

# Recurrent acute urinary retention following a female genital mutilation in an 11-year-old-girl

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## Abstract

Acute urinary retention is a urological emergency presenting with a sudden inability to pass urine due to mechanical or functional reason characterized by suprapubic pain and distension requiring urgent bladder drainage. Acute urinary retention is ten times more common in males than females. Female genital mutilation comprises all surgical procedures involving partial or total removal of the female external genitalia or other injuries to the female genital organ for cultural and other non-therapeutic reasons. We present an 11 year old girl who was referred from a primary health centre with recurrent history of acute urinary retention following a female genital mutilation done 5 days prior to presentation, she was said to have been having suprapubic tapping of the urine to relieve her of the retention as the health providers were unable to identify the urethral orifice for catheterization. On examination; she was in painful distress with complain of suprapubic pain and urge to pass urine, there is tender suprapubic distention, the left upper labia majora, minora and clitoris were severed, the urethral meatus distorted. Examination under anaesthesia with suprapubic cystostomy and urethral catheterisation was done and the patient was placed on sitz bath and genital toileting. We report a case of acute urinary retention in an 11 year old girl following a female genital mutilation five days earlier.

## Introduction

Acute urinary retention is a sudden inability to pass urine due to mechanical or functional reason characterized by suprapubic distention and pain.<sup>1</sup> It is a urological emergency requiring urgent drainage usually with the use of urethral catheter, following which further investigations can be done to determine the cause of the urinary retention.<sup>2</sup> Acute urinary retention is ten times more common in males than females and highest in elderly men.<sup>3</sup> Female genital mutilation comprises of all the surgical procedures involving partial or total removal of the female external genitalia or other injuries to the female genital organ for cultural and other non-therapeutic reasons.<sup>4</sup> We present a case of acute urinary retention in an 11 year old who had female genital mutilation.

## Case Report

An 11 year old girl who was referred to our facility from a primary health centre within Bauchi State north eastern part of Nigeria, with recurrent history of sudden inability to pass urine which began five days prior to presentation following a female genital mutilation done by a traditional barber, she was said to have had several episodes which were relieved by suprapubic tapping of the urine with syringe and needle after several failed attempt at urethral catheterisation in the primary health centre as the health providers were unable to identify the urethral orifice. There was history of lower abdominal pain and urge to pass urine. On examination, patient was in painful distress with suprapubic fullness and marked tenderness, the left upper labia majora, minora and the clitoris were severed, the urethral orifice was distorted (Figure 1). Examination under anaesthesia with urethral catheterisation and supra pubic cystostomy was done (Figure 2), the patient was placed on sitz bath and genital toileting, had anti- tetanus serum (ATS) and antibiotics. Both suprapubic and urethral catheter were removed two weeks post- operation, patient did well and voids with good stream via the urethra, she was discharged home and doing well on follow up.

## Discussion

Female genital mutilation has persisted as a major public health problem in many parts of the world and more commonly among the developing nations where it has been hinged on culture and tradition despite many decades of concerted effort via campaign and legislation against its practice.<sup>5</sup> About 100 to 140 million women and girls are currently living with female genital mutilation and about 3 million girls are at risk of female genital mutilation every year.<sup>6</sup> In Africa, female genital mutilation is practised in 28 countries including Nigeria which has the prevalence of female

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genital mutilation on an average of 50% but ranges from 0% in parts of Kogi, Ogun and among the Fulanis to 100% in Benue and Kebbi States.<sup>5</sup> With an overall national prevalence of 50%, Nigeria has the highest absolute number of genitally mutilated women throughout the world.<sup>7</sup> Contrary to near zero prevalence of female genital mutilation among the Fulanis from previous studies,<sup>5</sup> our patient is of the Fulani tribe in Bauchi state. Most important factors in female genital mutilation have been religious believe and social pressures, other reasons such as social approval, protection of virginity, suppression of sexual desire and religious disciplines are common reasons in undeveloped countries.<sup>8</sup> Most of the procedures are carried out in unhygienic conditions without any form of anaesthesia and mixtures of plants extracts, cow dung and butter have been used for wound healing. Severe pain, bleeding, urinary retention, injuries to adjacent tissue, sepsis and even death can be seen following such procedures which are performed with scissors, part of glass, blade, bark, plant thorn by persons who do not have any medical professional training.<sup>9</sup> Our patient had her genital mutilation done by a traditional barber with the aid of scissors. Female genital mutilation is classified into four types based on the degree of damage to the external genitalia.<sup>10</sup> Type 1- partial or total removal of the clitoris and or prepuce, Type 2- partial or total removal of the clitoris and labia minora with or without excision of the labia majora, Type 3- narrowing of the vaginal orifice with partial or total removal of all genital organs (infibulation), Type 4- including all other harmful procedures such as cauterisation of the clitoris and amputation of the vagina. Our patient had type 2 female genital mutilation. Lower urinary tract symptoms are more frequently seen in females with type 2 and 3 female genital mutilation,<sup>11</sup> as seen in our patient. Decreasing in urinary flow rate causes urinary stasis and subsequently cause repetitive urinary infections. Consequently, formation of urinary or vaginal stone.<sup>12</sup> Urethral strictures or fistulas can be seen depending on the extent of urethral trauma during mutilation as a long time complication. Treatment option in such cases include deinfibulation. In our case, urinary retention was thought to have resulted from primary injury to the urethral orifice with inflammation and oedema causing blockade of the urethral orifice. Patient had sitz bath, genital toileting and antibiotics and was observed to pass urine with good stream after resolution of inflammation with the removal of the urethral catheter.

## Conclusions

Female genital mutilation has a profound deleterious effect on the health of the girl child world wide and it's still being practiced despite the wide spread campaigns and advocacy against it. It's also seen in previously unreported tribes and region of Nigeria and thus, wider campaign and advocacy programs is needed to cope this ravaging unwholesome practice.

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