

## Hair-thread tourniquet syndrome of labia: A case report

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Hair tourniquet syndrome may be a rare clinical phenomenon that involves hair, thread, or similar material becoming so tightly wrapped around an appendage that it leads to pain, injury, and, sometimes, loss of the appendage. Essentially, any appendage could also be involved, including a toe, wrist, penis, scrotum, tongue, uvula, vaginal labium, ear lobe, umbilicus, or nipple. In a meta-analysis review of 210 cases of hair-thread tourniquet syndrome, 44.2% involved the penis, 40.4% the toes, 8.6% fingers, and another 6.8% represented other sites. HTS has been variously described within the literature as toe tourniquet syndrome or Hair-thread tourniquet syndrome. Its exact incidence is unknown, but it has been accepted that it is underreported in literature. First described by Quin HTS commonly affects infants. However, a few cases have been described in adults with impaired cognitive function.

Hair or threads from clothing are the common culprits. After childbirth, mothers are in telogen effluvium phase and shed their hair which increases the danger to develop HTS. Increased hair loss seen in chemotherapy patients also make the kid vulnerable. When mittens and regularly washed old clothing is employed, there's an opportunity for HTS to develop. It has sometimes also been described as a form of child abuse, and therefore, a careful clinical examination to rule out any other injuries is very important.

Hair tourniquets become very painful, so a baby who has one will likely cry tons. Looking for a hair tourniquet may be a unique but important addition to any parent or caregiver's checklist when helping a crying baby. If your baby is crying or seems in pain, and you've tried the standard feed-change-sleep routine, it's a good idea to look over the whole body for a hair tourniquet. Vulvar disease often presents with a spread of lesions and in patients with severe symptoms the lesion is generally excised. Hair tourniquet syndrome may be a rare case that involves fibres of hair or thread wrapped around an appendage producing tissue necrosis within the vulva. Its incidence, epidemiology and explanation are unknown. This paper presents hair thread tourniquet syndrome within the vulva, specifically the labium in a

teenager female with hypertrophic labia. She presented with labial swelling and initial impression was an infected labial cyst. Under careful examination, there was note of hair strangulating the labial minora. Management involved mechanical release of the strangulation and there was note of immediate improvement within the blood flow to the affected area. Prompt diagnosis and timely management of this condition is vital to stop tissue ischemia, necrosis and unnecessary amputation of the appendage.

Treatment consists of removing the constricting agent and if significant compartment syndrome is present, then a soothing incision is required to alleviate it. If the hair or thread is easily visible during the examination, they can be cut using scissors or removed using forceps under magnification. Depilatory creams applied on intact skins have been found to weaken the hair fibre. However, most of the times, due to excessive edema, no definite constricting agent is visible, and this necessitates examination under anesthesia and complete release of the constricting ring to ensure unimpeded blood flow. Infants are more vulnerable to digital ischemia if a toe is encircled by a strand of hair or another similar material. An early diagnosis and prompt removal of material is important in order to prevent loss of the part. The emergency doctors should confine mind that hair thread tourniquet syndrome is unusual but the results are often severe.