

Clinical Image

Vulvar Hematoma in a 13 year Old Girl

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CLINICAL IMAGE

A 13-year-old girl presented with complaint of genital pain and swelling following a straddle injury. Patient was riding an adult bicycle when she fell over the crossbar and landed on her genitalia. She had pain and mild swelling of the genitalia that improved after sitz bath. She passed non-bloody urine afterwards. Three hours later, pain and swelling worsened and she was brought to the emergency room by EMS. Medical history is significant for multiple asthma exacerbations and eczema. Vitals signs were normal except for tachycardia. On examination, she was in painful distress. There was a large tender vulvar mass. The left labium minus (A) was edematous with a bluish-black discoloration and overrides the edematous right labium minus (B), obscuring the urethral orifice and vaginal introitus. There was a small laceration visible at the distal end of the mass (C). All other exam was normal (Figure 1).

Pain was controlled with morphine. She also received IV Cefazolin and placed on IV fluids. CBC, basic metabolic profile, PT and PTT were normal. Pelvic radiograph and CT with contrast were benign besides the vulvar mass noted. Patient was taken to the operating room for examination under anesthesia and repair. On examination; the vaginal introitus was shifted 3cm to the right from the midline. Three lacerations were noted on the left labium minus, the largest measuring 4 x 2.5 cm located

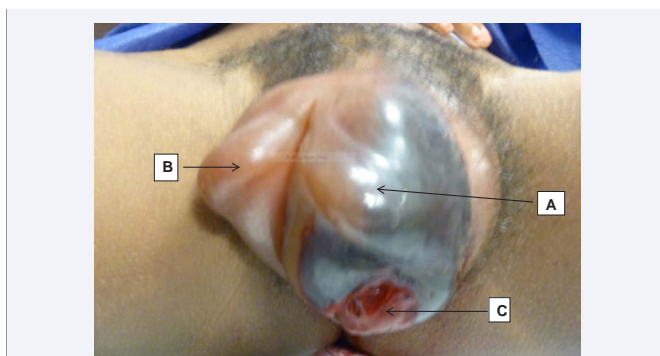


Figure 1 The left labium minus (A) is edematous with a bluish-black discoloration and overrides the edematous right labium minus (B). There is a small laceration visible on the distal end of the mass (C). The urethral orifice and vaginal introitus could not be visualized.

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Figure 2 Post-op day 3.

at 4:00 O'clock. A 12x8cm vulvar hematoma was evacuated and irrigated. Lacerations were repaired. There was no injury to the vaginal cavity. Cystoscopy revealed normal urethra and bladder. Hospital course was uncomplicated and patient was discharged on post-op day 3 (Figure 2). She was seen again at 6 weeks with complete recovery and no complication.

DISCUSSION

Straddle injuries occur when one falls over an object with the legs wide apart. Examples of these objects can be the arms of chairs, bathtubs, bicycle crossbars, ladder rungs and playground equipment [1]. Unintentional pediatric female genital traumas most commonly result from straddle injuries [1-3]. In a retrospective review, the majority of cases occurred between the ages of 2 and 6 years, with a peak at 6 years [1,4] and straddle injuries were more common in the summer months, like the index patient. Straddle injuries most commonly involve the external genitalia, vestibule, perineum or posterior fourchette [1]. Urinary tract injuries and other associated injuries are relatively uncommon in girls with straddle injuries [4]. Surgical intervention focuses on incising the hematoma and ligating any bleeding vessels [1]. Possible complications are pelvic fracture, urethral stricture [5], vaginal stricture, psychological problem etc. It is important to rule out sexual abuse from a good history because it may be challenging to rule out on examination depending on the severity of injury.

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