Third Degree Perineal Tear Following Sexual assault in a minor: a case report and review of literature

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ABSTRACT

Background: *Child sexual assault presents a major challenge to the society that is supposed to be protective. This has both short and long-term health implications for the child.*

Objectives: *This is to highlight the presence of child sexual assault in our society, its associated complications and to proffer ways of preventing its occurrence in our society.*

Methods: *A case report of third degree perineal tear following sexual assault in a minor that presented with vaginal bleeding.*

Results: *The third degree perineal tear was repaired after resuscitation. There was no incontinence of flatus and faeces post repair.*

Conclusion: *Child sexual abuse is present in our society and may be associated with severe injury. Prompt management of injuries is very important in preventing long term effects.*

Keywords: *Perineal tear, sexual assault, minor.*

Afrimedic Journal 2010; 1(1): 37-38

INTRODUCTION

Child sexual assault is a dark and often concealed fact of our human existence.

This inhumane act is usually associated with genital and non-genital injuries of variable degree. Transmission of sexually transmitted diseases including Human Immunodeficiency Virus (HIV) may occur. The act may also lead to unwanted pregnancy in postmenarchial girls. This also has many psychological and social consequences.

It is estimated that one in five females and one in ten males report experiencing sexual abuse in developed countries[1,2]. In South Africa, 40% of perineal injuries in children are due to sexual assault[4]. Most abuse victims are females[3,4].

In Nigeria, there is paucity of studies on child sexual abuse. Most cases without severe injuries are not reported. Abuses by close family members are concealed.

This case report aims to raise awareness of the presence of this condition in our society. There is need for prompt management of injuries to avoid complications.

CASE REPORT

Miss OK, a 7-year-old nursery two pupil who was brought to the hospital by the grandmother with 2 hours history of vaginal bleeding following a sexual assault with vaginal penetration by an unknown adult male. She was going for an errand by the grandmother before the incident happened. The culprit took her to a nearby bush and assaulted her. There was no history of any other bodily harm. She had no history of dizziness and fainting attacks. There was no previous history of sexual assault. She is premenarchial and in the custody of her grandmother. The father died five years previously and the mother had a psychiatric illness. She had a 10-year-old elder sibling.

On examination, she was anxious, afebrile, not pale and not dehydrated. She had no other obvious injury. The pulse rate was 112beats per minute. There was no abdominal tenderness. Vaginal examination showed a blood stained vulva, moderately soaked vaginal pad and torn hymeneal ring. There was a tear on the distal third of the posterior vaginal wall extending to the anal sphincter. Rectal examination revealed a weak anal sphinteric tone but the anal mucosa was intact.

An impression of third degree perineal tear secondary to sexual assault was made.

The guardian was counseled on the extent of the problem and the management plan. An intravenous infusion of 4.3% Dextrose in 0.18 saline solution was set up and titrated. Urgent packed cell volume done was 32% while the retroviral disease screening was non-reactive. Urinalysis revealed no abnormality. Consent for examination under general anaesthesia and repair was obtained.

Intraoperative findings included-torn hymeneal ring, blood soaked vulva and vagina, and 3rd degree perineal tear. With the patient in lithotomy position, the torn anal sphincter was identified. The anal sphincter was repaired using vicryl 0 suture by overlapping the edges. The perineal muscles were repaired in layers. The vaginal mucosa was repaired with continuous stitches using vicryl 0 suture. The vaginal skin was repaired last in a subcuticular pattern using vicryl 0. The immediate postoperative condition was satisfactory.

The intravenous antibiotics Amoxicillin-Clavulanic acid combination (Augmentin) 600mg 12 hourly and Metronidazole 200mg 8 hourly were continued for 24 hours then orally for the next five days. Intramuscular

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Pentazocine was given for one day then syrup Paracetamol was given for three days while haematinics were given for seven days. Post exposure prophylaxis for Human Immunodeficiency Virus was given for four weeks. She was also placed on low residue diet for five days and post operative packed cell volume was 29%. She made good recovery with no faecal incontinence. The social work department of the hospital was involved in the management. She was discharged on the sixth postoperative day and reviewed in the gynaecological clinic two weeks later. She remained continent of faeces. Physical examination revealed well healed scar. There was good sphincteric tone. She was then followed up four weekly and she has remained continent of faeces and flatus.

DISCUSSION

Child sexual abuse is defined as contact or interaction between a child and an adult when the child is being used for sexual stimulation of that adult or other person[5]. Other forms of sexual assault include marital assault, acquaintance assault, incest, date assault and statutory assault. All the above forms of assault breech the fundamental human right and represent violence against women and children. A report from South Africa shows that the incidence is increasing. The patient presented with vaginal bleeding following the sexual assault with penetration. This is consistent with injury pattern on the minors by adults. The disproportion of the vagina and the adult's penis has been given as the reason for the high incidence of the injury. General examination did not reveal any other injury. Studies have reported similar pattern. This is because children are easily overpowered. In adolescents, there may be associated injuries in other parts of the body. However, absence of genital injury does not rule out assault with penetration. The most important determinant for abuse is the child's (or witness's) account of the incident.

A systemic approach to care is very important in the management. Team approach is the preferred option. This should include the gynaecologist, paediatrician, paediatric surgeon and psychologists. Initial assessment should focus on patient's general condition and prompt resuscitation. General examination in our patient did not show any form of cardiopulmonary distress. In cases of severe haemorrhage or bodily harm, urgent restoration of intravascular volume is very important. The patient was examined under general anaesthesia.This afforded us the opportunity to see the extent of the injury. Immediate repair was done because she presented within six hours of the injury.

Delayed primary closure may be done for those that present after six hours. The most critical decision involves the third and fourth degree perineal injuries because of effect on rectal continence. In fourth degree, there maybe a need for diverting colostomy for proper management. Low residue diet is advocated in third degree tears. Prophylactic antibiotics was given to prevent transmission of sexually transmitted infection while antiretroviral drugs were given as prophylaxis against human immunodeficiency virus infection. Emergency contraception was not given because she was premenarchial.

Another important aspect of management is collection of forensic materials. Forensic medicine in Nigeria is not well developed. This affects the tracking and prosecution of culprits. The management of the social circumstances is also very important aspect of the management. Long-term physical, social and psychological rehabilitation will continue for the rest of their lives.

The patient's father died five years previously while the mother had a psychiatric illness leaving her in the custody of the grandmother. This child needs special protection from the society. There is a need to establish child protection rights in Nigeria. Forensic medicine should be developed to help identify culprits and bring them to book. Abuse victims need specialized centers to cater for their short and long term problems.

CONCLUSION

Child sexual assault is present in our society and may be associated with severe injury. There is need for specialized centres for institutional support and care of these children. The public should be informed adequately about it and children should be protected from such abuse.

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