


*A CASE SERIES : HYMENOPLASTY BASED ON THE TYPE OF THE
TEAR OR CLEFT PREOPERATION FINDING FOR GOOD
SATISFACTION POSTOPERATIVE RESULT*

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ARTICLE INFO

Keywords: Hymen, hymenoplasty, health life style, women, health life well-being

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History:

Received: October 7, 2019
Revised: October 22, 2019
Accepted: November 15, 2019
Published: December 1, 2019

JRE : Jurnal Rekonstruksi dan Estetik
e-ISSN:2774-6062; p-ISSN: 2301-7937
DOI: 10.20473/jre.v4i2. 28217

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Available at:

<https://e-journal.unair.ac.id/JRE/>

How to cite: Ramli, R., & Budi, A. S. A
Case Series : Hymenoplasty Based on
The Type of The Tear or Cleft
Preoperation Finding For Good
Satisfaction Postoperative Result.
Jurnal Rekonstruksi Dan Estetik,
2019.4(2), 49-52.

ABSTRACT

Introduction: To describe our surgical hymenoplasty technique based on the type of the tear or cleft finding preoperative for satisfaction postoperative.

Case Illustration: Hymenoplasty was performed on 4 patient on January 2017 until March 2017, we found three patients with U-type. We performed hymenoplasty which is to create a new surface raw, on the right and left cleft to be stiched, we use a rapid absorbable suture material, with horizontal mattress technique.

Discussion: No complications developed in the patients who had undergone hymenoplasty and all patients stated that the sexual intercourse they experienced was similar to the night of the initial experience.

Conclusion: Our new approach for hymenoplasty is a technique that has good results, and this is a good approach in doing hymenoplasty. A comprehensive preoperative consultation is essential to ensure patient and surgeon satisfaction postoperatively. Preoperative evaluation of the hymenal tissue is the basis on which a surgical technique is selected. The surgical technique is determining factor for a successful hymenorraphy.

Highlights:

1. Surgical hymenoplasty technique based on the type of the tear or cleft finding preoperative for satisfaction postoperative approach yields satisfactory results.
2. Surgical hymenoplasty technique, tailored to the specific type of hymenal tear or cleft identified preoperatively.

INTRODUCTION

Over centuries, virginity has been given social, religious and moral importance. It is widely believed as a state of a female who has never engaged in sexual

intercourse, and her hymen is intact. Hymenoplasty for torn hymen is carried out not only for the sake of cultural and religious traditions but also for the social.¹

The word 'hymen' refers to 'the god of

wedding and wedding ceremonies', holding a torch in hand, who was the son of Dionysus and Aphrodite, known as 'Hymenaeus' in ancient Greek mythology. Hymen is a thin and fragile mucosal fold located 1-1.5 cm proximal to the vaginal introitus. Its function is not known. It may prevent the newborn from vaginal infections. Most cultures adopt it as a symbol of virginity. The hymen may be damaged in sexual intercourse as well as by masturbation, hand manipulations by the sexual partner, 2 straddle trauma, 3-6 physical examination, 5 motor accidents 7 or by the use of tampons². On the other hand, it has been reported that the hymen may not be injured during biking, riding, gymnastics or other sports activities⁸.

Hymenoplasty is restoration of the hymen and hymenorrhaphy is resuturation of the hymen. However, these terms are generally used as synonyms. Little information exists in the literature concerning the surgical technique and results of hymenoplasty⁹. In some regions of the world, a woman can be required to undergo an inspection of the hymen by a gynecologist or another health provider to "certify" her virginity before marriage¹⁰. In other situations, women are expected to bleed at first marital coitus, with the sheets displayed to demonstrate her apparent virginity^{10,11}. Lack of confirmation of her chastity in either case can be life-threatening or life-altering. As such, it is understandable that physicians might indeed wish to assist women requesting hymenoplasty and legitimately consider that the procedure is medically indicated, satisfying the WHO concept of "health" as serving "physical, mental and social well-being"¹² in the circumstances and cultures within which individuals live. Given the available medical evidence, however, there are several professional and ethical problems associated with the idea that

hymenoplasty will meet the needs of women who request this procedure.

Based on report by McCann et al, they classify the shape of the tear, or cleft, into the following five type: (1) I type ; The two edges of the wound are well defined with no tissue defect and are closely approximated. The cleft has an I shape. (2) + type: No tissue defect is present. The laceration extends from the edge to the base of the hymen and continues along the base bilaterally. All edges of the wound are closely approximated. The cleft has a + shape. (3) V type : A tissue defect is present near the free edge of the hymen. The two edges of the cleft are approximated or connected at the base of the hymen and separated at the free edge. The cleft has a V shape. (4) Δ type : A tissue defect is present near the base of the hymen. The two edges of the cleft are close together at the free edge and farther apart at the base of the hymen, the cleft has a Δ shape. (5) U type : A tissue defect is present between the two edges of the cleft. The edges are separated from the free edge to the base of the hymen. The cleft has a U shape.

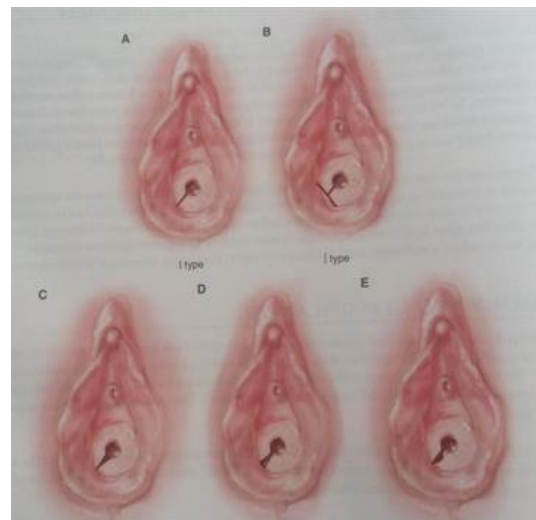


Figure 1. The Shape of The Tear or Cleft Based on Mc Cann

CASE ILLUSTRATION

We do hymenoplasty based on Mc Cann classification.

Case 1

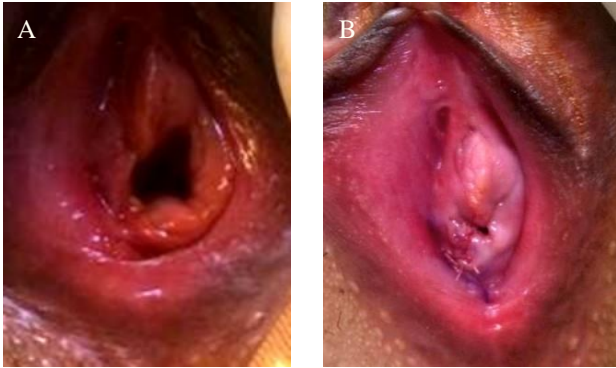


Figure 2. The U Shape of Cleft on 7 o'clock Pre Operation (A) and Post Operation (B)

Female, 24 yo, had U type on 7 o'clock: a tissue defect is present between the two edges of the cleft. The edges are separated from the free edge to the base of the hymen. The cleft has a U shape.

Case 2

Female, 26 yo, had U type 6 on o'clock: a tissue defect is present between the two edges of the cleft. The edges are separated from the free edge to the base of the hymen. The cleft has a U shape.



Figure 3. The U Shape of Cleft on 6 o'clock Pre Operation (A) and Post Operation (B)

Case 3



Figure 4. The U Shape of Cleft on 5 o'clock Pre Operation (A) and Post Operation (B)

Female, 25 yo, had U type on 5 o'clock: a tissue defect is present between the two edges of the cleft. The edges are separated from the free edge to the base of the hymen. The cleft has a U shape.

DISCUSSION

There are some points that must be considered in order to obtain good results hymenoplasty. A comprehensive preoperative consultation is essential to ensure patient and surgeon satisfaction postoperatively. Preoperative evaluation of the hymenal tissue, especially the shape of the cleft, is the basis on which a surgical technique is selected. The surgical technique is determining factor for a successful hymenorrhaphy. Only one to three cleft are repaired in one ruptured hymen, because as more cleft are closed, wound tension increases. Because the blood supply of the hymen is decreased compared with that of surrounding tissues, repeated clamping and suturing is avoided, and minimal suturing is performed. When defects are created on the edge of the cleft, only epithelium is removed. Defect margins should not be undermined to protect the blood supply. Only the mucosa and minimal submucous

tissue are sutured during wound closure. The lower wound tension, the better result. Therefore transposition flaps are helpful for V, Δ, and V type hymenal clefts. The reconstructed hymenal opening usually is 8 mm in diameter (and not less than 5 mm) to allow menstrual blood outflow. Absorbable suture should be used, because suture removal can tear weakly healed tissue.

CONCLUSION

No complications developed in the patients who had undergone hymenoplasty and all patients stated that the sexual intercourse they experienced was similar to the night of the initial experience. Our new approach for hymenoplasty is a technique that has good results, and this is a good approach in doing hymenoplasty.

ACKNOWLEDGMENT

The authors would thank to Department of Plastic Reconstructive and Aesthetic Surgery Faculty of Medicine Universitas Airlangga, Surabaya, Indonesia.

CONFLICT OF INTEREST

None.

FUNDING DISCLOSURE

None.

AUTHORS CONTRIBUTION

All authors contributed to the conceptualization, study design, methodology, manuscript writing, conceptualization, investigation, and content revision.

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