

Severe genital laceration in a 7-year-old girl caused by rape

Abstract

A 7-year-old girl was admitted to N'Djamena Mother and Child hospital on December, 18th 2015 for vaginal pain and bleeding after rape.

Physical examination: The vulva was soiled with fresh blood. The exam discovered a second degree tear: perineal skin, vagina mucosa, hymen, and perineal muscle are torn.

The suture of laceration was performed under general anesthesia respecting plan of mucosa, muscle and skin. Infectious diseases screening was negative. The postoperative course was simple with discharge at the 2nd postoperative day. The examination performed one month later showed a good evolution.

Keywords: perineal laceration, young girl, rape, vagina mucosa, hymen, HIV, hepatitis B, anal sphincter

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Introduction

Non obstetrical genital injuries are gradually becoming a common cause of genital injuries.¹ These injuries are described as laceration of the skin and other soft tissue structure which in women separate the vagina from the anus.² Mechanisms leading to perineal laceration are: coitus, and trauma.^{2,3} Non consensual sex has been reported to be a possible cause of this type of injuries, but its contribution to traumatic lesions of the female genital tract is not well known.^{2,4} The issue of genital injury and its association with rape is contentious.⁴ Many cases of genital lacerations concerning young people have been reported mainly in context of rape or trauma. We report a case of young girl 7 years aged with genital laceration after rape.

Case report

A girl aged of 7 years was admitted in N'Djamena Mother and Child hospital (Chad) on December, 18th 2015 for vaginal pain and bleeding after rape. The onset of symptoms was 2 hours marked by vaginal pain and bleeding occurring after the rape of the young by a 20 years old man. The young girl was raped by his neighboring house when her parents were out. After the odious act he ran away. When parents were back, they discovered their daughter complaining of abdominal pain and bleeding. The admission examination noted a conscious patient, complaining of abdominal pain and bleeding. The general examination revealed a well nourished patient weighing 20 kg with a height of 116cm, conjunctival mucosa well colored with a blood test showing haemoglobin to be 12.4g/dl, a blood pressure 100/60mmHg, radial pulse 75bpm and a temperature of 37.2°C.

Physical examination

The vulva was soiled with fresh blood. The exam discovered a second degree tear: perineal skin, vagina mucosa, hymen, and perineal muscle are torn. The anal sphincter is intact (Figure 1). The remainder of the physical examination was unremarkable.

The suture of laceration was performed under general anesthesia respecting plan of mucosa, muscle and skin. Different kind of violet

braided absorbable suture (2/0 for mucosa and hymen, 1 for muscle and 1/0 for the skin). The haemostatic control was good.



Figure 1 genital laceration before suture (credit bray).

Antibiotic cover was given (using amoxicillin) and paracetamol was used for pain. Infectious diseases screening was negative for HIV, hepatitis B and C, TPHA/VDRL, Chlamydia Trichomatis, Mycoplasmas Hominis, Neisseria Gonorrhoea. As recommended in Chad anti HIV drug for preventing was given (using Efavirenz). The postoperative course was simple with discharge at the 2nd postoperative day. The examination performed one month later showed a good evolution (Figure 2). HIV and hepatitis B screening performed 3 months later were negative.

Discussion

Recent reports showed that sexual violence occurs throughout the world. These reports come mainly from India and Africa countries. Diverse reasons are found: sexual desire, vengeance, witchcraft practice, humiliation.



Figure 2 Photo of the girl 3 months after suture of laceration (credit bray).

Sexual violence includes rape, defined as physically forced or otherwise coerced penetration.⁵⁻⁷ This act is condemned by our society and rapist escape avoiding judicial condemnation. Like in this case, there is not legitimate reason for sexual violence. The aim is to satisfy sexual desire.

Prior studies reported that young women are usually found to be more at risk of rape than older women, one-third and two-thirds of all victims of sexual assault are aged 15 years or less.^{6,8} Forced vagina penetration causes physical and psychological complication for the patients. Main Gynaecological complications reported are minor. Severe gynecological complications remain possible: these include vaginal tear, bleeding, pelvic pain, and infection (further).

Genital lacerations describe in this case are imputable to the disproportion of the adult 'sex with the minor' vulva. The mechanism explaining these lacerations is the physical observation of content and container. When content is longer or larger than container it causes the rupture of the container. Then the genital lacerations noted in this case are the consequence of the disproportion. The lacerations were mainly posterior, one can explain this by the anatomic configuration of the woman. The posterior part of the perinea is recognized as a weak point.

In the same way, Geist⁹ reported previously that genital laceration are more commonly located posterior and to the right. The diagnosis of the second degree of perineal tear was obvious with the mucosa, vagina perineal and hymen discovered during exam. The management of severe lacerations sometimes requires sutures aiming to stop hemorrhage and to repair tissues. The suture of laceration was performed respecting mucosa, muscle and the skin. Different kinds of absorbable violet braided were used. Thus mucosa was sutured first the following step were the reconstruction of hymen and the suture of muscle and the skin. The hymen reconstruction was for social reason. In some area of Chad, virginity is an honor for the family. The loss of the integrated hymen is not accepted by some families. The step of suture respecting mucosa, muscle and skin is like what described by Jeng,¹⁰ Parant¹¹ and Berkenbaum.¹²

Sexually transmitted diseases can be spread in the endemic area when the sex was forced and without condom. In case of rape, the context doesn't often allow the use of condom. The abrasions or cuts resulting from forced vagina penetration can facilitate the entry of the virus, when it is present through the vaginal mucosa.¹³ Thus the possibilities for transmission of infectious diseases exist for minor and severe laceration. The best way to prevent these infectious diseases is the screening and the preventive treatment. Our attitude for screening HIV and hepatitis B was appropriate. The use of antiretroviral drugs

following the rape was reasonable. This was confirmed by the last screening performed 3 months later that was negative for HIV.

Conclusion

Young girl perineal tear following rape is uncommon situation. Surgical treatment is required when the laceration is severe. The screenings of infectious diseases have to be done aiming to protect and give preventive drugs.

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Conflicts of interest

The authors declare no conflict of interest.

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