Female genital mutilation

Leyla Shune
Educational Objectives

1) Facts on Female genital mutilation (FGM)

2) Health consequences

3) The global fight against FGM
The case.

• 29 newly wed female patient presents with 1 week history of dysuria, frequency, and severe dyspareunia
• She reports “tearing” and bleeding with initiation of sexual intercourse.
• Menarche at 12. Menses are regular but characterized by dysmenorrhea.
• Micturition is a struggle: “urine only drips out slowly”
Case, continued

• **Social History:** Patient immigrated from Somali via a Refugee camp in Kenya
• Lifetime non smoker/drinker, college student.
• **Family History:** Mother with recurrent UTI and vesico-vaginal fistula, sister with dysmenorrhea.
• **Meds and allergies:** none
Case continued

Past-medical history:

1. Circumcision at age 6 yrs, a razor blade was used with no anesthetics: she vividly remembers the severe pain
2. Recurrent UTI’s and yeast infection
3. Vitamin D deficiency
4. Anxiety disorder
Case, continued

• **Physical Exam:**
  • Genito-urinary exam: WHO type 3 FGM.
  • 2 separate tears at the introitus with surrounding abrasion.
  • Not able to tolerate speculum exam
A. Normal

B. Type I

C. Type II

D. Type III
Question 1

1. What should we do next?
Discussion of Question 1

• UA positive for UTI
• Empiric Levofloxacin
• UC positive for susceptible E-coli
• Dysuria and frequency resolved

• Dyspareunia, dysmenorrhea and anxiety continues.
Medical course

• Patient was referred to Gynecology
• FGM revision surgery: cutting through scar tissues to expose the urethra and clitoris remnant was successfully done
• Dyspareurina and dysmenorrhea resolved.
• Urination/voiding improved
• She now is desperately trying to get pregnant (fertility and FGM)
Female Genital Mutilation

• Procedures that alter/injure female genital organs for non-medical reasons
• 100 to 140 million girls and women, 92 million in Africa
• 3 million girls at risk every year
• FGM is internationally recognized as a violation of the human rights
Demographics

1. Western, eastern, and north-eastern regions of Africa,
2. Some countries in Asia and the Middle East,
3. Immigrant communities in North America and Europe
Demographics
WHO classification

Type 1: Removal of the clitoris and/or the prepuce

Type 2: Removal of the clitoris and the labia minora, with or without excision of the labia majora

Type 3: Infibulation. Narrowing of the vaginal orifice by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris
WHO classification

Type 4: Pricking, piercing, incising, scraping, cauterization and introduction of corrosive substances in the vagina with aim of narrowing it.
A. Normal

B. TYPE I

C. TYPE II

D. TYPE III

A. Prepuce removal only or B. Prepuce removal and partial or total removal of the clitoris.

Removal of part or all of the labia minora, with the labia majora sewn together, covering the urethra and vagina and leaving a small hole for urine and menstrual fluid.
Immediate Consequences

1. Hemorrhage and shock
2. Wound infection
3. Urinary retention
4. Collateral damage: urethra, perineum, vagina
5. Tetanus
6. HIV/AIDS
7. Severe pain: no anesthetics, crude tools
Long-Term Consequences

1. Blood loss anemia
2. Difficulty urinating, frequent UTI
3. Urinary Incontinence: vesicourethral fistula
4. Chronic pelvic infections and Infertility
5. Keloids, Dermoid cysts and neuroma
6. Dysmenorrhea and Hematocolpous
7. Obstetrics problems
Psychological/sexual effect

1. Sexual dysfunction: dyspareunia & lack of orgasm due clitoris amputation
2. PTSD
3. Anxiety and depression
How did FGM start

- Origin: predates Islam and Christianity
- Egyptian mummies have it 😞
- 1950’s used in the West to cure “women ailments” (hysteria, epilepsy, masturbation)
- No religion supports FGM
Excuses

1. Control female sexuality
2. Initiation into womanhood (cultural)
3. Hygiene And Aesthetic: genitalia=dirty
4. Religious Excuses: Not sanctioned
5. Socio-Economic Reasons
"Medicalization" of FGM

18% of FGM procedure performed by health care providers.

News FLASH: May/2010

American Academy of Pediatrics (AAP) thinks it's OK for immigrant parents to subject their daughters to a mild form of female genital mutilation (FGM).

FGM is present in North America (immigrant populations and religious extremist)
Global Fight against FGM

The United Nations Population Fund (UNFPA) has declared February 6 as the International Day Against Female Genital Mutilation.

2008 WHO: passed a resolution to eliminate FGM.

US Federal law prohibiting FGM was enacted in 1996.
Heal our patients

1. Referral to OB/gyn for revision surgeries
2. Psycho-social support
3. Education
Primary References

• WHO website
• "Desert Flower", an autobiography of the model Waris Dirie
About the Author

• University of Minnesota: Internal Med Pgy3

• Future plans:
• H/oncology fellowship with global health perspective.