A RARE CASE OF POSTCOITAL BLEEDING: CAN IT BE AIS?

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Introduction: Androgen insensitivity syndrome (AIS) is an X-linked recessive condition with an incidence of 1 case per 20,400 liveborn males. AIS represents the failure of masculinization of the external genitalia in chromosomally male individuals. It was first described in 1953 by John Morris at Yale and is also known as Testicular Feminization Syndrome. It can be complete or incomplete with the same 46XY karyotype. The etiology of AIS is a loss-of-function mutation in the androgen receptor (AR) gene, localized to the long arm of the X chromosome. Most patients with complete androgen insensitivity syndrome have a female gender.

Case report: An 18 years old black African patient presented to A&E department with profuse postcoital bleeding and was referred to gynaecological team for the suturing of vaginal tear. On examination she had feminine outlook, her face was clean with no signs of acne. Breasts were developed but pubic and auxiliary hair were absent. Examination of the external genitalia showed well-developed labia majora, minora and clitoris. Each inguinal region presented with a 3 cm long scar. Vaginal examination revealed a 5.5cm long vagina, with a 3 cm lateral wall tear, active bleeding. No cervix was visualized. Further discussion with the patient revealed that she was diagnosed with AIS as a child. She has never had a menstruation, and she was aware of the absence of the uterus and ovaries. Following diagnosis she suffered gonadectomy and she was prescribed hormone replacement therapy. She received counselling and she was using vaginal dilators. Results: Patient was consented for vaginal repair under general anesthetic. The vagina wall was reconstructed during the procedure and haemostasis was achieved. Patient had an uneventful recovery and was discharged on the 2nd postoperative day.

Conclusion: Androgen insensitivity syndrome requires sensitive handling once diagnosed. AIS is responsible for 10% of all cases of amenorrhea. Medical care is complex and consists in hormone replacement therapy and physiological support. Appropriate treatment with estrogen is required to prevent osteoporosis. Many patients require long-term psychotherapy to resolve psychosexual identity issues. Therapy should be provided from the time of diagnosis. These are rare cases that present to emergency department and generally good communication with the patient is vital for further treatment and management.