

A Case of Postoperative Hyperlibido caused by Uterine Prolapse Treated by Suspending Vaginal Stump with Mesh

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Abstract: A female patient with uterine prolapse was treated with laparoscopic hysterectomy+vaginal stump abdominal wall suspension+bilateral appendectomy+vaginal anterior and posterior wall repair+repair of old perineal laceration in our department. The patient began to have high libido 2 months after operation.

Keywords: hyperlibido; uterine prolapse; mesh; G spot

1. Introduction

Suspending the vaginal stump with pelvic floor repair net is a common surgical method to treat uterine prolapse. The net has many complications, such as erosion of the vagina, local pain, infection, bleeding, difficulty in sexual intercourse, vaginal spasm, etc., but there is no report of hyperlibido after the operation of uterine prolapse.

2. Case Report

A 51 - year - old female patient has regular menstruation, menarche is 16 years old, cycle is 28 - 30 days, menstrual period is 5 - 6 days, menstrual volume is normal, occasionally slight dysmenorrhea, lmp2022 - 10 - 31. The spouse is healthy. G6P5A1, and ligation in 1996.

The patient underwent laparoscopic total hysterectomy+laparoscopic vaginal stump abdominal wall suspension (using pelvic floor repair net) +bilateral appendectomy+abdominal adhesion - lysis+anterior and posterior vaginal wall repair+repair of old perineal laceration in our hospital due to degree I uterine prolapse combined with adenomyoma and hysteromyoma.

During the operation, The uterus was enlarged as 8 weeks pregnant. A myomatous mass with a size of about 5 was seen at the bottom of the left uterus \times five \times 4cm, no obvious abnormality is found in the appearance of bilateral fallopian tubes, and bilateral ovaries atrophy. After double appendages and total hysterectomy, push down the bladder to expose the anterior wall of the vagina with a length of about 3.5cm, separate the rectal peritoneum, and expose the posterior wall of the vagina with a length of about 2cm. Use 3 - 0 absorbable barbed suture to sew the mesh flat and fix it on the anterior and posterior wall of the vagina. The mesh sling was fixed to the left abdominal wall through the peritoneum, and the opposite side was treated in the same way.

Postoperative pathology: (uterus and bilateral appendages) uterine leiomyoma and adenomyoma; Adenomyosis of uterus; Proliferative endometrium with focal proliferative

disorder; Chronic cervicitis; Left fallopian tube dilation and hydrops; Chronic bilateral salpingitis with bilateral mesangial cyst; Luteinized follicular cyst of left ovary; The right ovary showed physiological changes. After operation, the patient repeatedly suffered from a small amount of vaginal bleeding. Gynecological examination showed that the middle part of the vaginal stump to the right corner were poorly healed. After anti - infection and intensive nutrition treatment, the symptoms improved. The vaginal stump was well healed after re - examination. The patient began to have sexual excitement in the second month after the operation and often needed to masturbate. The hormone check showed that E2: 105.19pmol/L; LH: 40.16IU/L; FSH: 72.14IU/L.

3. Discussion

Sexual desire is a desire and motivation to seek sexual objects or engage in sexual activities, a psychological factor of sexual arousal, and belongs to personal subjective feelings. Endocrine disorder is the main cause of sexual desire hyperactivity. In addition, psychological factors, nervous system diseases, hypothalamus, pituitary, hyperthyroidism, patients with mental disorders, massive use of sex hormone drugs, pituitary tumors, testicular stromal cell tumors, intracranial tumors, or long - term use of drugs and foods that can lead to increased concentration of such hormones and decreased metabolism in the body can lead to sexual interest hyperactivity^[1].

G spot (the Grafenberg spot, referred to as G spot) refers to a sensitive area on the anterior wall of the female vagina, which is located at the middle of the posterior pubic bone and the anterior cervical part, and is close to the bladder neck along the direction of the urethra, but the precise anatomical determination has not yet been concluded^[2]. When performing laparoscopic surgery, we pushed down the bladder, exposed the anterior wall of the vagina about 3.5cm long, and fixed the mesh on the anterior wall of the vagina and the stump. Persistent mesh may stimulate the patient's G - spot area and lead to increased libido. In addition, we performed the repair of the anterior and posterior walls of the vagina and the repair of the old laceration of the perineum for

the patients. The curative effect is relative to that of vulva constriction and vulva cosmetology. Patients have more confidence in their vulva and vagina, which may also lead to this kind of situation. The patient has undergone double appendectomy. After the operation, FSH was increased, and estrogen was also significantly increased. After asking the medical history, the patient had taken ginseng for many days. Patients with increased libido and significantly increased estrogen may also be caused by a large amount of red ginseng^[3]. There may be phytoestrogens in red ginseng infected by fungi, but the specific reasons need to be further explored and confirmed.

References

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