



Research Article

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A Few Words about Labia



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Abstract

According to the anatomy of the female body, there are two pairs of labia – the labia majora and the labia minora – small thin folds of skin located between the labia majora. The function of the labia is to surround and therefore protect the clitoris and the opening of the vagina. Bigger or smaller, darker or lighter, relaxed or rounded, wrinkled or smooth - all woman's labia look different. With so many variations, there is an entire spectrum of the "ideal" appearance of the external part of the female genital organ.

Keywords: Labia Minora; Labia Majora; Vulva; Vaginal Bleeding; Health

Introduction

Knowledge of the normal anatomy for age gather of the female patient is exceptionally vital since the female genitalia changes with age [1]. In the prepubescent group, girls will have a thin, small labia minora and a full labia majora. The hymen is reddish-orange and will cover the vagina. In earliest stages, the hymen is thick. From the earliest stages to adolescence, it is thin with smooth edges and is annular or crescent shaped. The hymen ought to be inspected for injury. A space at the 6 o'clock position recommends entrance injury. White zones or zones of swirling vascularity are signs of scarring. It is imperative to note that redness is a sign of irritation or aggravation and does not essentially show mishandle. Genital examinations in males ought to comprise of review of the penis and testicles. In uncommon cases, there may be chomp marks on the genitalia. Bruising, scraped areas, scars, and any urethral release ought to be documented.

The mons pubis, or mons, is a fatty pad that covers the pubic bone [2]. The labia are two sets of skin folds, one interior the other, that cover and ensure the vagina. The external ones, the labia majora (large lips), are determined from the same embryological tissues that donate rise to the scrotum in males. After adolescence the mons and labia majora are secured with hair. The inward match, the labia minora (small lips), are folds of delicate skin. Like the lips of your mouth, they are secured with epithelium and are fragile and pink. At the best or front, the contract labia minora come together to frame the hood of the clitoris. The labia minora can shift very a bit in measure from one woman to another; they can be covered up by the labia majora or may expand past them. The clitoris is a little cylindrical organ made of erectile tissue

found where the folds of the labia minora come together toward the front of the body. It is determined from the same embryological tissue as the penis and plays an imperative part in female sexual pleasure and orgasm.

The opening of the urethra (the tube that carries urine from the bladder to the outside of the body) is found interior the labia minora between the clitoris and the vaginal opening. The vaginal opening is also secured by the labia minora. In virgins it may be mostly secured by the hymen, a fragile layer that as a rule encompasses the opening like a ring or unsettled. The hymeneal tissue contracts the opening but still permits menstrual blood to stream out. In uncommon occurrences the hymen is totally closed. Women who have not had sexual intercut may or may not have an self-evident hymen; it can be cracked by work out or tampon utilize. Numerous women do not have a appear of blood on the event of them to begin with intercut.

Just back to the mons veneris spread two hairless folds of connective tissue, the labia minora [3]. Sometime recently menarche, these folds are decently little; by childbearing age, they are firm and full; after menopause, they decay and once more ended up much littler. Regularly the folds of the labia minora are pink; the inner surface is secured with mucous layer, and the outside surface with skin. The range is abundant with sebaceous organs, so localized sebaceous cysts may happen here. Women who perform month to month vulvar examinations are able to distinguish contamination or other anomalies of the vulva such as sebaceous cysts.

The labia majora are two folds of adipose tissue secured by free connective tissue and epithelium that are situated horizontal to the labia minora. Secured by pubic hair, the labia majora serves as assurance for the outside genitalia and the distal urethra and vagina. They are fused anteriorly but isolated posteriorly. Injury to the range, such as happens from childbirth or assault, can lead to broad edema arrangement since of the detachment of the connective tissue base.

Vulva

The vulva comprises of the outside genital organs counting the mons pubis, labia minora and majora, clitoris, vaginal vestibule, perineal body, and their supporting subcutaneous tissues [4]. The vulva is bordered superiorly by the front stomach divider, along the side by the labiocrural overlay at the average thigh, and inferiorly by the anus. The vagina and urethra open onto the vulva. The mons pubis is a noticeable hill of hairbearing skin and subcutaneous adipose and connective tissue that is found in front to the pubic symphysis. After adolescence it is secured by coarse pubic hair. The labia majora are two prolonged skin folds that course back from the mons pubis and mix into the perineal body. The skin of the labia majora is pigmented and contains hair follicles and sebaceous organs. The labia minora are a littler combine of skin folds average and parallel to the labia majora that expand inferiorly to frame the edge of the vaginal vestibule. Superiorly, the labia minora isolated into two components that course over and underneath the clitoris, fusing with those of the inverse side to frame the prepuce and frenulum, separately. The skin of the labia minora contains sebaceous organs but is not hair-bearing and has small or no fundamental adipose tissue. The clitoris is upheld remotely by the combination of the labia minora (prepuce and frenulum) and is roughly 2 to 3 cm front to the urethral meatus. It is comprised of erectile tissue organized into the glans, body, and two crura. The glans has a concentration of nerve endings vital for ordinary sexual reaction. Two freely combined corpora cavernosa frame the body of the clitoris and expand superiorly from the glans, eventually partitioning into the two crura. The crura course along the side underneath the ischiocavernosus muscles and joints to the ischial rami.

The vaginal vestibule is arranged in the center of the vulva and is differentiated circumferentially by the labia minora and inferiorly by the perineal body. Both the vagina and urethra open onto the vestibule. Anteriorly, various little vestibular organs are found underneath the vestibular mucosa and open onto its surface adjoining to the urethral meatus. The vestibular bulbs, a free collection of respective erectile tissue secured externally by the bulbocavernosus muscle, are found along the side. The Bartholin's organs, two little, mucus-secreting organs arranged inside the subcutaneous tissue of the back labia majora, have ducts opening onto the posterolateral parcel of the vestibule. The perineal body is a 3- to 4-cm band of skin and subcutaneous tissue found between

the back expansion of the labia majora and isolates the vaginal vestibule from the butt and shapes the back edge of the vulva.

The vulva has a wealthy blood supply inferred basically from the inside pudendal artery, which emerges from the front division of the inner iliac (hypogastric) artery, and the shallow and profound outside pudendal arteries, which emerge from the femoral artery. The inside pudendal artery exits the pelvis and passes behind the ischial spine to reach the posterolateral vulva, where it partitions into a few little branches to the ischiocavernosus and bulbocavernosus muscles, the perineal artery, artery of the bulb, urethral artery, and dorsal and profound arteries of the clitoris. Both outside pudendal courses travel medially to supply the labia majora and their profound structures. These vessels anastomose unreservedly with branches from the inside pudendal course. Innervation of the vulva is determined from different sources and spinal rope levels. The mons pubis and upper labia majora are innervated by the ilioinguinal nerve and the genital department of the genitofemoral nerve. Either of these nerves may be effortlessly harmed during pelvic lymph hub dismemberment with coming about paresthesias. The pudendal nerve enters the vulva in parallel with the inside pudendal artery and gives rise to a few branches that innervate the lower vagina, labia, clitoris, perineal body, and their supporting structures.

Vaginal Bleeding

Vaginal bleeding prior to adolescence is a therapeutic issue that requires intensive examination [5]. Neonates may encounter physiologic vaginal bleeding in the to begin with weeks of life due to withdrawal of maternal estrogen; be that as it may, past that, vaginal bleeding some time recently adolescence must be considered pathologic until demonstrated something else. The differential conclusion of prepubertal vaginal bleeding incorporates trauma, abuse, vulvovaginitis, condyloma, urethral prolapse, cervical, vaginal, or urethral masses, estrogen-producing ovarian tumors, vaginal outside bodies, excoriations, or bleeding from the gastrointestinal or genitourinary tract.

To evaluate girls with vaginal bleeding, it is basic to take an exhaustive history to prohibit trauma or mishandle as an etiology. Girls who report mishandle or who have perineal injury ought to be assessed by a specialized child sexual attack group that incorporates prepared forensic nurses. Once abuse or trauma has been ruled out, the plausibility of exogenous estrogen introduction ought to be investigated, as well as history of later sicknesses that might incline the quiet to vulvovaginitis caused by a particular bacterial pathogen. A later history of group A streptococcal pharyngitis may lead to streptococcal vaginitis, whereas a history of later diarrheal ailment may recommend Shigella vaginitis as the etiology of vaginal bleeding. Other related side effects may also direct the differential diagnosis. Nighttime peri-anal itching, for illustration, may mean pinworms, though, determined vulvar itching may be caused by vulvar dermatitis or lichen sclerosis.

Labial Traction

On examination, cautious consideration ought to be paid to Tanner staging, as evidence of estrogen introduction would be concerning for bright adolescence (central or peripheral), estrogen-secreting ovarian tumors, or exogenous estrogen presentation due to utilize of hormone creams or tablets (either deliberateness or inadvertent) [5]. On abdominal examination, a pelvic mass would be concerning for an ovarian tumor and ought to be followed-up with imaging of the pelvis and assessment of tumor markers. Intensive examination of the outside genitalia, counting the urethral orifice and peri-anal locale, ought to be performed, with cautious consideration to cleanliness and estrogen status of the genitalia. Overview of the genitalia ought to note any release, injuries or lacerations that may be displayed. By and large, the hymen and distal vagina can be effortlessly visualized without inconvenience to the quiet by utilizing labial footing, which includes delicately getting the labia majora and pulling absent from the persistent, or by analyzing the quiet in knee-chest position. Labial partition, which is performed by tenderly pulling the labia majora along the side, is for the most part less viable at giving satisfactory visualization. If release is show, examples ought to be gotten for culture.

In cases where a remote body is visualized, as in this understanding, expulsion of the outside body may be finished in the outpatient setting. Choices for evacuating delicate outside bodies from the vagina incorporate utilizing a cotton-tipped implement and whirling it inside the vagina or, more commonly, vaginal lavage. Vaginal lavage can be performed by passing a little urethral catheter past the hymen and flushing the vagina with warm saline. With either strategy, care ought to be taken to avoid the hymen, as it is especially touchy to the touch in most prepubertal girls. This may be encouraged by having a partner utilize delicate labial footing to open the introitus whereas the catheter or swab is passed into the vagina. Most patients endure the method exceptionally well and without noteworthy distress; be that as it may, if the understanding is hesitant or unwilling to coordinate, examination beneath anesthesia may be necessary.

Examination beneath anesthesia can ordinarily be finished in the frog-leg position utilizing labial traction. Utilizing this strategy, the hymen can be visualized in its aggregate, and discuss enters the vagina to permit for visualization of the distal vagina as well. Vaginoscopy is at that point performed utilizing ordinary saline as the distention medium with either a 3mm pediatric cystoscope or a 4-5mm symptomatic hysteroscope. The specialist progresses the scope over the hymen to look at the vagina and cervix whereas tenderly squeezing the labia majora together to keep up distention of the vagina and make strides visualization. Any remote bodies are for the most part flushed out with the saline. If the remote body is strong, it may require evacuation with endoscopic graspers, forceps, or by tenderly draining it out through rectal examination. Setting a speculum into the vagina in a prepubertal girl is once in

a while essential and ought to be dodged if conceivable, as it can cause unnecessary lacerations, abrasions, and discomfort.

Vaginal remote bodies are a common cause of vaginal bleeding in prepubertal girls. In spite of the fact that foul-smelling release makes one consider outside body as a potential etiology, most girls with a vaginal remote body do not, in reality, have a foul-smelling release. Latrine paper shows up to be the most common outside body; be that as it may, other things such as coins, paper clips, security pins, dice, dots, colored pencils, and indeed batteries have been detailed. Evacuation of the outside body, followed by appropriate perineal cleanliness, ought to instantly resolve the related vaginal bleeding. If bleeding holds on, examination for other sources (or for another outside body) must be attempted. This is especially true of cases that are treated in the outpatient setting. For illustration, if vaginal lavage was performed in the office with clear effective expulsion of the outside body, the following step would be an examination beneath anesthesia with vaginoscopy to assess for a tireless remote body or for a auxiliary diagnosis.

Labial Fusion

Labial combination is related with abundance androgens [6]. Most commonly, etiology is the result of exogenous androgen introduction but may moreover be due to an enzymatic mistake driving to expanded androgen generation. The most common frame of enzymatic lack is 21-hydroxylase lack driving to inherent adrenal hyperplasia. This may be phenotypically illustrated in the neonate with equivocal genitalia, hyperandrogenism with salt squandering, hypotension, hyperkalemia, and hypoglycemia. The neonates frequently display in adrenal emergency with salt squandering seen around 75% of the time. This autosomal latent characteristic happens in generally 1 in 40,000 to 50,000 pregnancies. The determination is made by raised 17 α -hydroxyprogesterone or urine 17-ketosteroid with diminished serum cortisol.

Because cortisol is not being made in the adrenal cortex, the treatment for this disorder is exogenous cortisol. The exogenous cortisol at that point adversely bolsters back on the pituitary to diminish the discharge of adrenocorticotrophic hormone, hence hindering the incitement of the adrenal organ that is shunting all steroid forerunners into androgens. If salt squandering is reported, a mineralocorticoid (more often than not fludrocortisone acetic acid derivation) is also given. Labial combination and other shapes of ambiguous genitalia frequently require reconstructive surgery.

Labial Adhesions

Labial adhesions are a moderately common pediatric gynecologic complaint and predominance has been cited as up to 20% of pediatric populaces showing for schedule essential care [7]. The predominance varies to a great extent among distinctive ponders, and this is likely auxiliary to the wide clinical

introduction with a expansive rate of cases being asymptomatic. The genuine predominance is troublesome to precisely calculate given the wide extent of clinical presentations.

The clinical situation outlines a few of the common introductions of labial adhesions. Clinical introduction changes from asymptomatic, hence a coincidental finding of attachments on schedule exam, to intense urinary maintenance requiring new surgical intervention. Common complaints incorporate vulvovaginitis, positional torment, bleeding, urinary incontinence, and urinary tract diseases. It is imperative to recognize the run of side effects related with labial attachments in arrange to suitably triage treatment objectives.

As with any intensive assessment, it is vital to build up a differential determination earlier to continuing with treatment and to run the show out elective etiologies of the displaying complaint or clinical finding. The differential conclusion for labial attachments incorporates intrinsic peculiarities such as vaginal agenesis and vaginal septum, hymenal variations from the norm such as an imperforate hymen, and clitoromegaly. Ordinarily the pathophysiology of labial attachments is thought to be auxiliary to a physiologic nadir in systemic estrogen and an affecting calculate of vulvar bothering. This nadir compares with the crest rate of agglutination introduction, which is 2.5 a long time of age. A uncommon but vital chronicled component that must be considered with labial grips is potential for manhandle. Ordinary diaper hasty is thought to be sufficient of an offended to start attachments, but one would not need to miss mishandle in the outpatient setting.

Labial Agglutination

Labial adhesions frame between the labia minora of prepubertal girls when the labia are permitted to lie in connection for expanded periods of time [8]. There may be a scene of aggravation that serves as a precipitant, but that is not a prerequisite. Urine may become trapped behind the divider of the labia causing postvoid spilling after the child stands up from the latrine. Trapped secretions and urine can cause a auxiliary irritation that leads to genital bothering. In the most noticeably awful case situation, the child may display with urinary maintenance or incomplete emptying with or without urinary tract contamination. The examination is demonstrative uncovering a translucent or gray line running from some place beneath the clitoral hood posteriorly to the perineal body. Endeavors at delicate labial traction fall flat to uncover the introitus/hymen or urethral meatus. There will be no scrotalization of the labia and no clitoromegaly in differentiate to ambiguous genitalia with innate labial combination. The condition of labial attachments is procured as contradicted to inherent, but regularly the caregiver accepts the child was born with the combination, particularly if genital care has not regularly included labial division. Treatment depends on the direness of the circumstance. Unless there is concern over a coexisting

urinary tract infection (UTI) or urinary maintenance, topical estrogen cream can be connected with tender footing to the line of agglutination each night. The grips ought to partition inside 3 weeks. Follow-up is prescribed. Every so often, manual partition is required, and this does require a few frames of sedation, but can be fulfilled with flavored midazolam in the clinic setting in spite of the fact that a few clinicians prefer more total anesthesia in the working room. Repeat is an issue with this condition unless the caregiver is taught and diligently assesses the introitus with labial partition at slightest twice per week. The guideline is to maintain a strategic distance from drawn out scenes in which the labia lie in connection to one another and have the opportunity to re-agglutinate. After adolescence, the issue ought to not recur.

Conclusion

Many women are born with larger or irregular labia minora, while some may develop it after giving birth or through the natural aging process. Psychologically, this appearance of labia minora can cause a feeling of dissatisfaction and contribute to a loss of self-confidence, while in a functional sense it can cause irritation in women who wear tight clothes, as well as discomfort during sexual intercourse and sports and other physical activities. The main function of the labia majora is to protect everything inside them: the labia minora, the clitoris, the urethra and the vagina.

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