Austin Journal of Obstetrics and Gynecology

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Austin Publishing Group

Case Report

Intravaginal Insemination Resulted in Pregnancy in a Vaginismus Patient

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Received: December 20, 2015; **Accepted:** February 11, 2016; **Published:** February 15, 2016

Abstract

Vaginismus is a common sexual dysfunction, treatment of which may last for a long period of time. Even after combined therapies some couples cannot accomplish sexual intercourse and face the problem of not having a child. Most of these patients are guided for In Vitro Fertilization (IVF) procedures under general anesthesia.

In this case, we obtained pregnancy at the first natural cycle with intravaginal insemination done by the husband, himself. We could not find any issue mentioning this kind of treatment in vaginismus patients. Our aim is not to discuss the treatment of vaginismus, but to suggest a successful, simpler, safer and cheaper method than the ones generally offered to this kind of patients.

Keywords: Vaginismus; Intravaginal insemination

Background

Vaginismus is a sexual dysfunction, in which involuntary and recurrent contractions occur in the outer one third of muscular structure of the vagina [1]. The fear of cannot having a baby of the couples having this problem may end in divorce. The treatment of vaginismus is a multistage process needing absolute cooperation of the patient. Unfortunately, coitus cannot be accomplished in a group of patients [2]. To help them in having pregnancy, Intra Uterine Insemination (IUI) or ovulation induction and In Vitro Fertilization (IVF) procedures are attempted under general anesthesia in these patients. When we reviewed the literature, we could not find any issues mentioning about the natural cycle follow up and intravaginal insemination in vaginismus patients. So we approved to discuss about this vaginismus case in which pregnancy is obtained at the first cycle.

Case Presentation

A 30 year- old, healthy, in a 4 year- marriage female patient, seeking for child, referred to our clinics. It was learned that she could not have any sexual intercourse in these 4 years nor before; and diagnosed as vaginismus. They had psychological support and tried manual exercises to accomplish intercourse; but were not successful. They stated that being unsuccessful in intercourse in this time period, exhausted them in psychologic manner, and wanted to skip it for now; but try to get pregnant if possible. IVF was suggessted to them in another center but they wanted to learn if any other option was present.

It was learned that the patient had menses in every 30 days, lasting for 5 days; and she did not have any other medical problems. Last menstruel date was October 28, 2014. The spermiogram which the husband had voluntarily was normal for amount, concentration and motility. The patient was a virgin so evaluation with a speculum could not be made; but external genitalia was normal. She could permit touching. The size of the uterus and the antral follicle count was in normal ranges. No myomas or cyst were observed.

As the age and duration of the marriage of the couple was considered, natural cycle follow up and self insemination helped by the husband, was offered to the couple. The technique was explained to them in approximately 10 minutes, and they consented on testing. First we showed the husband how to take isotonic fluid out of the container, into the insemination cannula and showed injection of it, into the vagina. Then he tried the mentioned steps in our control and was completely successful in the second attempt. Later on, serial folliculometry were done; the last one was on the November 10, 2014 when the follicle mean diameter reached 21mm, and self insemination was planned on every the other day for three times. At home, the husband accomplished the intravaginal insemination with no difficulty, as he said. The patient also stated that she did not have any pain and was relaxed during the process.

As the b HCG test resulted in 628, we learned that we have obtained the pregnancy at the first cycle, on November 27, 2014. We observed the intrauterine gestational sac having 6, 9mm diameter on December 3, 2014. The baby was born with caesarean, at the 39th week and she was healthy. The psychological control of the pregnant was done and no problem in the body image was reported.

Discussion

The incidence of vaginismus was found to be 15 % in our country [3]. Many kinds of treatment modalities from psychoanalysis to surgical intervention are used in the management of vaginismus. Recently combination therapies are mostly preferred [4]. The treatment interval may last for a long period and even after, some couples cannot accomplish the sexual intercourse. Beside of the unsuccessful attempts of sexual intercourse, the adverse effects of cannot having a child on the couples may result in divorce. Therefore, many women are treated by IUI or IVF procedures under general anesthesia.

The cost of IVF treatment in many centers, in our country is 2000-2500 US dollars. This may increase to 3000-4000 US dollars when some special tests are requested. These cost ranges are in line

Citation: Güler B and Ergün A. Intravaginal Insemination Resulted in Pregnancy in a Vaginismus Patient. Austin J Obstet Gynecol. 2016; 3(1): 1051.

with the ones evaluated in 25 different countries [5]. Besides, there are some other risks of ovulation induction, oocyte pick-up procedures, and general anesthesia [6]. In our case, we wanted to emphasize that by following a natural cycle and having self insemination with an insemination canulla, costing for 8 US dollars, we could obtain the pregnancy at the first attempt. In this way maximum protection of the intimacy of the patient was hold and risks of ovarian hyperstimulation and general anesthesia was avoided.

There are some studies mentioning about self insemination in the wives of men having spinal cord injury, or in the women having HIV to decrease the risk of contamination, or in the couples avoiding sexual intercourse for some other reasons [7, 8]. The success rate of intravaginal insemination varies between 5-12%. Although the intravaginal insemination is presented as a choice in the web pages of many centers, we could find only one research mentioning the help of it, in vaginismus patients [9].

In our opinion, vaginismus is a disease to be treated by multidisciplinary approach. The priority must be the correction of the psychological status of the patient and providing the natural intercourse. But the topic we wanted to emphasize in this report is not the treatment of vaginismus. Instead, we wanted to point out the group of patients that want to get pregnant away from the treatment of vaginismus. This group, whatever the reason is, places pregnancy in front of the accomplishment of intercourse, and commonly are offered interventions under general anesthesia. In the couples as in this case, having pregnancy enhances the relationship and unburden the excess pressure, mainly caused by the families and social environment of the couple due to the supposition of infertility. We recommend this technique to be tried first, for the ones at young ages, having no other medical problems, and meeting normal spermiogram parameters. Our method, which even can be applied by the couple themselves, at home, will be more convenient by both medical and financial issues.

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Austin J Obstet Gynecol - Volume 3 Issue 1 - 2016
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Citation: Güler B and Ergün A. Intravaginal Insemination Resulted in Pregnancy in a Vaginismus Patient. Austin J Obstet Gynecol. 2016; 3(1): 1051.