges on both sides and then formation of the fibrous barrier in-front of the urethral and vaginal openings of the vestibule. This could impede the penis from entering the vagina at sexual intercourse. In addition to ascending infection, this fibrous septum might be another cause for occurrence of infertility due to female circumcision. Until the programs of health education

change the bad habits and misconceptions of some peoples, it has been suggested to admit cases insisting to do the procedure in the hospitals. In this case, the medical professional will preserve the most sensitive organs from removal; and at the same time, strict sterilization will be adopted with suturing the edges of the wound. Therefore complications such as infection, hemorrhage or adhesions could be avoided or even minimized [1].

In our case, although both wife and her husband were highly educated, they didn't distinguish such cause preventing proper vaginal intercourse and hence infertility. The ignorance of the anatomical features of vulva and perineum might lead to anal intercourse especially in our case where the vaginal orifice was covered with a fibrous septum. This carries not only inability of the wife to conceive but also risk of repeated infections and perhaps renal failure for the husband [5]. This necessitates the importance of sexual health education even at its minimal bases to assist them in their reproductive life.

It is concluded that circumcision might cause infertility due to adhesions of the cut labia minora. Moreover, sexual health education programs might be necessary for better orientation of family couple about the anatomical features of such important female area as well as the dangers of female circumcision.

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