Labial Adhesions

What is it?

Labial adhesion (also termed labial fusion, labial agglutination or labial synechiae) is a common condition in young girls, where the edges of the labia stick together.

Background

The labia are folds of skin on either side of the vagina and urethra in females. There are prominent outer ‘labia majora’ and small, concealed inner ‘labia minora’. Adhesions happen between the edges of the labia minora, and can cover the opening to the vagina and urethra.

It is unclear why in some girls these labia become stuck together. It is likely that chronic low-grade irritation of the delicate tissue causes the skin to become sticky. Labial adhesions are common in young girls, especially those still in nappies. It is not a serious condition and in most cases, no treatment is necessary. Irritants such as soap, bubble baths and wet nappies, may contribute labial adhesion formation.

How does it present?

This is almost never present at birth, but is usually first identified between birth and 5 years of age.

It does not usually cause any symptoms. It is most commonly noticed incidentally, by a parent or doctor. It may be associated with itching, redness or burning when passing urine, but this is uncommon.

What tests are performed?

A doctor will be able to diagnose labial adhesions by examination. No further investigations or tests are necessary.

What are the treatment options?

Labial adhesions will resolve by themselves, by the time a girl reaches puberty. This occurs due to hormones naturally produced at this time.

It is not necessary to divide the adhesions, either with cream/ointments, or by physical force. These interventions are not only unnecessary, but can also be traumatic and ineffectual – recurrence of adhesions is very common after active treatment.

To avoid or reduce the incidence, avoid irritants in the bath. Some patients find a simple agent such as salt water (1-2 handfuls of cooking salt in a shallow bath) to be helpful with irritant symptoms, if they are present.

Labial adhesions alone rarely cause urinary tract infection (UTI). Urine infection may indicate another underlying condition. These should be investigated and treated on merits.

What are the outcomes?

Labial adhesions separate naturally over time - usually by the time a girl has her first period.

Usually no treatment is required

What is the follow-up?

Active follow-up, in the absence of symptoms, is not required.

Take home messages:

• Labial adhesions are common
• No treatment is required
• Antiseptics in the bath may help