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Life threatening consensual coital laceration in the seventh decade; a case report

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Abstract

Background: Non-obstetric injuries to the female genital tract are becoming a frequent cause of gynaecological emergencies. These injuries appear to be more common in young, inexperienced patients. However occurrence in the seventh decade seems uncommon and probably under reported. Sexual arousal is known to decline with age and in the presence of certain medical illnesses such as diabetes mellitus. The posterior fornix is the most frequent site of injury and may be consequent upon postmenopausal changes in the elderly.

Case presentation and management: A 70 year old P5^{+0} (4 Alive) postmenopausal patient who presented with bleeding per vaginaam of 6 hours duration following vigorous sexual intercourse with spouse. Evaluation at presentation revealed a hypotensive patient (B/P 80/40mmhg) with moderate anaemia (PCV 23%) and copious blood clots at the perineum. She subsequently had an examination under anaesthesia (EUA) and repair of a posterior fornix laceration measuring about 4cm. She was transfused with 2 units of whole blood and discharged home after 24 hours of observation. The couple was counselled on the need for adequate foreplay even in old age and early resort to the use of lubricants to prevent future occurrence.

Conclusion: Sexual and reproductive health rights of the elderly seem to take backstage in the society with very little attention from relevant stake holders. Late presentation as demonstrated in this case, culminating in haemorrhagic shock maybe a reflection of the societal stigma attached to sexuality in the elderly. There is therefore a need to focus on geriatric sexual needs of low income countries with the goal of providing information and supportive care.

Keywords: *Life threatening, Coital laceration, Seventh decade.*

Résumé

Contexte : Les lésions non-obstétriques du tractus génital féminin sont en train de devenir une cause fréquente d'urgence gynécologique. Ces blessures semblent être plus courantes chez les patientes jeunes et inexpérimentées. Cependant, l'occurrence durant la septième décennie semble peu commune et probablement sous-estimée. On sait que l'excitation sexuelle diminue avec l'âge et en présence de certaines maladies telles que le diabète sucré. Le fornix postérieur est le site de lésion le plus fréquent et peut en résulter des changements post-ménopausiques chez les personnes âgées.

Présentation de cas et de gestion: Une patiente post-ménopausée P5 $^{+0}$ (4 Vivant) âgée de 70 ans qui a présenté avec des saignements vaginaux d'une durée de 6 heures suivant des rapports sexuels vigoureuses avec son époux. L'évaluation lors de la présentation a révélé une patiente hypotensive (B / P 80 / 40mmhg) avec anémie modérée (23% PCV) et des caillots sanguins abondants au niveau du périnée. Elle a ensuite subi un examen sous anesthésie (ESA) et la réparation d'une lacération fornix postérieure mesurant environ 4 cm. Elle a reçu une transfusion de 2 unités de sang total et déchargée après 24 heures d'observation. Le couple a été informé de la nécessité de faire des préliminaires adéquats, même à un âge avancé et de recourir de manière précoce à l'utilisation de lubrifiants pour éviter que cela ne se reproduise.

Conclusion : Les droits des personnes âgées en matière de santé reproductrice et sexuelle semblent revenir en arrière-plan dans la société avec très peu d'attention de la part des parties prenantes concernées. La présentation tardive, telle que démontrée dans ce cas, aboutissant à un choc hémorragique peut être le reflet de la stigmatisation sociétale liée à la sexualité chez les personnes âgées. Il est donc nécessaire de se concentrer sur les besoins sexuels gériatriques des pays à faible revenu dans le but de fournir des informations et des soins de soutien.

Mots - clés: *Menaçant la vie, lacération coïtale, septième décennie.*

Introduction

Consensual coital injuries are frequently encountered in developing countries, however they are often

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underreported [1, 2]. Coital injuries may result in minimal vaginal bleeding requiring little or no attention to life threatening bleeding which invariably may result in haemorrhagic shock or death if medical attention is not promptly provided [3]. Occurrence in the seventh decade is a rarity and may be dismissed by the couple especially if injuries are minor.

Risk factors for coital injuries include male to female disproportion, harmful position during coitus such as dorsal decubitus, long period of sexual abstinence, chronic vaginal infection, rough coitus, first sexual intercourse, postmenopausal vaginal atrophy, congenital and acquired shortness of the vagina and use of aphrodisiacs [4, 5].

Consensual coital injury in the seventh decade as presented may result from poor sex negotiation by the female partner resulting in rape by the male partner in a consensual relationship. This often goes unreported except in life threatening circumstances. The need for geriatric sexual health is not only imperative but expedient as this group is often neglected.

Case

Mrs O.O a 70 year old $P5^{+0}$ (4 Alive) postmenopausal patient who presented with bleeding per vaginaam of 6 hours duration following vigorous sexual intercourse with her spouse. There was associated passage of copious blood clots with an estimated blood loss of approximately 800mls. She felt dizzy and unstable; however there was no loss of consciousness. She had a vaginal hysterectomy and pelvic floor repair 3 months prior to presentation. Her spouse was a 72 year old retired military officer. She was the only wife of her spouse and she had no background medical illness.

Evaluation at presentation revealed a hypotensive patient (B/P 80/40mmhg) with moderate anaemia (PCV 23%) and copious blood clots at the perineum. She was resuscitated with intravenous fluids and subsequently had an examination under anaesthesia (EUA) and repair of a posterior fornix laceration measuring about 4cm. A digital rectal examination was performed to exclude rectal mucosa involvement.

She had two units of whole blood transfused and was placed on broad spectrum antibiotics. She was discharged home after 24 hours of observation on the gynaecological ward. The couple was counselled on the need for adequate foreplay even in old age and early resort to the use of lubricants to prevent future occurrence.

Discussion

Obstetric injuries are the most common cause of trauma to the female genital tract especially in developing countries with poor health indices. However the contribution of coitus to non-obstetric trauma of the female genital tract has been estimated to be approximately 32% [6]. Most coital injuries are often minor and follow normal sexual intercourse. However when coitus results in

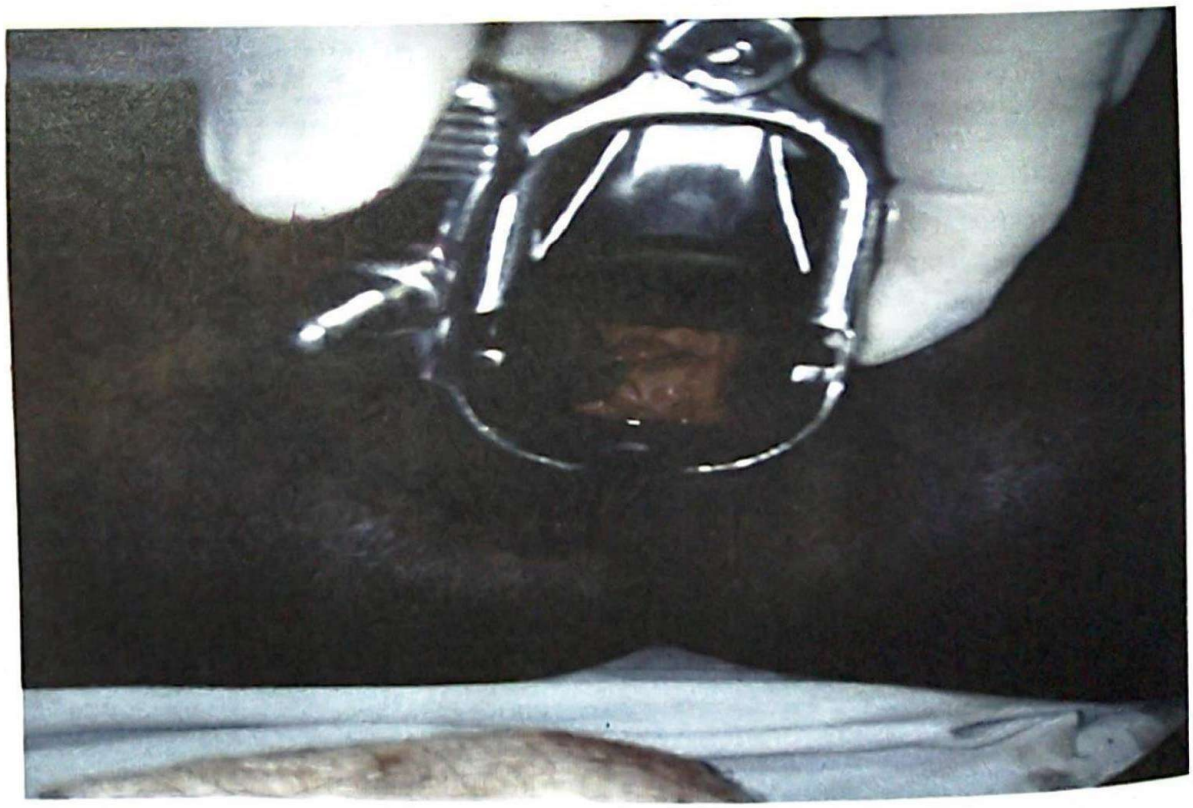

Fig 1: The repaired laceration at the posterior fornix

extensive laceration of the female genital tract, it may result in massive life threatening blood loss necessitating immediate intervention [7].

Consensual coital injuries often go unreported as a result of the shame and secrecy attached to the injury ultimately resulting in delay or outright silence [8] except in few cases of rape which are reported solely for medical assistance. The true incidence of consensual coital injury is difficult to estimate due to underreporting, however a study estimating an incidence of 1/1000 gynaecologic emergencies has been reported in Calabar, Nigeria [9]. It was suggested that young unmarried women of low parity were the most susceptible to coital injuries [9].

Trauma to the posterior fornix, a vulnerable anatomic site is quite common [10]. This is attributable to the weaker endopelvic fascia found at this site. During coitus, the lower third of the vaginal wall contracts while the upper portions expand. This puts the endopelvic fascia of the posterior fornix under tension thus predisposing to lacerations during forceful peno-vaginal intercourse. Other locations in which female genital injuries may occur include the fourchette, clitoris and labia minora. Fistulas especially the recto-vaginal variety have been described in literature [11].

Risk factors for coital injuries include male to female disproportion, harmful position during coitus such as dorsal decubitus, long period of sexual abstinence, chronic vaginal infection, rough coitus, first sexual intercourse, postmenopausal vaginal atrophy, congenital and acquired shortness of the vagina and use of aphrodisiacs. Mrs O.O was postmenopausal and had not been sexually active for 4 months prior to presentation. This could partly explain the aetiology of the genital trauma sustained following prolonged deprivation.

The most frequent complaint following coital injury is haemorrhage which may be life threatening as exemplified by this case complicated by hypovolaemic shock. Haemoperitoneum, peritonitis, fistulae, urethral injury, ecchymosis and abrasions may also complicate coital lacerations [11]. Dyspareunia and possible recurrence of injury are recognized morbidities.

Coital injury resulting in extensive vaginal laceration is not uncommon during the first coitus. However haemorrhagic shock following consensual coitus especially in the elderly is a rarity. As women age, the vagina gets narrower and shorter, the walls becoming less elastic and thin with accompanying reduced vaginal gland secretions. These menopausal changes may result in increased risk of injury in postmenopausal women following vigorous sexual intercourse. Also, intercurrent medical illnesses such as diabetes mellitus, hypertension and its treatment, antidepressants and antipsychotics may result in sexual dysfunction and poor arousal [12].

Prompt management of the condition is imperative with the view to minimize complications. Management involves an initial resuscitation and stabilization followed by the definitive management. In this case the patient had an examination under anaesthesia and repair of 4cm posterior fornix laceration using O vicryl suture in an interrupted fashion. A digital rectal examination was performed to rule out rectal mucosa involvement. Supportive care was provided and the patient was transfused with two units of whole blood and placed on oral antibiotics (amoxicillin + clavulanic acid) and analgesics (Ibuprofen). She was observed in the hospital for 24 hours before discharge home. This was to ensure adequate recuperation especially in the elderly patients who may require further attention.

Conclusion

Consensual coital injuries are quite common but often underreported. Occurrence in the seventh decade is a rarity but may be consequent upon the menopausal changes present at this stage of life. The posterior fornix is the most frequently traumatized site due to the weak endopelvic fascia found at this site. Sexual assaults, rough unsynchronized coitus even in consensual relationships are recognized factors contributing to life threatening coital injuries [12]. Geriatric sexual health may be a panacea for this condition as misconception that postmenopausal patients are not sexually desirable should be dispelled. It is therefore recommended that sex education, use of lubricants and hormone replacement therapy (HRT) where necessary should be provided for the sexually active geriatric patient.

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