Vanishing vaginas

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Introduction

We here report two instances of young unmarried women who believed that their vulval region and vagina were becoming smaller. Neither was severely distressed, but both had fears about their suitability for sexual intercourse and marriage. We were unable to find previous reports of this condition.

Case 1

An unmarried 28-year old woman sent a letter (Figure) in February 2001 to the medical advice column authored by one of us (CG) for the past 25 years in the women's weekly magazine *Navaliya*, reporting that her vagina had recently started getting smaller, and requesting help. She was sent an appointment for a consultation by post.

Figure. Letter sent by Case 1 to the women's weekly *Navaliya*.

She kept the appointment accompanied by her married elder sister and was examined by TVM. She was under strong family pressure to marry a man proposed by her parents. She had had a love affair without sexual activity of any sort with a soldier who had died in action in 1994. She had worked as a housemaid in a middle-eastern country from 1997 to 1999, and denied sexual harassment or consensual sex during this period.

General physical examination was unremarkable. The vulva and vagina were normal, and the hymen was intact. She was reassured that her external genitalia were normal, taught self-examination using a mirror, advised regarding the possible basis for her beliefs and sent illustrative educational material by post. Several weeks later she wrote to say that she had followed the advice, and was intending to marry soon.

Case 2

A 22-year old unmarried typist-clerk consulted (CG) with her parents in December 2001 because she feared that her vagina was becoming smaller and disappearing into her abdomen. She had been forced by her then boy-friend to have inter-crural intercourse in July 2001, and when she reported this to her parents she had been taken to a gynaecology clinic for examination. Notes of this consultation showed that she had no genital injuries, and that the hymen was intact. Vaginal and rectal swabs and blood samples tested to exclude sexually transmitted disease were negative.

A family physician had prescribed fluoxetine 20 mg daily in August 2001 because she had developed a fear by then that her vagina was gradually disappearing, which greatly distressed her at the time. She was taking this medication at the time of her current consultation. She was under much family pressure to marry a young man proposed by her parents in September.

She was examined in the presence of her mother and a female nurse. Her external genitalia were normal and the hymen was intact. She was reassured and taught self-examination using a mirror. An explanation was provided for the possible basis of her fears. Illustrative educational material was sent to her by post. Fluoxetine was withdrawn as her distress level was low, and there seemed to be no clinical indication to continue it. She did not report for a follow up consultation as advised.

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Discussion

Both these women who had fears that their vulval region and vagina were gradually diminishing in size were in their twenties, from lower middle-class families, and under much family pressure to marry men chosen by their parents from marriage proposals. Both had passed the GCE (advanced level) examination in three subjects, but their knowledge regarding their own genitalia and sexual matters was very poor. At the time of consultation their distress level was low and their personalities were judged to be stable so that immediate psychiatric referral was thought to be unnecessary.

Both women denied fear of penetrative sexual intercourse that might portend vaginismus, or an aversion to all forms of genital contact with a partner that defines sexual aversion disorder (1). Recently these two entities have been conceptualised as manifestations of a defence, a "way of being separate", and a "mechanism of retreat to prevent merger with a controlling mother" by Ward and Ogden (2), and as a safeguarding of an "internal space" by Hiller (3, 4). Both Ward and Ogden (2) and Hiller (3, 4) concede that although fear of pain is the commonest causally related belief in vaginismus sufferers, pain is not necessarily a core symptom; they emphasise that fear is the essential feature, manifesting as a genital dysfunction, but signifying anxiety at a much deeper level.

Ng, while agreeing that the concepts regarding vaginismus need revision, compares it with Koro in the male, and suggests that vaginismus should be classified as a culture-bound syndrome (5). The single delusion the two women we have reported here had, namely, that the vulval region and vagina were becoming smaller on the way to complete disappearance, has features strikingly similar to those of Koro in men; and both women were under strong maternal pressure to marry men chosen by their parents after traumatic events relating to their former lovers.

References

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