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A rare case of Consensual Post Coital Ano-vaginal and Perineal laceration

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Abstract
Introduction*: Injuries during intercourse can range from superficial vaginal bleeding to severe ones that can lead to recto - vaginal fistulas and hemorrhage, which are usually related with rape and foreign body insertion rarely its associated with consensual sexual intercourse especially in Indian population.*
Presentation of case*: We report a 45-year old multiparous female with history of per-ano-vaginal active bleeding, who presented in our emergency department with lower abdominal pain and weakness after consensual anal and vaginal intercourse, while denying any sex toy , fisting or foreign body insertion.*
Discussion*: The unique feature of this case is that the post coitus tear of the anterior anal and posterior vaginal wall with perineal body laceration caused by anal and vaginal intercourse between two heterosexual adults.*
Conclusion*: Consensual Sexual related traumas are taboo subjects as well as the cause of embarrassment and distress to most patients. It is vital that they are treated in a professional manner that respects their dignity.*

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I. Introduction

Coitus-induced injuries are usually mild and associated with self limited vaginal bleeding, thus do not always require medical attention. Primarily, these can range from mild superficial vaginal lacerations to more severe ones. Extreme cases regarding vaginal and rectal perforations that might lead to rectovaginal fistulas and severe hemorrhage have been reported and are mainly associated with rape and foreign body insertion. Injuries of such severity resulting from consensual sexual intercourse are extremely rare. We present a rare case of ano-vaginal and Perineal laceration caused by vaginal and anal intercourse, between two consenting heterosexual adults. The unique feature of this case is that the post-coitus tear in the distal portion of anus and vagina.

II. Case Report

A 45-year-old female, multiparous(G3P2A1L2), presented to emergency department with lower abdominal pain and giddiness. Symptoms had begun after consensual vaginal and anal intercourse followed by active per ano vaginal bleeding. No History of sex toy, fisting or any other foreign body insertion either per vaginal or per anum.No Past History of Previous Major Perineal operative intervention or perineal trauma or constipation or any other comorbidities. On presentation, the patient was having tachycardia with Pulse rate= 102/min and BP=104/70mmHg, with pallor noted over both palms and lower palpebral conjunctiva .On examination of the perineum, distal 3-4cm of anterior anal wall laceration with laceration of distal 1-2cm of posterior vaginal wall with perineal body laceration with no active bleed or oozing from lacerated mucosa. Digital rectal examination was suggestive of no any internal rectal tears or internal bleeding. The sphincter had normal tone and no palpable rectal wall defect was noted.Laboratory investigations revealed Low Haemoglobin levels(HB= 8.1) and normal Total Leucocyte(TLC= 8200) and platelet Count(PC= 3.10) and normal RFT(S.Creat=0.8) and S.electrolytes(Na=144 and K=3.8). USG(ABDOMEN AND PELVIS) was suggestive of

no any abnormal findings. 1 unit RCC was transfused to patient During surgery, Patient was palced in lithotomy position, 3 layered repair of ano-vaginal and Perineal body laceration done with Rapid vicryl 3-0 intermittent sutures firstly anterior anal wall followed by perineal body and posterior vaginal wall with placement of ano-vaginal packing. No post operative bleed per anum noted. Patient started on High Fibre Diet and Plenty of fluids and laxatives orally after 8 hours of operative intervention. Patient passed stool after 12 hours of starting oral meals with no any complains of bleeding per anum during passage of stools. Patient was discharged on Post Operative Day 2 (POD-2) with no any post operative complications

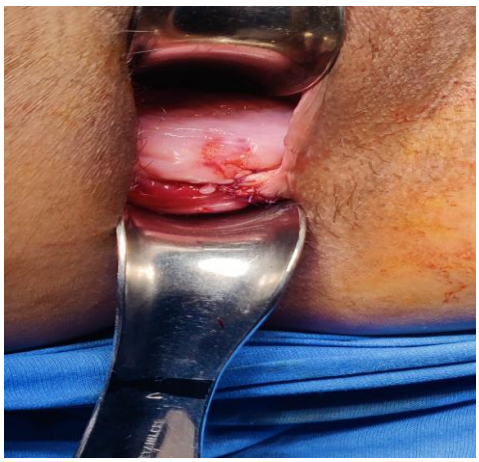

Figure 1 : 3 Layered repair of ano vaginal And perineal laceration

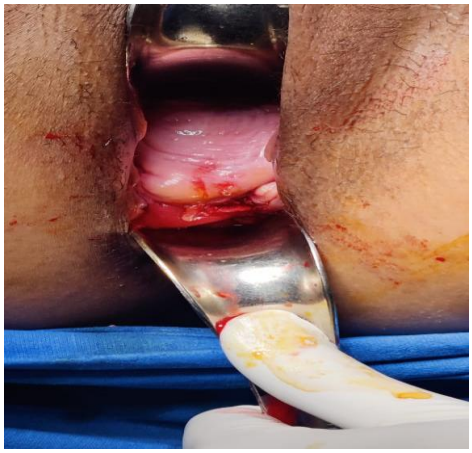

Figure 2: Ano vaginal and perineal laceration

III. Discussion:

Sexual-related trauma mostly are minor injuries that are usually limited to the vaginal mucosa and skin, and manifest as self-limiting minimal vaginal bleeding, which do not require medical attention and can be resolved with minimal treatment. More extensive and deeper vaginal lacerations or even perforations, associated mainly with forced or excessively vigorous intercourse, pregnancy, vaginal atrophy and spasm, previous operation or radiation therapy, disproportionate genitalia, and congenital anomalies, inflammatory bowel disease (especially Crohn's disease), operative trauma and rectal cancer [1-3,5,6]. In Our case ano vaginal tear caused by anal sex between two consenting heterosexual adults. Purwar et al. [7,9] reported a case of consensual intercourse leading to rectovaginal tear .Patients presenting to the emergency department with post coital injury to genitalia should be questioned about their sexual and medical history . Bimanual vaginal and rectal digital examinations, CT abdomen with oral anal contrast are essential to determine the extent of the injury .The management of post coitus trauma depends on the severity of the injury, the contamination of the peritoneal cavity and the general condition of the patient.

IV. Conclusion :

Sex related traumas are rarely reported cases especially in Indian population with trauma ranging from superficial perineal laceration to vaginal and rectal perforation which lead to many personal issues and complications associated with the internal injury, hence its necessary to treat them professionally to respect their dignity and to create awareness for treatment regarding these kind of sexual injuries.

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