Clitoral Reconstruction after Female Genital Mutilation/Cutting: Case Studies

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ABSTRACT

Introduction. Clitoral reconstruction following female genital mutilation/cutting (FGM/C) is a new surgical technique reported to be a feasible and effective strategy to reduce clitoral pain, improve sexual pleasure, and restore a vulvar appearance similar to uncircumcised women. However, data on safety, care offered, and evaluation of sexual and pain outcomes are still limited.

Aims. This study aims to present the care offered and clinical outcomes of two women who received multidisciplinary care, including psychosexual treatment, with clitoral reconstruction. We report their long-term outcomes, and the histology of the removed periclitoral fibrosis.

Methods. We report the cases of two women with FGM/C types II and III who requested clitoral reconstruction for different reasons. One woman hoped to improve her chronic vulvar pain, as well as improve her sexual response. The other woman requested surgery due to a desire to reverse a procedure that was performed without her consent, and a wish to have a genital appearance similar to non infibulated women. They both underwent psychosexual evaluation and therapy and surgery. The histology of the periclitoral fibrosis removed during surgery was analyzed.

Results. At 1-year postoperatively, the first woman reported complete disappearance of vulvar pain and improved sexual pleasure, including orgasm. Our second patient also described improved sexuality at 1-year follow-up (increased sexual desire, lubrication, vulvar pleasure, and sensitiveness), which she attributed to a better self body image and confidence. Both women reported feeling satisfied, happy, and more beautiful.

Conclusion. We show a positive outcome in pain reduction and improved sexual function, self body image, and gender after psychosexual therapy and clitoral reconstruction. More evidence is needed about clitoral reconstruction to develop guidelines on best practices. Until research is conducted that rigorously evaluates clitoral reconstruction for its impact on pain and sexuality, we advise always offering a multidisciplinary care, including sexual therapy before and after the surgery. **Abdulcadir J, Rodriguez MI, Petignat P, and Say L. Clitoral reconstruction after female genital mutilation/cutting: Case studies. J Sex Med 2015;12:274–281.**

Key Words. Female Genital Mutilation; Female Genital Cutting; Female Genital Mutilation/Cutting; FGM; FGC; FGM/C; Clitoral Reconstruction; Clitoris

Introduction

Female genital mutilation/cutting (FGM/C) are ritual procedures involving partial or total removal of the external female genitalia for nontherapeutic reasons [1]. They are classified by the World Health Organization into four different types and can involve the cutting of the glans of the clitoris [1]. FGM/C can be associated with long-term, psychosexual consequences such as chronic vulvar pain and dyspareunia [1]. However, the evidence of the impact of each type of FGM/C on sexual function and chronic pain is limited. There is an urgent need for evidence regarding

surgical or medical therapies to manage the long-term sequelae and optimize health care for women and girls living with FGM/C [2,3].

Clitoral reconstruction following FGM/C is a surgical technique, first described by Thabet and Foldès et al. It is directed toward women with the types of FGM/C that involve the cutting of the clitoris [4–9]. Clitoral reconstruction has been reported to be an effective strategy to reduce clitoral pain, improve sexual pleasure, and restore a vulvar appearance similar to that of uncircumcised women [5–7]. However, its safety and efficacy have been evaluated by only three cohort studies and one case control study, with a maximum of 1-year follow-up [4–7]. Data on the evaluation of sexual and pain outcomes in these studies is limited by high loss to follow-up and the use of nonvalidated scales, making it challenging to identify which women might benefit from this surgery [10].

Female sexual function is multifactorial, and multidisciplinary psychosexual care is recommended in association with clitoral reconstruction [5–11]. However, until now, no study or case report has evaluated the effect of sexual therapy alone, or associated with clitoral reconstruction, in reducing pain or improving sexual outcomes of women with FGM/C [10]. Women included in the few studies that have been previously reported were evaluated, treated, and followed up only by the surgeon [4–7]. Furthermore, no histological analysis of the tissues removed has been reported. This is important, as the study of the histology of the removed periclitoral scar may improve the understanding of some women's symptoms, such as chronic vulvar pain, by correlating the histological findings with change in symptoms postoperatively.

We present the management and outcome of two cases of women who requested clitoral reconstruction and received multidisciplinary care.

Aims

The aim of our case studies is to present the multidisciplinary care offered and subsequent clinical outcomes of two women who requested clitoral reconstruction for different reasons. Importantly, we report for the first time in the literature, their long-term, multidisciplinary (psychosexual and surgical) follow-up including the histology of the periclitoral fibrosis removed during surgery.

Methods

The women presented to the outpatient clinic for FGM/C at Geneva University Hospitals (HUG) in Switzerland. HUG is a university hospital with about 4,200 deliveries per year and cares for a large refugee and migrant population. The clinic for women with FGM/C was implemented in 2010 and attends on average 6–10 women per month. The care is provided by a gynecologist trained in FGM/C who collaborates with a multidisciplinary team of specialists at the hospital. The team of specialists includes experts in: gynecology, obstetrics, pediatrics, forensic science, violence against women, medical anthropology, law, sexual therapy, psychiatry, and psychology.

Women consult at the clinic for many different reasons. These include: pregnancy, information, care of complications after FGM/C, defibulation, or clitoral reconstruction. Every woman asking for clitoral reconstruction undergoes psychosexual evaluation and therapy with the psychiatrist or the psychologist, both of whom are trained sex therapists. Psychosexual evaluation consists of at least three sessions exploring psychological, biological, pharmacological, relational, and contextual factors affecting sexual response. Sexual therapy consists of counseling and psychotherapy and in addressing specific causes, if identified, of sexual dysfunction. The sex therapists investigate past or present psychiatric conditions, sexual pain, desire, arousal, pleasure, orgasm, autoeroticism, relationship factors, past experiences (including the FGM/C), and body image. The woman's postoperative expectations and reasons for requesting clitoral reconstruction are also discussed.

Case 1

A 39-year-old gravida1 para1 woman from Burkina Faso, with FGM/C type IIc (Figure 1) requested clitoral reconstruction. She had undergone FGM/C at age 1 month in her country. She had been living in Europe for more than 10 years, currently spoke French, and had previously been married to a Western man.

She mentioned symptoms of primary superficial dyspareunia and clitoral pain during sex. She also reported the sensation of clitoral burning and pain when she touched or washed herself. She did, however, feel sexual pleasure with nonvulvar touch. Her dyspareunia had deeply affected her past relationships. Following her divorce, she had started to think about how her FGM/C might have affected her sexual life. She also described talking about it with some friends who were not cut, or who had undergone clitoral reconstruction themselves. Her closest friend from Cameroon, who was not circumcised,