Consensual Intercourse Resulting in an Extensive Rectovaginal Tear: An Extremely Rare Occurrence

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DOI: 10.1111/jsm.12754

ABSTRACT

Introduction. Rectovaginal tears are usually associated with the insertion of foreign bodies, accidental trauma, and nonconsensual intercourse.

Aim. The aim of this study was to describe an extremely rare case of extensive rectovaginal tear as a result of consensual vaginal and anal intercourse.

Methods. A case is presented along with review of the literature.

Results. A 20-year-old woman presented with acute perineal pain and minor vaginal bleeding following consensual vaginal and anal intercourse. No insertion of sex toy or any other object was reported. Vaginal and rectal examination revealed a ruptured posterior vaginal wall with wide communication with the rectum, without involvement of the anal sphincters. Surgical treatment with primary repair of the tear and diverting colostomy was performed.

Conclusions. Although consensual intercourse is usually associated with minor genital trauma, rare but potentially serious injuries can occur. Clinicians should be aware of the possibility of such injuries because failure to identify them can lead to delayed treatment and poor outcome. **Symeonidis N, Ballas K, Micha A, Psarras K, and Pavlidis T. Consensual intercourse resulting in an extensive rectovaginal tear: An extremely rare occurrence. J Sex Med 2015;12:572–575.**

Key Words. Rectovaginal Tear; Vaginal Perforation; Consensual Intercourse; Colostomy

Introduction

Coitus-induced injuries can range from mild superficial vaginal lacerations to more severe ones and rarely perforations extending to the rectal lumen or even the peritoneal cavity. Rectovaginal injuries are usually associated with rape, foreign body insertion, and accidental or gynecologic trauma. Injuries of such severity resulting from consensual sexual intercourse are extremely rare. We herein present an exceptionally rare case of extensive rectovaginal rupture caused by sexual intercourse, both vaginal and anal, between two consenting heterosexual adults. The unique feature of this case is that the tear resulted from the anal penetration even though the anal sphincters were spared.

Case Report

A 20-year-old nulliparous woman presented to the emergency department with mild vaginal bleeding 2 hours after engaging in consensual sexual intercourse, both vaginal and anal, with a 20-year-old male. During anal penetration, she experienced an acute onset, severe pelvic pain. The patient had no prior history of colorectal disease, pelvic surgery, or genitourinary trauma and insisted that no sex toy or any other foreign body was inserted either per vaginal or per rectum. Her male partner also

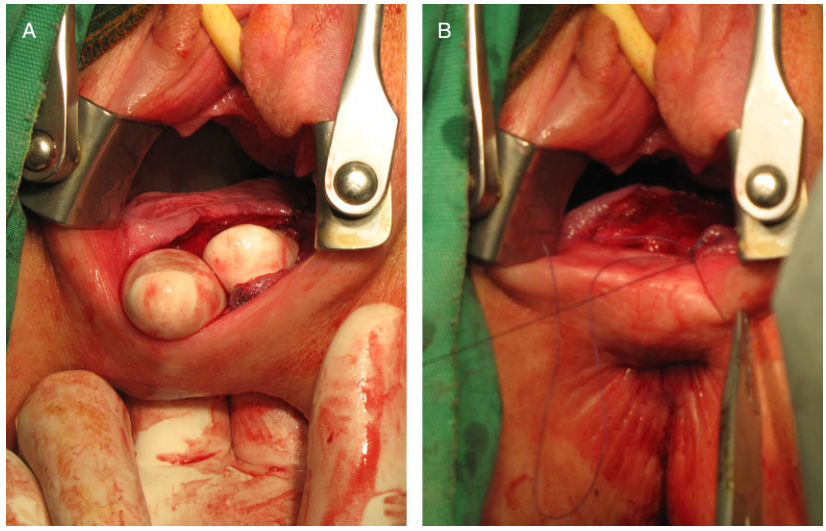

Figure 1 (A) Wide communication between vagina and rectum allowing admittance of two fingers is displayed. (B) Primary two-layer repair of the tear with continuous 2.0 Polyglycolic acid suture.

reported that he had no penis piercing that could inflict the injury. Vaginal examination revealed a 4-cm laceration in the posterior vaginal fornix, which extended into the rectal lumen with minimal blood loss. Per rectum examination under mild sedation also revealed a sizable tear in the anterior rectal wall and a wide rectovaginal communication, which allowed admittance of two fingers from the rectum into the vagina (Figure 1A). The injury did not involve anal sphincters or the perineum. The patient was transferred to the surgical department for immediate operative treatment. Under general anesthesia, an open diverting loop sigmoidostomy was performed. Transvaginal primary repair of the tear was performed with the patient in modified lithotomy position using a two-layer (rectal wall–vaginal wall) continuous absorbable polyglycolic acid suture (Figure 1B). Postoperative course was uneventful, and she was discharged on the fifth postoperative day with the instructions of abstinence until further evaluation. Two months later, both vaginal examination and rectoscopy confirmed the complete healing of the repair. She underwent reversal of the sigmoidostomy at the same time and resumed her sex life without experiencing any painful intercourse. An informed consent was obtained for the presentation of this case.

Discussion

The most common mechanism of injury to the female genital tract besides obstetric injury is coitus [1]. Minor vaginal trauma, which usually presents as self-limiting bleeding usually is associated with normal sexual intercourse or the first sexual experience and resolves with minimal treatment. More extensive and deeper vaginal lacerations or even perforations, associated mainly with forced or excessively vigorous intercourse, often require immediate surgical treatment.

The uterus lies in an anteverted position and slightly to the right in the majority of women making vaginal penetration-induced laceration more possible to the right and to the posterior fornix, especially in the supine position with hips hyperflexed [2]. Predisposing factors to vaginal injury during consensual intercourse include first sexual experience, pregnancy, vigorous penetration, vaginal atrophy and spasm, previous operation or radiation therapy, disproportionate genitalia, and congenital anomalies [3]. Nevertheless, the true mechanism of the trauma is often hard to establish. The patient strongly denied the insertion of sex toys or other objects from either vagina or anus and insisted that anal penetration was the part of the sexual act to which she attributed the initiation of the symptoms. An overly intense vaginal coitus could result in an initial posterior vaginal wall laceration, followed by vigorous anal penetration that lead to perforation of the rectal wall all the way across the already weakened vaginal wall. Two other factors can potentially contribute to this injury: the fact that the posterior fornix is relatively weak and loosely supported could facilitate injury from the vaginal side [4] and the retroverted or retroflexed position of the uterus, which can guide the penile anal penetration to thrust toward the anterior rectal wall/posterior