

**PP53 FEMALE GENITAL  
MUTILATION: AN UNEXPECTED  
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**Introduction:** Any non-medical intentional alteration or causes injury to female genital is termed female genital mutilation (FGM). FGM typically performed on young girls between infancy and 15-year-olds. World Health Organization classified FGM into 4 types based on the extend of cutting. Herein, we would like to share a case of a young patient presented with acute urinary retention(AUR) secondary to scarred tissue from an un-intentional Type 3 FGM since young.

**Case:** A healthy 20-year-old nulliparous lady presented with AUR. She has reached menarche at 15-years-old with normal menses flow and currently on day 1 of menses. Her abdomen was soft with palpable bladder. External genitalia examination revealed a fused labia majora with a small holes sizing 0.5cm, unable to visualize urinary meatus. Bedside ultrasound showed haematocolpos measuring 7x9cm. Proceeded with examination under anesthesia revealed scarred tissue extending from clitoris to 4cm above anus with fused labia majora. Separation of the fused labia majora was done however there were absence of clitoris and labia minor. History from patient's mother, patient was circumcised at 2-months-old by local midwife. It was

believed that during the procedure unintentional FGM type 3 was performed.

**Discussion:** At least 200 million women living today worldwide had undergone FGM, however knowledge of FGM is limited among healthcare workers because there are no clinical guidelines that are specifically focused on occurrence of FGM; its recognition, complications and management options. FGM is performed by traditional circumciser, and often leads to early and late complications physically and psychologically. Complication rates vary according to the type of FGM performed and more frequently seen with Type3 FGM. Our patient most probably underwent Type3 FGM which complicated with scarring; this leads to formation of hematocolpus, which subsequently caused AUR owing to the pressure effect to the bladder and urethra. Treatment of FGM Type3 is by de-infibulation. It involves incising the fused labia minora to restore the introitus.

**Conclusion:** FGM might not be an everyday occurrence, awareness should be created in order to built a more respectful and cultural sensitive approach when dealing with the physical and psychological consequences of these patient

**Keyword:** gynaecology, genital,urology