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*RESEARCH ARTICLE*

# A CASE REPORT OF AESTHETIC LABIA MINORA REDUCTION FOR LABIAL HYPERTROPHY

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## *Abstract*

A rise and global awareness in aesthetic genital surgery is vividly palpable. Beyond the western nations, the consciousness about the aesthetic genital anatomy has been transcended into the cultural frontiers like India, which isa welcoming change. Amongtheaesthetic genital surgeries, the most commonly done procedure is labiaplasty/labia minorareduction (LMR) for labial hypertrophy.The labial hypertrophy, which is a clinical diagnosis, pose a critical stigmata among the young females with respect to aesthetic, functional, psychosocial and emotional grounds. The ideal aesthetic vulva is a highly debated topic, as is the ideal method of LMR.Herein we present a case of 32years old female patient with bilateral asymmetric hypertrophy of labiaminorawhich was treated with edge resection of the protruding segment. A 6 months follow up of the patient revealed aesthetically and fuctionallysatisfactory result in both subjective and objective perspective.



## Introduction:-

A rise and global awareness in aesthetic genital surgery is vividly palpable. This awareness and consciousness among the women roots from the increasing exposure of the female genitalia in visual and printed media, making them seekthe definition of aesthetic genital anatomy.The protrusion of labia minora beyond the labia majora constitutes the labial hypertrophy which pose a critical problem among the young females with respect to aesthetic, functional, psychosocial and emotional aspects[1].

The major etiological reason for labial hypertrophy is congenital[2]and other acquired reasons that may contribute are hormonal distortion, excessive masturbation or intercourse, chronic irritation, perineal dermatitis due to urinary incontinence[1,3]. Labia minora reduction (LMR) surgery, done for labial hypertrophy, is the most common aesthetic genital surgery[4]. Herein we are illustrating the edge resection technique of LMRfor a middle aged female who had a cosmetic stigmata oflabial hypertrophy.

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**Case Report**

A 32 years old female visited the OPD with C/O abnormally protruding labia minorawhich was making her cosmetically conscious, but there was no functional morbidity (Figure 1). On examination, it was found that the width of the labia minora was asymmetrical with right side labia measuring 5cm from vaginal introitus and the left side labia measured 6cm from introitus (Figure 2). The patient was planned for LMR surgery after explaining the procedure.

On table, spinal anesthesia was given and the patient was placed in lithotomy position enabling easy visualisation and assesmentof the labia and comfort during execution of the procedure.Catheterization was done. With Babcock's forceps, the edges of the labia on both sides were held. Marking was done at about 1.5cm from the introituson both sides of labia minora leaving behind few millimetres of the pigmented portion intact (Figure 3A and 3B).Incision was made on the marking and deepened and the excess protrusion of the labia minora was excised on either side (Figure 4). The cut edges were approximated with 4-0 monocryl in interrupted fashion after attaining perfect hemostasis. The sutures ends were placedoutside so that they wont irritate the mucosa (Figure 5).Minimally compressive T- Bandage was applied.

Postoperatively the wound healed without any complication like infection, irritationordehiscence (Figure 6). The patient was followed up for a period of 6 months andassesed for discomfort whilewearing tight clothes and during intercourseor any other complaints pertaining to appearance. The patient was aesthetically, functionally and psychologically satisfied with the outcome.

## Discussion:-

The uprising global awareness of genital aesthetics arise from the increasing exposure of the female genitalia in visual and printed media making them concerned about their structure and size of the labia.The labial hypertrophy is bound to create physical and psychological concern while wearing tight clothes (in cases of visible thickening) and may cause pain or discomfortdue to compression and rubbing of the genital area impairing normal sporting activities or having sexual intercourse[5].

Labia minora hypertrophy which is a clinical diagnosis, is poorly defined owing to subjective variation in perception.Normaldimensions oflabia minoraincludes a length of 2 to 3cm, a width of 1.5cm and 4mm in thickness[6]. Despite many contributions for quantifying labial hypertrophy, a categorisation proposed by *Franco* based on size is quite balanced. According to him, Type I includes labia <2cm (no hypertrophy); Type II has size of the labia between 2 to 4 cm; in Type III the labia size is between 4cm to 6cm; Type IV includes labia >6cm[7].

Basically, there are three techniques of LMR which were further modified by many surgeons. First technique is de-epithelization introduced by *Choi* and *Kim* for size of the labia upto 4cm. Second technique is edge resection described by *Capraroet al* which was further modified by many. And thr third technique is wedge resection first introduced by *Alter et al* which was modified by *Rouzieret al* and *Munhozet al*. The second and third techniques were incorporated for type III and type IV labia minora[8].

According to *Oranges et al*, there is no consensus regarding superiority of a specific technique over the other even though he mentioned about more than 11variations[9]. Despite the technical variance, we performed the edge resection of the overhanging labia which was simple and satisfactory making the technique viable in the armamentarium of aesthetic genital surgery.

*Alter et al* while advocating his modification of wedge resection technique, mentioned that the overzealous removal of the labial edge resulted in loss of the normal labial contour and pigmentation[4]. But in our case, no such abnormality resulted as care was taken to leave behind the pigmented edge of the labia minora.And also in our case, the asymmetry which was existing prior to the surgery was also rectified by meticulously quantifying the size of the labiato be retained on both sides.

## Conclusion:-

The aesthetics of female genitalia is more subjective than it can be defined perfectly. The upheaval of the awareness regarding perfect aesthetic genital structure among women is healthy. If the enlarged or thickened labia might deteriorate a woman‘s self esteem and might hinder her progress, and when there is no contraindication, then a

woman deserves a reduction surgery for her labia even though there is no absolute quantifiable scale to measure the perfect aesthetics of female genitalia.But the procedure should gain the woman‘s complacence rather than worsening her confidence. In our view, the edge resection technique of labia minora reduction, even though proclaimed as primitive and simple, still gained the patient's satisfaction which is ultimately the purpose of the procedure. This makes this technique a still viable option in the armamentarium of aesthetic female genital surgery.

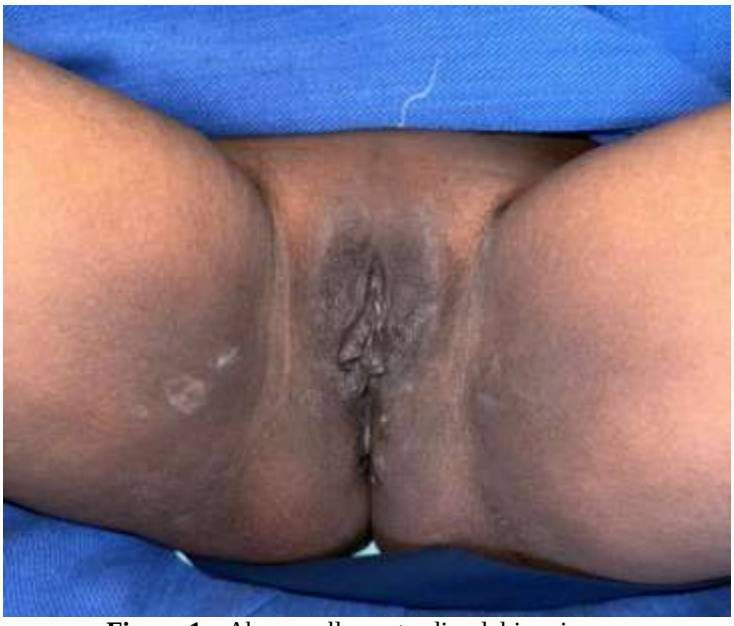

**Figure 1:-** Abnormally protruding labia minora.

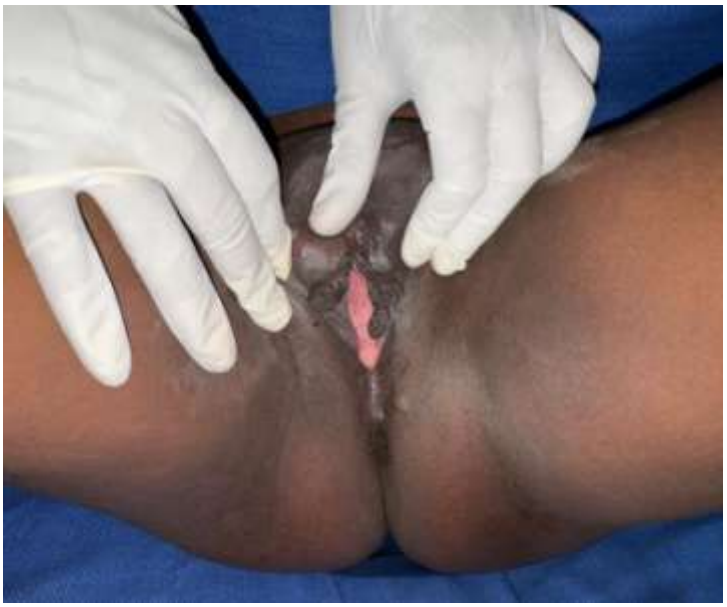

**Figure 2:-** Asymmetry betweenright and left side labia minora.

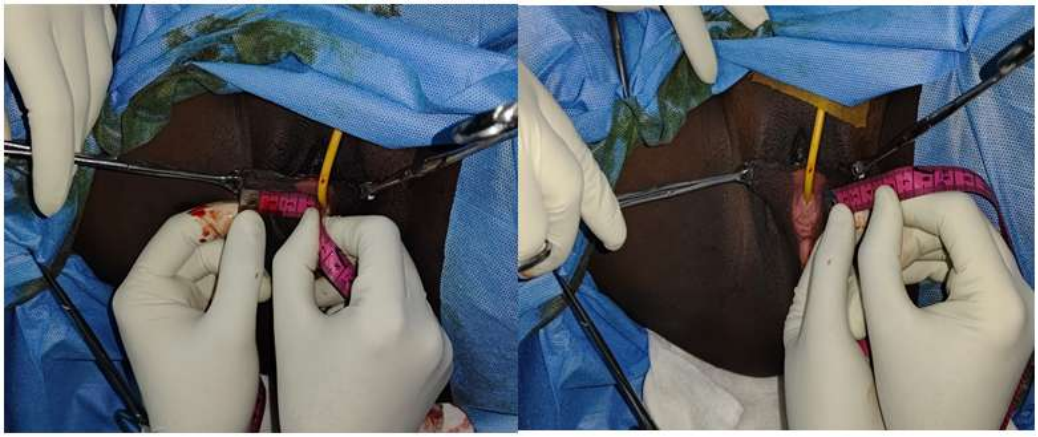

**Figure 3A, 3B:-** Measuring and marking the site of incision on right and left side labia minora respectively.

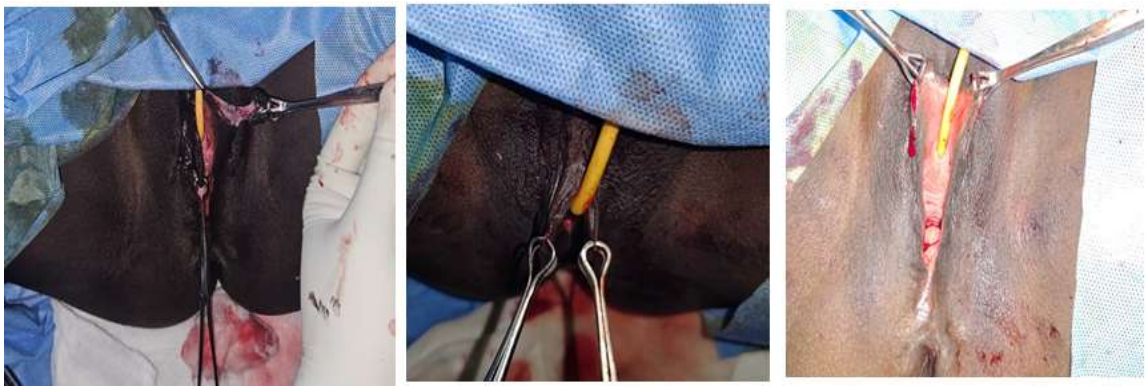

**Figure 4:-** Edge resection of the excess labia performed.

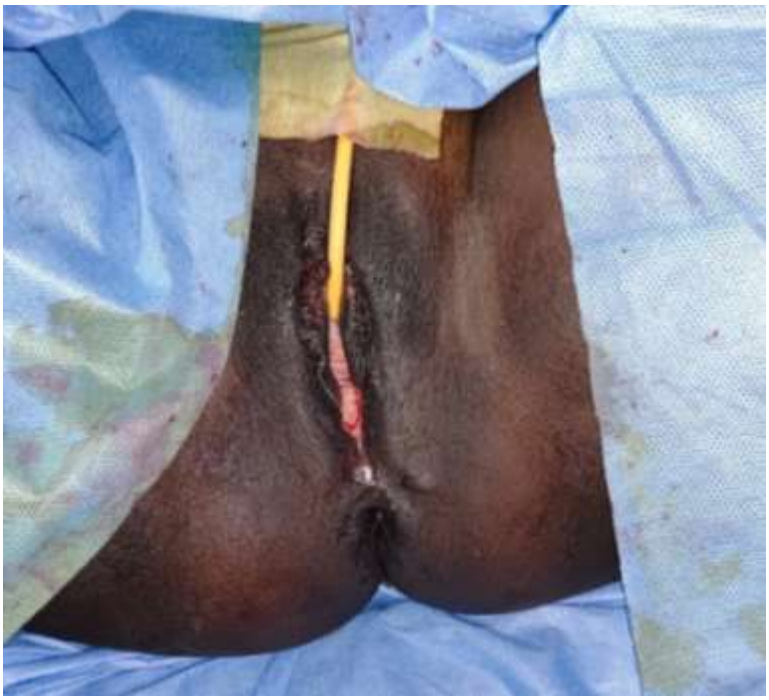

**Figure 5:-**The cut edges are sutured with 4-0 Monocryl.

**Figure 6:-**Late post-operative photo.

**Patient's consent**
Written informed consent was obtained from the patient before the study

**Funding**
None.

**Conflict of interest**
None.

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