



Sistematik Review

PANDANGAN DIAGNOSTIK DAN MEDIKOLEGAL TENTANG PROLAPS UTEROVAGINAL SEBAGAI DUGAAN KASUS PELECEHAN SEKSUAL TERHADAP ANAK

DIAGNOSTIC AND MEDICO LEGAL PERSPECTIVES ON UTEROVAGINAL PROLAPSE AS A SUSPECTED OF CHILD SEXUAL ABUSE

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ABSTRAK

Prolaps uterovaginal (UVP) pada anak merupakan kondisi langka yang dapat menimbulkan tantangan diagnostik, terutama dalam konteks klinis dan forensik. Penelitian ini bertujuan untuk mengevaluasi apakah UVP dapat menjadi dugaan dari child sexual abuse atau justru merupakan kondisi patologis yang perlu dibedakan secara hati-hati, melalui tinjauan literatur. Metode yang digunakan adalah studi literatur dengan penelusuran pada 30 basis data. Dari hasil penelusuran, diperoleh sejumlah artikel yang relevan, melalui proses seleksi berdasarkan kriteria inklusi dan eksklusi, sebanyak 7 artikel ilmiah dipilih untuk dianalisis lebih lanjut. Beberapa laporan dalam literatur menekankan pentingnya evaluasi menyeluruh karena kesamaan gejala tersebut dapat menimbulkan bias dalam interpretasi klinis maupun forensik. Temuan ini menunjukkan bahwa Prolaps uterovaginal dapat menjadi dugaan child sexual abuse, karena di beberapa kondisi memiliki kemiripan klinis sehingga pentingnya diagnosis banding. Oleh karena itu, dokter, khususnya dalam bidang forensik, perlu melakukan evaluasi yang komprehensif untuk membedakan antara kondisi patologis dan kemungkinan kekerasan seksual. Pengembangan pedoman klinis yang jelas serta kerja sama interdisipliner antara tenaga medis dan penegak hukum sangat penting untuk meningkatkan akurasi diagnostik dan mencegah dampak hukum yang tidak tepat.

ABSTRACT

Uterovaginal prolapse (UVP) in children is a rare condition that can pose diagnostic challenges, particularly in clinical and forensic contexts. This study aims to evaluate, through a literature review, whether Uterovaginal prolapse can be considered a potential indicator of child sexual abuse or is instead a pathological condition that requires careful differentiation. The method used was a literature review involving a search of 30 databases. From the search results, a number of relevant articles were identified. Through a selection process based on inclusion and exclusion criteria, seven scientific articles were selected for further analysis. Several reports in the literature emphasize the importance of a comprehensive evaluation because the similarity of these symptoms can lead to bias in both clinical and forensic interpretations. These findings indicate that Uterovaginal prolapse may be indicative of child sexual abuse, as it shares clinical similarities with certain conditions, underscoring the importance of differential diagnosis. Therefore, physicians, particularly those in the forensic field, must conduct a comprehensive evaluation to distinguish between pathological conditions and potential sexual abuse. The development of clear clinical guidelines and interdisciplinary collaboration between medical professionals and law enforcement are crucial for improving diagnostic accuracy and preventing inappropriate legal consequences.

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INTRODUCTION

The condition known as uterovaginal prolapse (UVP), which is characterized by the uterus descending into the vagina and sometimes through the vaginal opening, is usually caused by weakening of the connective tissue and supporting pelvic muscles, including ligaments and other structural supports. In general, mild Pelvic Organ Prolapse (POP) patients show no symptoms, but most severely affected patients can actually feel a bulge in the vagina.¹ Although these conditions can be congenital or develop over time, both types are very rare in children.² According to the scientific literature, cases of uterovaginal prolapse (UVP) in childhood are more often congenital anomalies, usually related to spinal cord abnormalities, than acquired cases caused by external influences. Usually, neurological disorders in the area or congenital pelvic floor weakness cause this congenital abnormality.³ In addition, uterovaginal prolapse (UVP) is associated with several external factors that are very rare, especially in children under the age of five. When found, these cases are usually associated with repeated sexual trauma.⁵ Enhanced clinical and forensic surveillance plays a crucial role in identifying uterovaginal prolapse (UVP) cases among children. Emerging evidence from multiple countries suggests that the incidence of these cases is higher than previously recognized.⁵

In most cases, the thing that is usually seen is the posterior part of the hymen. If viewed by analogy, such as the presence of tears or morphological changes along the hymen, it is usually between the 3 and 9 o'clock positions. This sexual trauma causes the posterior hymen

to change from a regular semilunar or crescent-shaped shape to a V shape.⁶ It is important to recognize that this condition may arise from various causes, not only sexual violence. However, the literature indicates that common signs of child sexual abuse include pain or injury in the vaginal or genital area and vaginal bleeding. In cases that persist over time, children may also develop psychological trauma, which can be identified through behavioral changes or psychological assessment.⁷

In contrast, uterovaginal prolapse is more widely known and well-documented in adult women, especially those who have had multiple pregnancies and childbirth. In adults, particularly postmenopausal women, factors such as persistent coughing, heavy lifting, obesity, and a history of surgery increase the risk of this condition.⁸ Although this etiology is rarely seen in children, it has been extensively documented in the adult population in some medical literature. The results of the study in this journal show that one in eight women under the age of 14 experiences sexual harassment, which is a serious problem, hence the need for medical attention in this case.⁹ When there is a suspicion of sexual abuse in this child, the medical examiner usually conducts a clinical evaluation, but there are some obstacles that occur in the assessment or initial medical examination because the child is usually afraid or unable to tell their traumatic experience, usually based on their unstable emotional condition. Because these cases can come from several factors, physical findings on medical evaluation are often ambiguous or completely undetectable. Therefore, the diagnosis can be challenging and

requires specialized experience and knowledge.¹⁰

Before detecting symptoms like this, it is important to understand and master anogenital anatomy in children.¹¹ Doctors or medical personnel must better understand the anatomy of a healthy child or one who has experienced sexual abuse in order to be able to distinguish between normal and abnormal findings, because, as explained earlier, this case can arise from various factors and looks similar to non-abuse cases, so a more detailed examination and information from the victim himself is needed to prevent misdiagnosis.¹² When victims or children come to the hospital, they usually show specific symptoms such as bleeding, pain, inflammation, or vaginal discharge in the anogenital area. Usually, these signs are the initial examination to identify cases of sexual abuse in children. However, there are also victims or children who do not show these symptoms, so the doctor should look for other signs during routine checkups or further evaluations for unrelated indications.¹³ The diagnosis of sexual abuse may become challenging when the victim or patient has certain conditions, such as skin infections or allergies, because these diseases can produce clinical manifestations that resemble trauma-related findings associated with sexual abuse. Inaccurate diagnosis can lead to further trauma in the child, worsen family dynamics, so errors in this differentiation can have disastrous consequences for the child and his or her family.⁵

Based on the introduction, this study aims to evaluate the results of medical examinations

conducted on children with anogenital symptoms or signs to determine whether the findings indicate sexual abuse. The study used a standardized classification system to assess the likelihood of sexual abuse in children who did not report such experiences and the extent to which medical findings could be reliable predictors of sexual abuse.¹⁴ Medical examinations of the genital area often show no obvious signs or evidence at all when sexual abuse is suspected in a child.¹⁵ The chances of finding injuries or tangible evidence are still low, even if the examination takes place immediately after the incident.¹⁵ For medical professionals and authorities, this makes diagnostic procedures and evidence collection extremely difficult.¹⁵

Parents or caregivers often experience severe anxiety and worry when they experience unexplained symptoms or complaints in the anogenital area, even though no clear evidence is found. Pediatric gynecologists usually have an important role in determining whether this case should be reported to law enforcement. And this situation prompted them to look for further explanations.¹⁶ Doctors have a great responsibility in clinical practice to distinguish the normal state of the body from infections or even unusual pathological conditions, such as urethral prolapse or perineal dysfunction, as well as signs of trauma from sexual abuse. A thorough understanding of differential diagnosis is essential to avoid misdiagnoses, which can harm children and even adults.¹⁷

METHODS

This research is related to clinical and forensic assessments of uterovaginal prolapse as a sign of child sexual abuse using a literature review methodology. Literature searches were conducted using databases such as SciSpace, PubMed, Elsevier, Taylor and Francis, Sage Journals, and Google Scholar. Using keywords such as "uterovaginal prolapse", "child sexual abuse", "forensic evaluation", and "medical-legal implications", a literature search was conducted using such databases. The articles selected by the author have a certain time span, which is from 2020 to 2024. This includes case studies, original research, and Literature reviews relevant to this writing. In addition, diagnostic results, research methods, and medical and legal consequences are determined through qualitative analysis of data obtained by researchers.

Search Strategy

The literature used in this writing by the researcher is SciSpace, PubMed, Elsevier, Taylor and Francis, Sage Journals, and Google Scholar, used methodically to search for literature. Including articles released from 2020 to 2024. The following MeSH terms and related keywords are used in search strategies: ("urethral prolapse" OR "uterovaginal prolapse" OR "genital prolapse") AND ("child" OR "child") AND ("sexual abuse" OR "forensic evaluation"). To find additional publications that may meet the inclusion requirements, references from related articles are also checked.

Inclusion and Exclusion Criteria

Articles discussing cases or studies of urogenital prolapse in children are required to

meet the following inclusion and exclusion criteria.

Inclusion:

1. Research uses a design that prioritizes clinical and forensic elements, such as case reports, case series, retrospective analysis, or systematic reviews.
2. Articles that investigate the relationship between prolapse symptoms and allegations or findings of child sexual abuse.

Exception:

1. Non-scientific articles (such as editorial letters, opinions, or short reviews) are excluded.
2. Research that excludes clinical information about children.
3. Articles that only look at urogenital prolapse in adults who have never experienced sexual abuse or forensic problems.

Search Results

In this writing, there are 30 articles as a reference for writing. Of the twenty articles meet the first set of requirements after removing duplicates and filtering by title and abstract. Then, fifteen articles were further checked to ensure that they fit these writing criteria. Seven articles that meet all the requirements and are part of the final analysis. These articles discuss the clinical, forensic, and diagnostic aspects of urogenital prolapse in children, which include a literature review and case reports. The following diagram shows a summary of the overall approach.

Table 1. Search Results

Stage	Description	Number of Articles (n)	Articles Removed (n)	Reasons for Exclusion
Identification	Articles identified through database searching and manual search.	30 (Database search) + 0 (Manual search) = 30	0	–
Screening	Records after duplicates removed.	20	5	Duplicate articles were removed.
Eligibility – Abstract Screening	Abstracts were screened for eligibility.	15	2	Abstracts were excluded because they did not meet the inclusion criteria.
Eligibility – Full Text Review	Full-text articles assessed for eligibility.	13	6	Articles were excluded due to study years being too far apart from the defined timeframe.
Included	Articles included and appraised using the JBI-MAStARI tools.	7	0	–
Total		30	13	–

Assessment Quality Assessment

Faithful articles were independently analyzed for this review based on the research design and completeness of the report on the case study. The limitations expressed by the authors, the completeness of clinical data, the validity of the findings, the suitability of the method with the research questions, and the clarity of the research objectives are some of the important aspects considered during this analysis. Reports and case series are assessed with simple descriptive criteria, including clear diagnosis, interventions, and clinical outcomes. Each article will be categorized into high, medium, and low method quality based on method consistency and reporting results.

Data Extraction and Synthesis

This data extraction is done methodically using pre-created worksheets in order to collect important details from each article that meets the inclusion requirements. The information collected includes the name and year of writing, the title of the article, the description of the research, the method used, the conclusions, and clinical results or others. Furthermore, the data from each article is synthesized narratively to see patterns of similarities and differences between one research and another. The results will be presented with a summary matrix table showing comparisons between studies, and each finding is described descriptively.

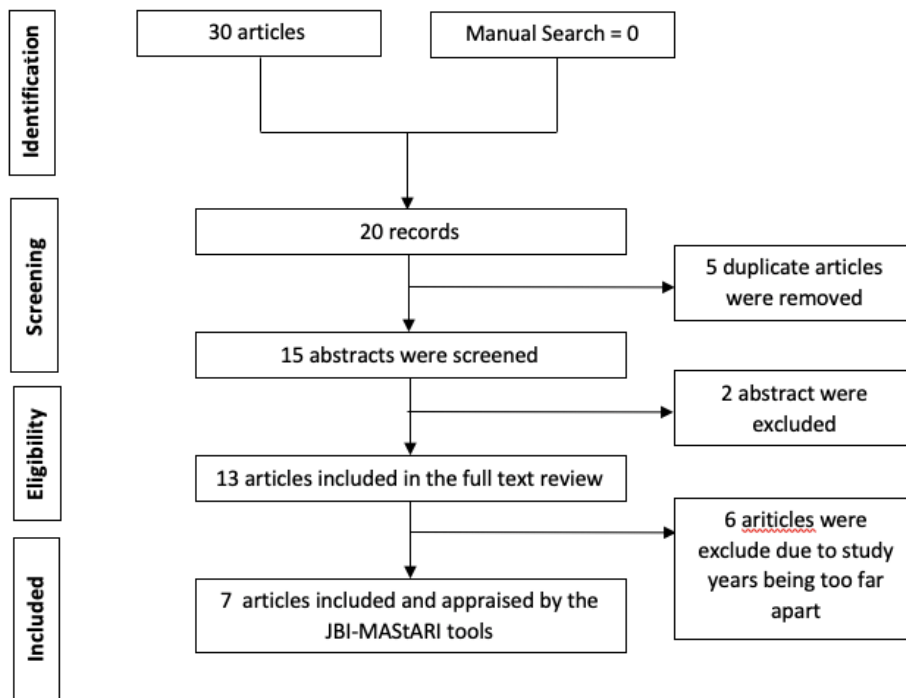


Figure 1. Literature Search Process

RESULTS

The literature review analysis included seven articles with a variety of research designs, ranging from case reports to systematic reviews. Urethral or uterovaginal prolapse in children is the main subject reviewed in this study. Another thing is that adult age conditions will be included in the differential diagnosis. The results of the review show that urogenital prolapse is accompanied by bleeding or the development of masses in the genital area. If these symptoms are present, parents should see a doctor to identify if there is a possibility of sexual abuse in their child. In some UV studies, this can be an indication of symptoms of sexual abuse trauma or anatomical abnormalities that are not related to sexual harassment.¹⁸

Conservative management is a strategy that is often used with the administration of estrogen ointments, crepe bandages, and manual reductions. This method has convincing results with few side effects. Overall, the results of the review show differences in clinical terms, management methods, and clinical outcomes, based on the context of each study and the subject of the study. Below is a summary of several relevant articles and references in this writing.

DISCUSSION

Uterovaginal prolapse (UVP) is a common gynecological condition, and its presentation varies in type and severity among patients. In developed countries, its prevalence is high among postmenopausal women, whereas in developing countries, the condition is common

Table 2. Summary of Articles Included in The Systematic Review

Author	Journal	Method	Research gap	Findings	Results
(Opar <i>et al.</i> , 2024)	Urethral prolapse in a 4-year-old girl: A case report	<ul style="list-style-type: none"> - Digital reduction of uterovaginal prolapse under sedation. - Treatment using a crepe bandage. 	<ul style="list-style-type: none"> - The rarity of urethral prolapse in prepubertal females, particularly Black girls, highlights the need for broader research to understand its prevalence and risk factors. - Confusion surrounding the diagnosis of urethral prolapse versus sexual abuse highlights the need for improved clinical guidelines and training for healthcare providers to differentiate between these conditions. - The long-term outcomes of surgical versus conservative management of urethral prolapse remain unclear, necessitating further research to determine the most effective treatment approach. - Comprehensive data on the psychological impact of misdiagnosis on families and children is lacking, which is crucial for developing supportive care strategies. - The mechanisms leading to urethral prolapse in young girls are not well understood, highlighting the need for 	<ul style="list-style-type: none"> - Urethral prolapse may cause vaginal bleeding in prepubertal girls. - The condition is often misdiagnosed as a sign of sexual abuse. 	Urethral prolapse was diagnosed in a 4-year-old girl and was managed surgically, followed by appropriate postoperative care.

			research into the underlying pathophysiology of this condition.		
(Ferreira Freiria et al., 2022)	Three case reports: suspicion of sexual abuse and urethral prolapse	<ul style="list-style-type: none"> - A descriptive study of three cases of urethral prolapse. - Clinical diagnosis and differential diagnosis are emphasized. 	<ul style="list-style-type: none"> - Limited experience among professionals in diagnosing urethral prolapse. - The undefined etiology of urethral prolapse requires further investigation. 	<ul style="list-style-type: none"> - Urethral prolapse may indicate suspected child sexual abuse. - Differential diagnosis is essential for an accurate assessment. 	<ul style="list-style-type: none"> - Three cases of urethral prolapse were reported. - The importance of differential diagnosis for suspected abuse was emphasized.
(Seck et al., 2022)	Conservative management of urethral prolapse in African girls: a report of 15 cases	Retrospective descriptive cross-sectional study (2014–2019), 15 female child patients	Reports in Africa are still rare, even though the condition is common in African girls.	Risk factors: chronic cough, constipation. Main symptom: genital bleeding (73.3%). All patients were treated conservatively first.	Conservative therapy was successful in 73.3% of cases, with the remainder requiring surgery. There were no serious complications and no recurrences after 13 months of follow-up.
(Schaul and Schwark, 2022)	Rare (uro-)genital pathologies in young girls mimicking sexual abuse.	<ul style="list-style-type: none"> - Clinical examination of young girls with genital pathology. - Literature review to confirm differential diagnoses. 	<ul style="list-style-type: none"> - Limited reliable data on the incidence of pathology. - High misdiagnosis rates for urethral prolapse and perineal inguinal hernia. 	<ul style="list-style-type: none"> - Two cases of rare pathology misdiagnosed as sexual abuse. - The importance of recognizing urethral prolapse and perineal grooves. 	<ul style="list-style-type: none"> - Two cases of rare pathology were misdiagnosed as sexual abuse. - No signs of physical abuse or hormonal disorders were found.
(Helen et al., 2021)	Uterovaginal prolapse following suspected sexual abuse of a child: a case report	<ul style="list-style-type: none"> - Digital reduction of uterovaginal prolapse under sedation. - Treatment using a crepe bandage. 	<ul style="list-style-type: none"> - There is a lack of previous reports of acquired prolapse in children. - There is a need to raise awareness of the implications of sexual abuse in cases of prolapse. 	<ul style="list-style-type: none"> - Uterovaginal prolapse can occur from sexual abuse in children. - Successful management includes digital reduction and crepe bandage strapping. 	<p>Successful reduction of uterovaginal prolapse in children.</p> <p>There were no recurrences after three months of follow-up.</p>
(Ali-Panzarella, 2020)	A Diagnostic Approach to Conditions that Mimic Sexual Abuse	- Focus on the history and examination findings.	There is a lack of standard clinical guidelines to help differentiate medical conditions that mimic signs of sexual abuse, particularly when the physical	<ul style="list-style-type: none"> - History is key to diagnosing child sexual abuse. - Conditions can mimic symptoms of sexual abuse. 	<ul style="list-style-type: none"> - Identify conditions that mimic child sexual abuse. - Emphasize the importance of history in diagnosis.

		- Identify conditions that mimic sexual abuse.	examination and history do not support abuse; there is also a need for guidance on when to refer to a forensic medical professional if the diagnosis remains in doubt.		
(Fornari, et al., 2020)	Urethral Prolapse: A Case Series and Literature Review	Case series (12 adult patients) + literature review	Urethral prolapse is very rare in adults, especially those of reproductive age; adult literature is still limited.	Many patients are initially misdiagnosed (caruncle, tumor), leading to delayed therapy. Risk factors: estrogen deficiency, pelvic trauma, high intra-abdominal pressure	All cases were successfully treated (with a combination of topical estrogen or surgery). Early diagnosis is important to prevent complications.

among women of reproductive age. It has been suggested that prolapse may be more common in resource-limited settings due to established risk factors and heavy physical workload, and that the condition may have a more severe impact on daily life than in high-income settings.¹⁹

Characteristics of Uterovaginal Prolapse (UVP)

In general, findings indicate that cases of urogenital prolapse in children are often associated with genital bleeding, which is often misinterpreted as a sign of sexual abuse.^{3,20,21} Management methods range from conservative treatments, such as digital reduction, crepe dressing, and topical estrogen therapy, to surgical intervention. The success rate of conservative management is reported to be quite high, 73.3%.²² Although some cases require surgical intervention with good outcomes.¹⁶ Misdiagnosis is also quite common, particularly confusion with suspected sexual abuse, tumors, or congenital abnormalities.^{5,23}

A characteristic of this uterovaginal prolapse is that the urethral opening appears normal and is located separate from the protruding mass. The mass in this uterovaginal prolapse (UVP) is caused by the descent of the vaginal wall and cervix. Clinically, the external os (opening of the cervix) is often visible at the tip or apex of the protruding mass. The wall of this mass may also exhibit folds or rugae.²⁴ To confirm urethral prolapse, the examiner may attempt to insert a Foley catheter through the opening in the center of the mass or observe urine flowing directly from the center of the mass as the child urinates; this finding is considered diagnostic of urethral prolapse.²⁵ The

need for a differential diagnosis, since uterovaginal prolapse (UVP) can generally be alleviated or reduced manually.²⁴

Urethral Prolapse as a Sign of Suspected Abuse

Uterovaginal prolapse is classified as primary or secondary it is considered primary if caused by a congenital abnormality or weak pelvic supporting tissues, and secondary if caused by excessive pressure on the pelvic muscles, typically due to prolonged labor or trauma to the pelvic muscles. In cases of suspected sexual abuse, it falls under the secondary classification due to the occurrence of excessive pressure on the pelvis; however, other forms of trauma, such as a fall in a straddling position, cannot be ruled out. Differential diagnoses that may be mistaken for uterine-vaginal prolapse include urethral prolapse, vaginal polyps, or vaginal rhabdomyosarcoma. Uterovaginal prolapse resulting from sexual abuse is associated with pelvic floor disorders, particularly in adult women. Children who have experienced sexual abuse may also develop chronic pelvic pain and fertility issues later in life.²⁴

Pathophysiologically, this condition is defined as the complete eversion of the terminal urethral mucosa through the external urethral meatus. Visual Analysis and Clinical Triggers The primary visual manifestation of urethral prolapse is a doughnut-shaped mass protruding from the vulvar region. This mass forms due to vascular congestion and edema in the everted mucosal tissue. For less experienced medical personnel, the characteristics of this hyperemic, edematous, and easily bleeding mass are often

misinterpreted as a severe laceration, hematoma, or injury caused by blunt force trauma. In a study conducted by Helen et al., (2021) this condition is typically attributed to the following factors:

1. Sudden urogenital bleeding typically presents as bloodstains on a child's underwear, which is the primary symptom and can cause extreme panic among parents. This often leads to the immediate assumption of sexual assault. This is usually caused by penetration by an adult penis, which can result in connective tissue damage comparable to severe vaginal childbirth trauma in adults, leading to pelvic organ prolapse.

2. A conspicuous hyperemic mass characterized by red, visibly irritated tissue is often visually interpreted as ecchymosis (a bruise) or an open wound resulting from forceful trauma; it typically leaves significant physical evidence in the anogenital area.

3. Limitations of the Medical History and Suggestibility: Young children often lack the verbal ability to describe their symptoms. Even more concerning, prepubescent children are highly susceptible to leading questions, which can result in inaccurate accounts typically driven by feelings of embarrassment and discomfort due to the sensitive nature of the issue.



Figure 2. Picture of Uterovaginal Prolapse: a. Transverse View; b. Logitudinal View

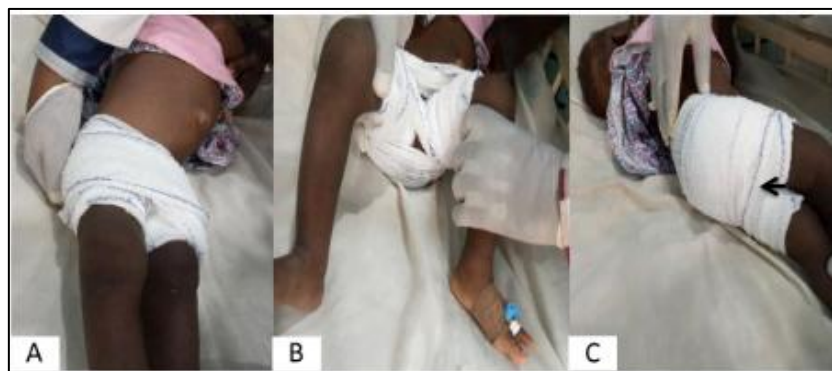


Figure 3. Picture of Mermaid Pattern

Helen et al (2021) give the results of a case report where the uterus comes out of the vagina. This case involved a two-year-old girl who was bleeding from the vagina, and there was a protruding lump. A physical examination is done and shows a prolapse of the vagina or in the vagina, and there is a V-shaped hymen tear, which indicates trauma to the genital area. Other examinations, such as internal organs of the abdomen, including the anus and urethra, are not abnormal, which is normal. The treatment given was manual reduction with sedation and binding; the child's condition was getting better, and there was no recurrence for the next three months.

It is very important to remember that vaginal prolapse in children is a very rare case and is usually caused by previous congenital trauma or disease.²⁶ The presence of a tear in the hymen and the absence of congenital abnormalities can be concluded in this case, with possible indications of sexual harassment. Parents usually ignore this possibility because of the stigma and taking their history when a child is still so difficult. This case shows the importance of the role of doctors or medical personnel in evaluating genital bleeding in children thoroughly by considering forensic, psychological, and medical aspects.¹⁰

In the study conducted by Seck et al (2022), 15 girls were included as participants, with a mean age of 4.08 years and an age range of 10 months to 17 years. In 20% of cases, persistent constipation and cough were identified as risk factors. Genital bleeding was the main symptom (73.3%) and was followed by suspected urogenital trauma and sexual abuse (13.3%). Clinically, all patients are presented

with a donut-shaped vulvar mass, typical of urethral prolapse. All patients were initially treated with conservative therapies, including local estrogen creams, nonsteroidal anti-inflammatory drugs, and sitz baths. The findings showed that 73.3% of patients recovered without surgical intervention, whereas conservative treatment failed in 26.7% of patients, who subsequently underwent prolapse reduction using a Foley catheter. Only mild temporary dysuria is reported after surgery; No major complications were noted. The results of the monitored study showed that, on average, for thirteen months in the lanut action, no patients experienced relapse. The researcher concluded that conservative management was the right choice overall and stated that surgery can only be performed with consideration if this therapy does not work.



Figure 4. A Patient with Urethral Prolapse. Notice the Urethral Meatus (Yellow Arrow) at the Center Of The Prolapsed Mucosa, Which The Lower Part Is Ischemic and Bleeding (Blue Arrow)

Diagnosing urethral prolapse, especially in patients of reproductive age, is complicated, and this condition is very rare; it is necessary to further evaluate and consult with professionals to be able to identify similar findings in the future.⁵ Providing a compilation of cases from twelve adult cases with a high rate of initial misdiagnosis is an important finding, which leads to delayed treatment because it is often mistaken for tumors or crunchy lesions. Common risk factors include higher intra-abdominal pressure, pelvic trauma, and estrogen deficiency.

The findings show that topical estrogen therapy and surgical interventions work together to produce positive outcomes, which shows how important it is for doctors to remain vigilant when making a diagnosis. Case analysis of Vermeulen CK et al (2023) That is, there is the experience of a four-year-old girl with genital bleeding caused by urethral prolapse. A significant result is that the diagnosis of this condition is difficult because the symptoms can be mixed with symptoms of sexual abuse. One component of treatment that has positive clinical outcomes is digital reduction under sedation and postoperative care. The study shows that a lack of clinical guidelines increases the likelihood of misdiagnosis and medical-forensic misunderstandings.²⁷

According to Ferreira Freiria et al (2022), three cases were found in girls who occurred for the first time and revealed profound results, the main findings were identified by doctors who did not have this experience previously so the results showed that there was a urethral prolapse that did not indicate the direction of the crime, but

after further assessment it was found that this incident was a case of sexual harassment symptoms, so this incident required a comprehensive diagnostic assessment. This study shows that it is important to expand clinical knowledge to reduce misdiagnosis in new findings. A rare genital area disease found in girls, which can resemble symptoms of sexual abuse, according to studies. Schaul and Schwark (2022) found that urethral and perineal prolapse do not always lead to cases of sexual violence. Because these cases can be caused by unusual medical factors does not necessarily mean that sexual violence is always the case; therefore, it is important for forensic doctors and general practitioners to understand the comparative diagnosis in order to avoid misunderstandings that can lead to serious legal consequences. In a study conducted by Ali-Panzarella (2020), published in this journal, we discuss the diagnosis process of various diseases that have symptoms similar to those of sexual abuse in children. With results, it is shown that the absence of protocols often complicates diagnosis and leads to misdiagnosis. In addition, standard clinical guidelines emphasize the importance of expert consultation in clarifying diagnostics.

The limitations of this study are the lack of long-term prospective data, the number of cases related to children, and the need for more accurate forensic evaluation standards to distinguish between sexual abuse and pathological medical conditions. According to this literature review, urogenital prolapse and uterovaginal prolapse in children are very rare conditions, resulting in difficulties in finding a differential diagnosis. It is necessary to

understand anogenital anatomical variations so that there are no misdiagnoses, because they have significant legal consequences for families and children^{12,23}.

These results suggest that standard protocols should be used to assess child sexual abuse cases from a forensic and medical-legal perspective. Doctors should be careful when they think a vulvar mass or genital bleeding alone is a sign of abuse. Vaginal and urethral prolapse should be considered when an alternative diagnosis is made. This is in line with another research results suggest that trauma can cause uterovaginal prolapse (UVP), but sexual harassment is not the only cause.³ Finally, research in this area still has limitations, such as a lack of literature on the psychosocial and legal consequences of uterovaginal prolapse (UVP), differences in diagnostic methods, and a lack of longitudinal data. Prospective studies involving more cases and interdisciplinary collaboration among medical professionals, forensic specialists, and related experts are necessary to develop a more comprehensive protocol.

Diagnostic Differences Between Medical Prolapse and Sexual Trauma

Clinicians must employ standard examination protocols to confirm the diagnosis, which include labial traction and the knee-chest position. Additionally, the use of a Foley catheter can serve as a crucial confirmatory step to identify a urethral opening within the mass and ensure that the mass does not originate from the vaginal wall or the hymen. Based on the Adams classification system and forensic evidence, here is a basic diagnostic comparison:²⁸

In forensic medicine, suspected cases of sexual violence require special handling, as previously explained. In this classification, findings of lacerations or deep injuries to genital tissue and the hymen are categorized as definitive evidence of sexual contact, specifically penetration (Adams Class III). Because many cases of sexual violence are difficult to prove in court due to frequent delays in examination, physical injuries have often healed by the time they are examined.

Table 3. Urethral Prolapse Based on Adams Class

Characteristics of Urethral Prolapse (Adams Class I)	Characteristics of Sexual Trauma (Adams Class III)
A circular, doughnut-shaped mass that is an eversion of the terminal urethra.	A laser incision or visible tear at the edge of the hymen, particularly in the posterior region (3 to 9 o'clock).
The urethral meatus is located exactly in the center of the mass (as confirmed by catheterization).	Bruising, petechiae, or open wounds on the hymen or vestibule.
The hymen remains anatomically intact despite being obstructed by a mass.	The injury extends to the posterior fourchette, the navicular fossa, or the perianal area.
Diagnosis: Confirmed by observing the flow of urine from the center of the mass.	Diagnostic: Detection of the perpetrator's DNA or deep penetrating injuries.

Therefore, the use of colposcopy is highly recommended to document genital injuries not visible to the naked eye to strengthen evidence in court. Medical personnel are obligated to report any suspicious clinical findings (such as non-congenital uterovaginal prolapse (UVP) with bleeding) to child protection authorities or the police for further investigation.²⁹

CONCLUSION

This study concludes that uterovaginal prolapse (UVP) in children is a clinical condition and may be a potential indicator of sexual abuse; however, its occurrence may also be attributed to purely pathological conditions or congenital factors. Findings from the literature review indicate that acquired uterovaginal prolapse (UVP) is often associated with repeated sexual trauma. However, due to clinical similarities with other medical conditions, uterovaginal prolapse (UVP) cannot be immediately considered definitive evidence of abuse without a comprehensive forensic evaluation. It is important for medical practitioners to conduct a careful differential diagnosis, paying attention to the integrity of the hymen and using standard protocols such as the Adams classification to distinguish between urethral mucosal eversion and lacerations resulting from penetration.

Although clinically, most of these cases can be effectively managed through conservative treatment, the primary priority in the forensic field is to prevent misdiagnosis, which can have serious legal consequences for families and children. Therefore, clear clinical guidelines and interdisciplinary collaboration between medical personnel, forensic experts,

and law enforcement are necessary to improve diagnostic accuracy and ensure the proper protection of children, particularly in cases involving complex anogenital symptoms such as this one, uterovaginal prolapse (UVP).

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