Infibulation Complicating Pregnancy

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The effects of ritual female circumcision are seldom seen in Great Britain and information about the precise deformities resulting from the practice is not easy to obtain.

CASE REPORT

A 22-year-old Sudanese woman was referred to the antenatal clinic of the City General Hospital, Sheffield, because examination elsewhere had revealed an extensive vulval deformity. The patient's last menstrual period had been on 26 February 1962, 27 weeks earlier. Examination of the abdomen showed a pregnancy of appropriate size. An attempt at vaginal examination, however, was immediately resisted and it was clear that the patient found this very painful. Inspection was sufficient to disclose a considerable vulval abnormality. It appeared as if the labia minora had become

adherent to each other in the midline, completely obscuring the introitus, leaving a tiny opening anteriorly which presumably led into the vagina. Since no further examination of the area was possible without causing great distress and since the patient's lack of English prevented a detailed history being obtained, arrangements were made for her admission to hospital a short time later.

A careful history was then taken by one of us (A.M.) and we learnt that a ritual operation had been performed on the vulva when she was 11 years of age. At the time this was the custom in most high-class Muslim families and she had taken it very much for granted. She added that the procedure was now illegal, though still sometimes performed. Since her marriage normal intercourse had been impossible and attempted intercourse very painful.

Examination under anaesthesia was performed on 12 October. There was no sign of any operation on the clitoris itself. A sound was introduced into the opening at the forward part of the adherent labia and it passed easily deep to them to lie presumably at the entrance of the vagina (Fig. 1). A small fenestra-

tration was found at the extreme anterior end of the labia where incomplete healing had occurred. The sealed labia were then incised posteriorly to expose a normal introitus and a normal vagina (Fig. 2). The edges of the incision were united with a few catgut stitches and the vulva was left essentially normal in appearance.

During careful examination of the vulva at this time one other interesting fact emerged: at the posterior end of the labia minora there was a small pit or depression (identifiable as a darker, puckered area in Fig. 1) where the tissues could be indented for some 1½ to 2 in. and where intercourse had evidently been attempted. When this was considered it seemed even more remarkable that a pregnancy had occurred at all.

From that time onwards the pregnancy progressed satisfactorily. The child's head remained high in late pregnancy and bi-manual examination revealed a measure of disproportion due to pelvic contraction. This was confirmed by x-ray pelvimetry. The outlook did not seem favourable for vaginal delivery, but the patient was allowed a trial of labour which proceeded so well that in some 12 hours she was delivered normally of a healthy male child weighing 6 lb. 11 oz. (3 kg.). Questioned after delivery she said that during the time between the vulval operation and her delivery intercourse had been possible and had not been painful.

COMMENT

Mutilating procedures which collectively are known as female circumcision have been practised from time immemorial. In all probability the practice reaches back into a past so remote that no one can say when it began. Though carried out at some time or other in many different countries of the world female circumcision has been more common in the continent of Africa in general and in the region of the upper reaches of the River Nile in particular.

Numerous local variations in procedure no doubt exist, but Laycock (1950), quoting Ploss and Bartles, distinguishes two main types of procedure—excision and infibulation. Excision may be confined to the clitoris or extended to parts of the labia minora as well. When the more extensive procedure is adopted the labial remains may adhere to each other during healing, giving rise to what is in effect inadvertent infibulation. Infibulation itself—the fastening with a fibula or clasp—aims at occluding the introitus by fastening the labia together in the midline by some form of suture material or by transfixing them with thorns. It was not possible to discover what was used in the present case.

As may be imagined, numerous complications have been described as a result of this practice—haemorrhage, deep scarring as a result of infection or keloid formation, and extensions of the incisions into the urethra or rectum.

Plainly the possibility of more extensive damage than appears superficially must always be entertained, so examination under anaesthesia to assess the exact state of affairs will generally be a wise procedure.

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REFERENCE

Laycock, H. T. (1950). *E. Afr. med. J.*, 27, 445.

FIG. 1.—A sound has been introduced to demonstrate the labial fusion.

FIG. 2.—The labia have been divided leaving a substantially normal vulva and vagina.