

Wound Healing Problems After Labiaplasty in A Patient Using Colchicine

Kolşisin Kullanan Bir Hastada Labiaplasti Sonrası Yara İyileşme Sorunları

Mustafa ŞANLI¹

¹ Uzm.Dr. Yıldızeli Devlet Hastanesi Kadın Hastalıkları ve Doğum Kliniği, Sivas, 0009-0007-2542-5207

ÖZET

Labioplasti, vajinoplasti, hymen estetiği ile yeniden hymen oluşturma gibi pek çok genital estetik operasyonu günümüzde giderek daha popüler hale gelmektedir. Farklı teknikler ve teknikten kaynaklanan olası komplikasyonlar hakkında çok sayıda yayın bulunmasına rağmen, kronik hastalıklar ve ilaç kullanımı gibi hastayla ilişkili komplikasyonlar hakkında literatürde çok fazla bilgi bulunmamaktadır. Bu yazıda labiaplasti sonrası kolşisine bağlı yara iyileşme sorunu gelişen 36 yaşında kadın hasta sunulacaktır. Kronik hastalıkları olan ve yara iyileşmesini geciktirebilecek ilaç kullanan hastalarda genital estetik ameliyatları tekrar düşünülmeli ve hastalar olası yara iyileşme sorunları konusunda önceden uyarılmalıdır.

Anahtar Kelimeler: Genital estetik, Kolşisin, Labiaplasti, Yara iyileşmesi

ABSTRACT

Many genital aesthetic operations such as labiaplasty, vaginoplasty, re-virgination with hymenoplasty are becoming more and more popular today. Although there are many publications about different techniques and possible complications arising from the technique, there is not much information in the literature about complications associated with the patient, such as chronic diseases and medication use. In this article, a 36-year-old female patient who developed colchicine-related wound healing problem after labiaplasty will be presented. In patients with chronic diseases and those using medications that may delay wound healing, genital aesthetic surgeries should be reconsidered and the patients should be warned in advance about possible wound healing problems.

Keywords: Colchicine, Genital esthetic, Labiaplasty, Wound healing

Sorumlu yazar:

Mustafa ŞANLI Uzm.Dr. Yıldızeli Devlet Hastanesi Kadın Hastalıkları ve Doğum Kliniği, Sivas, 0009-0007-2542-5207

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INTRODUCTION

Genital aesthetic surgeries, which are performed to correct structural disorders and eliminate aesthetic concerns, are gaining much more popularity. These procedures include labiaplasty, vaginoplasty, re-virgination with hymenoplasty, clitoral hood reduction and many more (1). Among these procedures, labiaplasty is becoming increasingly popular, and according to data from the American Society for Aesthetic Plastic Surgery, there was a 217.2% increase in labiaplasty procedures between 2012 and 2017 (2).

There are still no clear boundaries yet to diagnose labial hypertrophy, and in fact, there is no consensus even among the American College of Obstetricians and Gynecologists (ACOG) on whether labia minora hypertrophy requires surgical intervention or is an anatomical variation (3, 4). However, especially in recent years, the demand for labiaplasty operations has increased, as has the demand for all aesthetic interventions, and many new surgical techniques have emerged. The surgical technique to be chosen among these should be determined according to the patient, their anatomy, expectations and possible complications (5).

Although revision rates are quite low in the literature, hematoma, wound dehiscence, excessive resection, bleeding, ondulation and shortened introitus are the most common complications (6). In this case report, wound dehiscence and delayed wound healing after labiaplasty due to colchicine use will be presented and it will be emphasized that more caution should be taken in the decision to operate and the application of surgical technique in the use of agents that impair wound healing, such as colchicine, before genital aesthetic surgeries.

CASE REPORT

A 36-year-old woman with Familial Mediterranean Fever (FMF), managed with colchicine, presented with sagging genital tissues and aesthetic concerns. She reported chronic discomfort, including pain and burning, exacerbated by tight clothing. Examination revealed asymmetrical and hypertrophic labia minora, increased pigmentation of the labia majora, and significant sagging due to reduced tone and volume (Figure 1).

The patient underwent edge resection labiaplasty and clitoral hoodoplasty under spinal anesthesia (Figure 2). Postoperatively, she developed wound dehiscence at the labium minus-perineum junction, likely aggravated by colchicine's negative impact on wound healing. The dehiscence enlarged to 1.5 cm (Figure 3). To promote healing, the patient received three weekly sessions of Platelet-Rich Plasma (PRP) therapy and silver dressings. Secondary

wound healing was achieved within three weeks. This case highlights the importance of considering medications like colchicine, which may impair wound healing, in the surgical planning of genital aesthetic procedures (Figure 4).



Figure 1. Preoperative photograph of the patient showing hypertrophied and asymmetric labia minora with decreased tonus and volume



Figure 2. Intraoperative photograph of the patient showing the edge resection labiaplasty technique and clitoral hoodoplasty



Figure 3. Post-operative photograph of the patient showing wound dehiscence and healing problems



Figure 4. Post-operative photograph of the patient after the wound has healed

DISCUSSION

The demand for genital aesthetics is increasing day by day and a significant majority of these patients are labiaplasty patients (2). Although genital aesthetic surgery is seen as a treatment option that can provide both physical and psychological improvement to patients, its necessity has not yet been fully determined since some experts can deem these patients as anatomical variations (3, 4) .

Although different labiaplasty techniques have been developed with increasing demand to these surgeries, the techniques generally consist of modifications and combinations of edge resection, wedge excision, and central de-epithelialization techniques. The selection or combination of these techniques varies depending on the patient and their anatomy, and the complications and complication rates that may be seen postoperatively may also change depending on the selected technique (5).

Surgical procedures such as labiaplasty and hudoplasty not only eliminate aesthetic concerns but can also regulate functionality in daily life. Labia minora hypertrophy, which can restrict daily activities and cause complaints such as pain, burning and stinging in some patients, can be treated with labiaplasty. Therefore, labiaplasty procedures can provide positive results to the patient both functionally and psychologically (2).

Hematoma, wound dehiscence, excessive resection, bleeding, ondulation, and introitus shortening are among the most common complications of labiaplasty. Both patient-related factors and the surgical technique employed play a significant role in the occurrence of these complications (2). However, there is limited literature addressing the impact of patient-related factors that may impair wound healing on the outcomes of labiaplasty. Additionally, insufficient data exists regarding the effects of medications, such as colchicine, which may interfere with wound healing, on the results and complications associated with labiaplasty.

Colchicine, widely used for gout and familial Mediterranean Fever, impairs microtubule polymerization, affecting immune responses and wound healing. Its immunomodulatory effects, including reduced neutrophil migration and reactive oxygen species formation, may delay tissue repair. By inhibiting fibroblast proliferation and collagen synthesis, colchicine can negatively influence surgical outcomes. In obstetrics and gynecology, its potential effects on endometriosis, implantation, and fertility remain under study, with its immunosuppressive properties posing possible risks to tissue regeneration and reproductive processes. (10).

In this presented case, the negative effect of colchicine on wound healing. On the other hand, PRP treatment and silver dressings have been beneficial in accelerating wound healing and led secondary healing of the wound. It can be suggested that these treatments, which have previously been shown to have positive effects on wound healing (7, 8), play an important role in minimizing possible delays in the healing process.

This case report emphasizes that, as in all operations, great care should be taken when planning genital aesthetic surgeries, especially in patients who use agents that may affect wound healing, such as colchicine. In addition, care should be taken in patient selection and, if necessary, technique modifications should be made. Chronic diseases such as FMF and regularly used medications can delay wound healing and increase the risk of postoperative complications (9).

CONCLUSION

As with all surgeries, chronic diseases and medications that impair wound healing, such as colchicine, can cause healing problems in genital aesthetic cases such as labiaplasty. In such patients, the decision for surgery should be made very carefully, and if it is made, the necessary technical modifications should be reviewed and the patient should be informed in advance about possible wound healing problems.

ETHICAL DECLARATIONS;

Informed Consent; All patients signed a free and informed consent form.

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Author Contributions; All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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