

World Journal of *Clinical Cases*

World J Clin Cases 2022 December 16; 10(35): 12804-13147



Contents

Thrice Monthly Volume 10 Number 35 December 16, 2022

EVIDENCE REVIEW

- 12804** Principle and progress of radical treatment for locally advanced esophageal squamous cell carcinoma
Zhang XF, Liu PY, Zhang SJ, Zhao KL, Zhao WX

REVIEW

- 12812** Minimally invasive techniques in benign and malignant adrenal tumors
Dogrul AB, Cennet O, Dincer AH
- 12822** Planning issues on linac-based stereotactic radiotherapy
Huang YY, Yang J, Liu YB

MINIREVIEWS

- 12837** Hepatitis of unknown etiology in children: Current evidence and association
Zhong R, Yi F, Xiang F, Qiu YF, Zhu L, Zou YH, Wang W, Zhang Q
- 12844** Anatomical basis for pancreas transplantation *via* isolated splenic artery perfusion: A literature review
Dmitriev I, Oganesyan M, Popova A, Orlov E, Sinelnikov M, Zharikov Y
- 12854** Antenatal imaging: A pictorial review
Ece B, Aydın S, Kantarci M
- 12875** Real role of growth factor receptor-binding protein 10: Linking lipid metabolism to diabetes cardiovascular complications
Yang Y, Yao HJ, Lin WJ, Huang SC, Li XD, He FZ

ORIGINAL ARTICLE

Retrospective Study

- 12880** Radiological and clinical outcomes of midline lumbar fusion on sagittal lumbar-pelvic parameters for degenerative lumbar diseases
Wang YT, Li BX, Wang SJ, Li CD, Sun HL
- 12890** Clinical features of elderly patients with COVID-19 in Wuhan, China
Wei S, Chen G, Ouyang XC, Hong YC, Pan YH

Observational Study

- 12899** Do inflammatory bowel disease patient preferences from treatment outcomes differ by ethnicity and gender? A cross-sectional observational study
Nafiali T, Richter V, Mari A, Khoury T, Shirin H, Broide E

- 12909** Lipoprotein (a) variability is associated with mean follow-up C-reactive protein in patients with coronary artery disease following percutaneous coronary intervention
Zhang SS, Hu WY, Li YJ, Yu J, Sang S, Alsalman ZM, Xie DQ
- 12920** Efficacy evaluation of neuroendoscopy *vs* burr hole drainage in the treatment of chronic subdural hematoma: An observational study
Wang XJ, Yin YH, Wang ZF, Zhang Y, Sun C, Cui ZM
- 12928** Optimal approach for total endoscopic discectomy and its effect on lumbar and leg function in patients with disc herniation
Zhang ZH, Du Q, Wu FJ, Liao WB
- 12936** Value of inflammatory mediator profiles and procalcitonin in predicting postoperative infection in patients with hypertensive cerebral hemorrhage
Yin RH, Zhang B, Zhou XH, Cao LP, Li M

SYSTEMATIC REVIEWS

- 12946** *De novo* non-alcoholic fatty liver disease after pancreatectomy: A systematic review
Shah P, Patel V, Ashkar M

META-ANALYSIS

- 12959** Comparative effectiveness of first-line therapies for eradication of antibiotic-resistant *Helicobacter pylori* strains: A network meta-analysis
Zou SP, Cheng Q, Feng CY, Xu C, Sun MH

CASE REPORT

- 12971** Malignant atrophic papulosis: Two case reports
Li ZG, Zhou JM, Li L, Wang XD
- 12980** Endoscopic treatment of urothelial encrusted pyelo-ureteritis disease: A case series
Liu YB, Xiao B, Hu WG, Zhang G, Fu M, Li JX
- 12990** Nearly-complete labial adhesions diagnosed with repetitive cystitis in postmenopausal women: A case report
Kwon H
- 12996** Congenital dysfibrinogenemia misdiagnosed and inappropriately treated as acute fatty liver in pregnancy: A case report and review of literature
Jia Y, Zhang XW, Wu YS, Wang QY, Yang SL
- 13006** Lung squamous cell carcinoma presenting as rare clustered cystic lesions: A case report and review of literature
Shen YY, Jiang J, Zhao J, Song J
- 13015** Management of ductal spasm in a neonate with pulmonary atresia and an intact ventricular septum during cardiac catheterization: A case report
Zhang X, Zhang N, Song HC, Ren YY

- 13022** Symptomatic accessory soleus muscle: A cause for exertional compartment syndrome in a young soldier: A case report
Woo I, Park CH, Yan H, Park JJ
- 13028** Multiple myeloma presenting with amyloid arthropathy as the first manifestation: Two case reports
He C, Ge XP, Zhang XH, Chen P, Li BZ
- 13038** Kawasaki disease without changes in inflammatory biomarkers: A case report
Yamashita K, Kanazawa T, Abe Y, Naruto T, Mori M
- 13044** Atypical Whipple's disease with special endoscopic manifestations: A case report
Chen S, Zhou YC, Si S, Liu HY, Zhang QR, Yin TF, Xie CX, Yao SK, Du SY
- 13052** Acute limb ischemia after minimally invasive cardiac surgery using the ProGlide: A case series
Lee J, Huh U, Song S, Lee CW
- 13058** Genetic changes in refractory relapsed acute myeloid leukemia with *NPM1* mutation: A case report
Wang SL
- 13064** Successful surgical treatment of polybacterial gas gangrene confirmed by metagenomic next-generation sequencing detection: A case report
Lu HY, Gao YB, Qiu XW, Wang Q, Liu CM, Huang XW, Chen HY, Zeng K, Li CX
- 13074** Pulmonary sarcoidosis: A novel sequelae of drug reaction with eosinophilia and systemic symptoms: A case report
Hu YQ, Lv CY, Cui A
- 13081** Hammered silver appearance of the corneal endothelium in Fuchs uveitis syndrome: A case report
Cheng YY, Wang CY, Zheng YF, Ren MY
- 13088** Tracheostomy and venovenous extracorporeal membrane oxygenation for difficult airway patient with carinal melanoma: A case report and literature review
Liu IL, Chou AH, Chiu CH, Cheng YT, Lin HT
- 13099** Surgery combined with antibiotics for thoracic vertebral *Escherichia coli* infection after acupuncture: A case report
Mo YF, Mu ZS, Zhou K, Pan D, Zhan HT, Tang YH
- 13108** Multidisciplinary treatment of a patient with severe immune checkpoint inhibitor-induced colitis: A case report
Lu L, Sha L, Feng Y, Yan L
- 13115** Systemic combined with intravitreal methotrexate for relentless placoid chorioretinitis: A case report
Luo L, Chen WB, Zhao MW, Miao H
- 13122** Response to roxadustat in a patient undergoing long-term dialysis and allergic to erythropoiesis-stimulating agents: A case report
Xu C, Luo DG, Liu ZY, Yang D, Wang DD, Xu YZ, Yang J, Fu B, Qi AR

- 13129** Liver collision tumor of primary hepatocellular carcinoma and neuroendocrine carcinoma: A rare case report

Jeng KS, Huang CC, Chung CS, Chang CF

- 13138** Unexpected delayed reversal of rocuronium-induced neuromuscular blockade by sugammadex: A case report and review of literature

Wang HC, Lu CW, Lin TY, Chang YY

LETTER TO THE EDITOR

- 13146** Immunoglobulin G4 associated autoimmune cholangitis and pancreatitis and nivolumab

Joob B, Wiwanitkit V

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Lovenish Bains, FACS, FICS, FRCS, MBBS, MS, Associate Professor, Surgeon, Teacher, Department of Surgery, Maulana Azad Medical College, New Delhi 110002, India. lovenishbains@gmail.com

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases* (WJCC, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The WJCC is now abstracted and indexed in Science Citation Index Expanded (SCIE, also known as SciSearch®), Journal Citation Reports/Science Edition, Current Contents®/Clinical Medicine, PubMed, PubMed Central, Scopus, Reference Citation Analysis, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Superstar Journals Database. The 2022 Edition of Journal Citation Reports® cites the 2021 impact factor (IF) for WJCC as 1.534; IF without journal self cites: 1.491; 5-year IF: 1.599; Journal Citation Indicator: 0.28; Ranking: 135 among 172 journals in medicine, general and internal; and Quartile category: Q4. The WJCC's CiteScore for 2021 is 1.2 and Scopus CiteScore rank 2021: General Medicine is 443/826.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Hua-Ge Yin; Production Department Director: Xiang Li; Editorial Office Director: Jin-Lei Wang.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Ja Hyeon Ku

EDITORIAL BOARD MEMBERS

<https://www.wjnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

December 16, 2022

COPYRIGHT

© 2022 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



Nearly-complete labial adhesions diagnosed with repetitive cystitis in postmenopausal women: A case report

Hyejin Kwon

Specialty type: Obstetrics and gynecology

Provenance and peer review: Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): 0
Grade B (Very good): 0
Grade C (Good): C, C
Grade D (Fair): 0
Grade E (Poor): 0

P-Reviewer: Faraji N, Iran; Khan MM, India

Received: June 6, 2022

Peer-review started: June 6, 2022

First decision: August 4, 2022

Revised: August 8, 2022

Accepted: November 28, 2022

Article in press: November 28, 2022

Published online: December 16, 2022



Hyejin Kwon, Department of Obstetrics and Gynecology, Won Kwang University Sanbon Hospital, Won Kwang University School of Medicine, Gunpo-si, 15865, Gyeonggi-do, South Korea

Corresponding author: Hyejin Kwon, MD, Adjunct Associate Professor, Department of Obstetrics and Gynecology, Won Kwang University Sanbon Hospital, Won Kwang University School of Medicine, 321, Sanbon-ro, Gunpo-si, 15865, Gyeonggi-do, South Korea. jenny1v0319@wku.ac.kr

Abstract

BACKGROUND

Nearly-complete labial adhesions diagnosed with repetitive cystitis in postmenopausal women: A case report

CASE SUMMARY

The case of an 83-year-old woman who presented with dysuria, urination disorders, recurrent cystitis, and bacteriuria and was admitted to a private hospital after 1 mo of antibiotic treatment without improvement of her symptoms. Upon examination, labial adhesions were observed with nearly-complete labial fusion with a pinpoint opening. Bacteriuria was detected in urine analysis, and the urine culture test was positive for *Escherichia coli*. Therefore, a parenteral antibiotic (Fosfomycin) and topical estrogen cream were administered. However, since the adhesion did not separate after 2 wk of treatment, surgical correction was performed. First, adhesiolysis was conducted with a blunt instrument. Then, hysteroscopy and cystoscopy were performed. Hysteroscopic findings showed no abnormalities of the endometrium and endocervix, and the cystoscopic results were also normal. Finally, labiaplasty was completed to prevent adhesion recurrence. One month after the surgery, the discomfort while urinating was eliminated and the adhesion did not recur.

CONCLUSION

Labial adhesions in postmenopausal women cannot be successfully treated with estrogen creams, and surgical treatment should be considered.

Key Words: Post menopause; Genitalia, female; Cystitis; Gynecologic Surgical Procedures; Atrophy; Urinary Retention; Case report

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: Labial adhesions have a prevalence of approximately 1.8% in infants aged 13-23 mo, however, but they are rarely found in adult women, especially in women of reproductive age. Few cases have been reported in postmenopausal women. Labial adhesion is caused by various inflammatory diseases and estrogen deficiency. The beginning of adhesion occurs most frequently around the clitoris, and depending on the extent of the adhesion, it is classified as complete or partial type. Our case represents a therapeutic example of complete labial adhesion with a pinpoint-sized opening in a postmenopausal woman.

Citation: Kwon H. Nearly-complete labial adhesions diagnosed with repetitive cystitis in postmenopausal women: A case report. *World J Clin Cases* 2022; 10(35): 12990-12995

URL: <https://www.wjgnet.com/2307-8960/full/v10/i35/12990.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v10.i35.12990>

INTRODUCTION

Labial adhesions have a prevalence of approximately 1.8% in infants aged 13-23 mo[1,2], however, they are rarely found in adult women, especially in women of reproductive age. Few cases have been reported in postmenopausal women. Labial adhesion is caused by various inflammatory diseases[3,4] and estrogen deficiency[5-7]. The beginning of adhesion occurs most frequently around the clitoris and depending on the extent of the adhesion, it is classified as type[1,8]. Women who are not sexually active are difficult to diagnose because of the absence of symptoms when the labia adhere. In most cases, such as in the case of children, a gynecologist is required. In addition, unlike in children, the application of estrogen cream is less effective in women, and they can only be treated by surgery; when there is adhesion to the urethra, there is a risk of urethral injury, which requires caution. Furthermore, when only the adhesions are removed, the surgical procedure carries a risk of recurrence, necessitating appropriate plastic surgery. Our case represents a therapeutic example of complete labial adhesion with a pinpoint-sized opening in a postmenopausal woman.

CASE PRESENTATION

Chief complaints

An 83-year-old woman was referred to our hospital with a complaint of urinary symptoms. She complained of dysuria and voiding difficulty, and the urinalysis did not improve despite three weeks of antibiotic treatment at a private hospital. She complained of no other gynecological symptoms besides urinary discomfort.

History of present illness

She presented with dysuria, urination disorders, and recurrent cystitis.

History of past illness

The patient presented with urinary symptoms and bacteriuria and was admitted to a private hospital after one month of antibiotic treatment without improvement of her symptoms.

Personal and family history

Her parity was P 6-0-2-4 with normal spontaneous delivery, and her medical history included hypertension and asthma.

Physical examination

The vulva was fully fused with a unique pinpoint-sized opening (Figure 1A).

Laboratory examinations

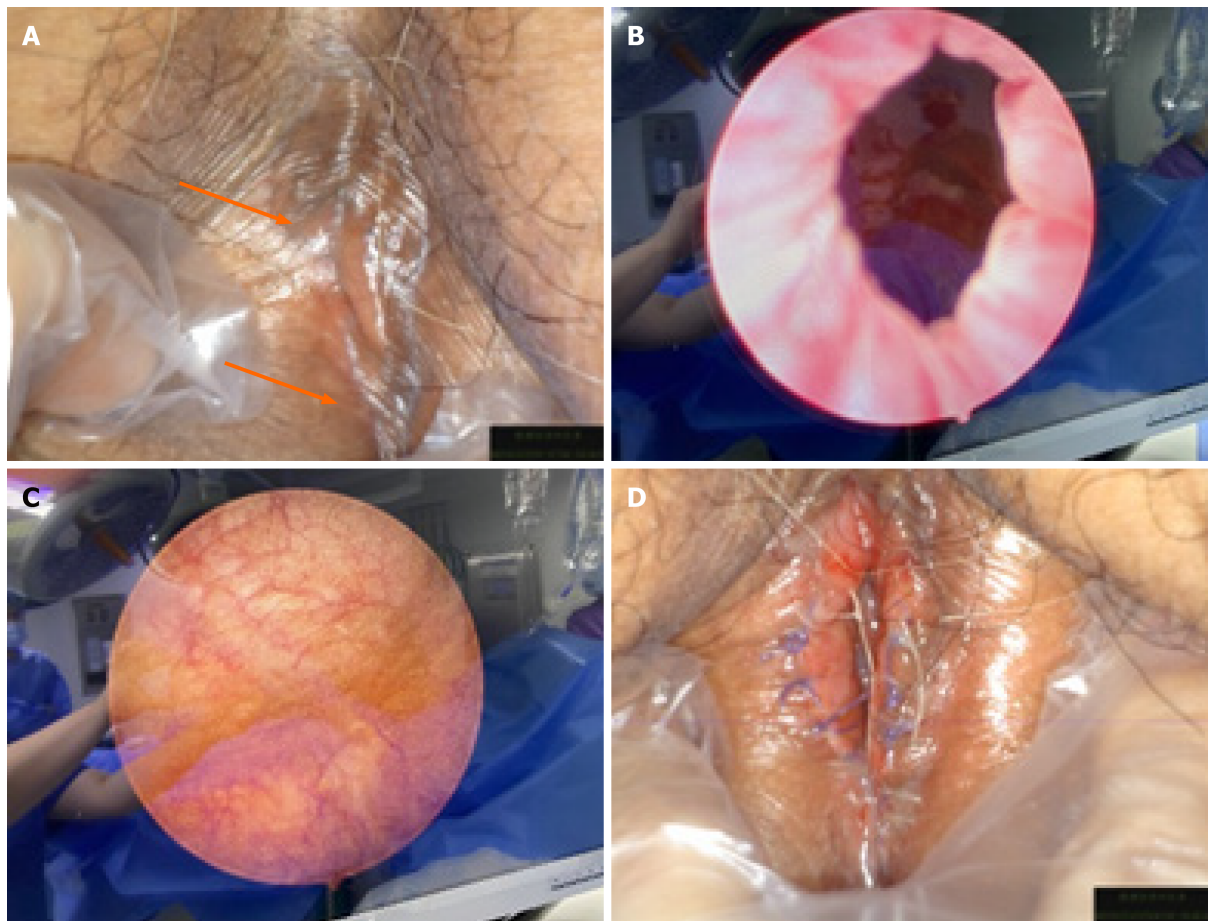
Bacteriuria was detected in urine analysis, and the urine culture test was positive for *E. coli*. Therefore, a parenteral antibiotic (Fosfomycin) and topical estrogen cream were administered. However, since the adhesion did not separate after 2 wk of treatment, surgery was indicated. Urine and blood tests were performed before surgery and showed normal results (Tables 1 and 2).

Table 1 Laboratory exam	
Hb	12.7 g/dL
AST/ALT	15/12 IU/L
BUN/Creatinine	14.55/0.94 mg/dL
eGFR	56.9 mL/min

AST: Aspartate transaminase; ALT: Alanine transaminase.

Table 2 Urine analysis		
	Initial	After antibiotics treatment with fosfomycin
UA	Pyuria/Many WBC	Clear WBC 0-1
Urine culture	<i>E. coli</i>	Negative

UA: Ursolic acid; WBC: White blood cell.

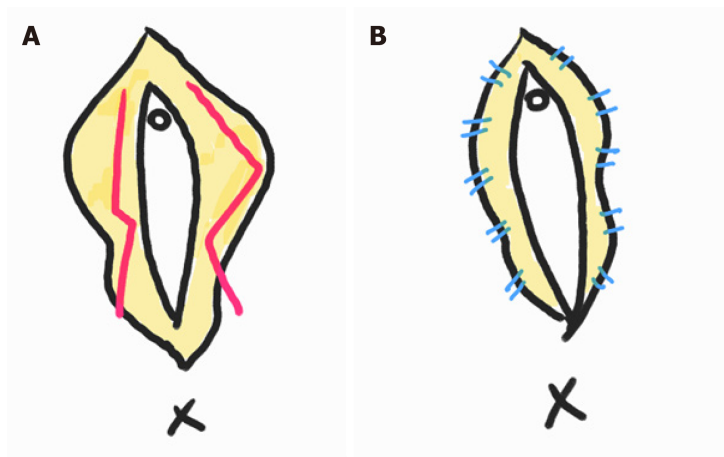


DOI: 10.12998/wjcc.v10.i35.12990 Copyright ©The Author(s) 2022.

Figure 1 Near- total fused vulva examined in an outpatient setting before surgery and intraoperative hysteroscopy and cystoscopy and immediate postoperative appearance. A: Near-total fused clitoris and labia majora; B: Hysteroscopic finding: Endocervix and endometrium were clear; C: Cystoscopy finding; there was no urethral adhesion and stenosis; D: Labiaplasty was done to prevent a recurrence.

FINAL DIAGNOSIS

Combined with the patient’s medical history, the final diagnosis was nearly-complete labial adhesions with a pinpoint opening.



DOI: 10.12998/wjcc.v10.i35.12990 Copyright ©The Author(s) 2022.

Figure 2 The appearance of Z plasty during vulvar plastic surgery and how to suture. A: Design to detach the adhesion tissue into a Z shape; B: Detached and sutured incised tissue.

TREATMENT

The surgery was performed under spinal anesthesia, and it was completed in 30 minutes. First, adhesiolysis was conducted with a blunt instrument. Then, hysteroscopy and cystoscopy were performed. Hysteroscopic findings showed no abnormalities of the endometrium and endocervix (Figure 1B), and the cystoscopic results were also normal (Figure 1C). Finally, labiaplasty was completed to prevent adhesion recurrence (Figure 1D).

OUTCOME AND FOLLOW-UP

One month after the surgery, the discomfort while urinating was eliminated, and the adhesion did not recur. The patient will be followed up later.

DISCUSSION

Labial adhesion is a rare condition in postmenopausal women, and its prevalence in South Korea is unknown. Few cases of labial adhesion in older women have been reported. In China, Lai *et al* [6] reported one case. In Japan, there are three cases, each reported by Griffin *et al* [9], Olumi *et al* [10], Imamura *et al* [5] reported one Italian case, and Tanvir *et al* [11] reported one in India. No racial differences appeared to influence the prevalence. This is the first report of labial adhesion in an older patient in South Korea. The main symptom in these reports was difficulty in urinating. There was no response with topical estrogen treatment, and all cases required surgery. In patients aged 60-70 years, labial adhesion is thought to result from a genitourinary syndrome due to estrogen deficiency, which could explain this case. Labial adhesions are difficult to detect in elderly women because they are typically not sexually active. The main complaint is urinary disorders, and since urinary tract infections and urinary disorders are very common in the elderly, adhesions in the vulva may not be detected. However, urinary tract infections and urethral stenosis caused by labial adhesions can also occur, so it is important to be aware of this.

The patient in this case presented with urinary tract infection symptoms that did not improve with conventional treatment. Further research is needed to better understand this condition and its relation to the genitourinary syndrome. There are many reports of congenital labial adhesions with a high success rate and a low recurrence rate when treated with the application of estrogen cream [7,13]. Estrogen cream may be necessary to prevent recurrence after surgery, which can also help in the treatment of genitourinary syndrome. In the present case, since the labial adhesion did not improve after 2 wk of topical estrogen cream and antibiotics, surgical correction was performed. First, adhesiolysis was conducted, and afterward, labiaplasty was completed to prevent adhesion recurrence. One month after the surgery, the discomfort while urinating was not present, and the adhesion did not recur. Maeda *et al* [13] published a case report in 2021 on the treatment of labial adhesion with a combination of Z- and Y-V plasty. In our case, we molded by designing a similar Z-shape and performed interrupted suture with Vicryl® 3-0 and continuous suture with Vicryl® 6-0 (Figure 2A and B).

CONCLUSION

Labial adhesions in postmenopausal women cannot be successfully treated with estrogen creams, and surgical treatment is likely to be considered. In addition, it requires plastic surgery aimed at preventing recurrence and reconstruction.

FOOTNOTES

Author contributions: Kwon H contributed to manuscript writing, editing, data collection, and analysis and has read and approved the final manuscript.

Informed consent statement: The patient provided written consent for the publication of this case report.

Conflict-of-interest statement: All the authors report no relevant conflicts of interest for this article.

CARE Checklist (2016) statement: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

Country/Territory of origin: South Korea

ORCID number: Hyejin Kwon 0000-0002-9951-9042.

S-Editor: Xing YX

L-Editor: A

P-Editor: Xing YX

REFERENCES

- Huseynov M, Hakalmaz AE. Labial Adhesion: New Classification and Treatment Protocol. *J Pediatr Adolesc Gynecol* 2020; **33**: 343-348 [PMID: 32224247 DOI: 10.1016/j.jpag.2020.03.005]
- Gonzalez D, Anand S, Mendez MD. Labial Adhesions. 2022 Aug 29. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan- [PMID: 29262197]
- Holmqvist F, Simon D, Steinberg BA, Hong SJ, Kowey PR, Reiffel JA, Naccarelli GV, Chang P, Gersh BJ, Peterson ED, Piccini JP; ORBIT-AF Investigators. Catheter Ablation of Atrial Fibrillation in U.S. Community Practice--Results From Outcomes Registry for Better Informed Treatment of Atrial Fibrillation (ORBIT-AF). *J Am Heart Assoc* 2015; **4** [PMID: 25999401 DOI: 10.1161/JAHA.115.001901]
- Yildirim D, Talmac M. Acquired Labial Adhesion in a Reproductive-Aged woman secondary to Systemic Lupus Erythematosus. *Pak J Med Sci* 2018; **34**: 505-507 [PMID: 29805435 DOI: 10.12669/pjms.342.14364]
- Imamura R, Fujimoto M, Meguro N, Maeda O, Saiki S, Kinouchi T, Kuroda M, Usami M, Kotake T. [Labial adhesion presenting as urinary incontinence and dysuria in a postmenopausal woman: a case report]. *Hinyokika Kiyo* 1998; **44**: 843-845 [PMID: 9893235]
- Lai CY, Huang CP, Chou EC. Labial adhesion in a postmenopausal female: A case report. *Medicine (Baltimore)* 2020; **99**: e20803 [PMID: 32590764 DOI: 10.1097/MD.00000000000020803]
- Kumetz LM, Quint EH, Fisseha S, Smith YR. Estrogen treatment success in recurrent and persistent labial agglutination. *J Pediatr Adolesc Gynecol* 2006; **19**: 381-384 [PMID: 17174826 DOI: 10.1016/j.jpag.2006.09.008]
- Figueras F. Re: Diagnostic accuracy of placental growth factor and ultrasound parameters to predict the small-for-gestational-age infant in women presenting with reduced symphysis-fundus height. M. Griffin, P. T. Seed, L. Webster, J. Myers, L. Mackillop, N. Simpson, D. Anumba, A. Khalil, M. Denbow, A. Sau, K. Hinshaw, P. von Dadelszen, S. Benton, J. Girling, C. W. G. Redman, L. C. Chappell and A. H. Shennan. *Ultrasound Obstet Gynecol* 2015; **46**: 182-190. *Ultrasound Obstet Gynecol* 2015; **46**: 140 [PMID: 26216034 DOI: 10.1002/uog.14932]
- Griffin M, Seed PT, Webster L, Myers J, MacKillop L, Simpson N, Anumba D, Khalil A, Denbow M, Sau A, Hinshaw K, von Dadelszen P, Benton S, Girling J, Redman CW, Chappell LC, Shennan AH. Diagnostic accuracy of placental growth factor and ultrasound parameters to predict the small-for-gestational-age infant in women presenting with reduced symphysis-fundus height. *Ultrasound Obstet Gynecol* 2015; **46**: 182-190 [PMID: 25826778 DOI: 10.1002/uog.14860]
- Olumi AF. Commentary on "identification of 23 new prostate cancer susceptibility loci using the iCOGS custom genotyping array." Eeles RA, Olama AA, Benlloch S, Saunders EJ, Leongamornlert DA, Tymrakiewicz M, Ghoussaini M, Luccarini C, Dennis J, Jugurnauth-Little S, Dadaev T, Neal DE, Hamdy FC, Donovan JL, Muir K, Giles GG, Severi G, Wiklund F, Gronberg H, Haiman CA, Schumacher F, Henderson BE, Le Marchand L, Lindstrom S, Kraft P, Hunter DJ,

- Gapstur S, Chanock SJ, Berndt SI, Albanes D, Andriole G, Schleutker J, Weischer M, Canzian F, Riboli E, Key TJ, Travis RC, Campa D, Ingles SA, John EM, Hayes RB, Pharoah PD, Pashayan N, Khaw KT, Stanford JL, Ostrander EA, Signorello LB, Thibodeau SN, Schaid D, Maier C, Vogel W, Kibel AS, Cybulski C, Lubinski J, Cannon-Albright L, Brenner H, Park JY, Kaneva R, Batra J, Spurdle AB, Clements JA, Teixeira MR, Dicks E, Lee A, Dunning AM, Baynes C, Conroy D, Maranian MJ, Ahmed S, Govindasami K, Guy M, Wilkinson RA, Sawyer EJ, Morgan A, Dearnaley DP, Horwich A, Huddart RA, Khoo VS, Parker CC, Van As NJ, Woodhouse CJ, Thompson A, Dudderidge T, Ogden C, Cooper CS, Lophatananon A, Cox A, Southey MC, Hopper JL, English DR, Aly M, Adolfsson J, Xu J, Zheng SL, Yeager M, Kaaks R, Diver WR, Gaudet MM, Stern MC, Corral R, Joshi AD, Shahabi A, Wahlfors T, Tammela TL, Auvinen A, Virtamo J, Klarskov P, Nordestgaard BG, Røder MA, Nielsen SF, Bojesen SE, Siddiq A, Fitzgerald LM, Kolb S, Kwon EM, Karyadi DM, Blot WJ, Zheng W, Cai Q, McDonnell SK, Rinckleb AE, Drake B, Colditz G, Wokolorczyk D, Stephenson RA, Teerlink C, Muller H, Rothenbacher D, Sellers TA, Lin HY, Slavov C, Mitev V, Lose F, Srinivasan S, Maia S, Paulo P, Lange E, Cooney KA, Antoniou AC, Vincent D, Bacot F, Tessier DC; COGS-Cancer Research UK GWAS-ELLIPSE (part of GAME-ON) Initiative; Australian Prostate Cancer Bioresource; UK Genetic Prostate Cancer Study Collaborators/British Association of Urological Surgeons' Section of Oncology; UK ProtecT (Prostate testing for cancer and Treatment) Study. *Urol Oncol* 2014; **32**: 211 [PMID: [24445293](#) DOI: [10.1016/j.urolonc.2013.08.019](#)]
- 11 **Tanvir T**, Meeta M, Singh A. Complete Labial Fusion Causing Pseudo-Urinary Incontinence: A Long-Term Sequelae of Genitourinary Syndrome. *J Midlife Health* 2020; **11**: 257-259 [PMID: [33767568](#) DOI: [10.4103/jmh.JMH_34_20](#)]
 - 12 **Dowlut-McElroy T**, Higgins J, Williams KB, Strickland JL. Treatment of Prepubertal Labial Adhesions: A Randomized Controlled Trial. *J Pediatr Adolesc Gynecol* 2019; **32**: 259-263 [PMID: [30385397](#) DOI: [10.1016/j.jpag.2018.10.006](#)]
 - 13 **Maeda T**, Deguchi M, Amano T, Tsuji S, Kasahara K, Murakami T. A novel surgical treatment for labial adhesion - The combination of Z- and Y-V-plasty: A case report. *Case Rep Womens Health* 2021; **32**: e00363 [PMID: [34754757](#) DOI: [10.1016/j.crwh.2021.e00363](#)]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: bpgoffice@wjgnet.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

