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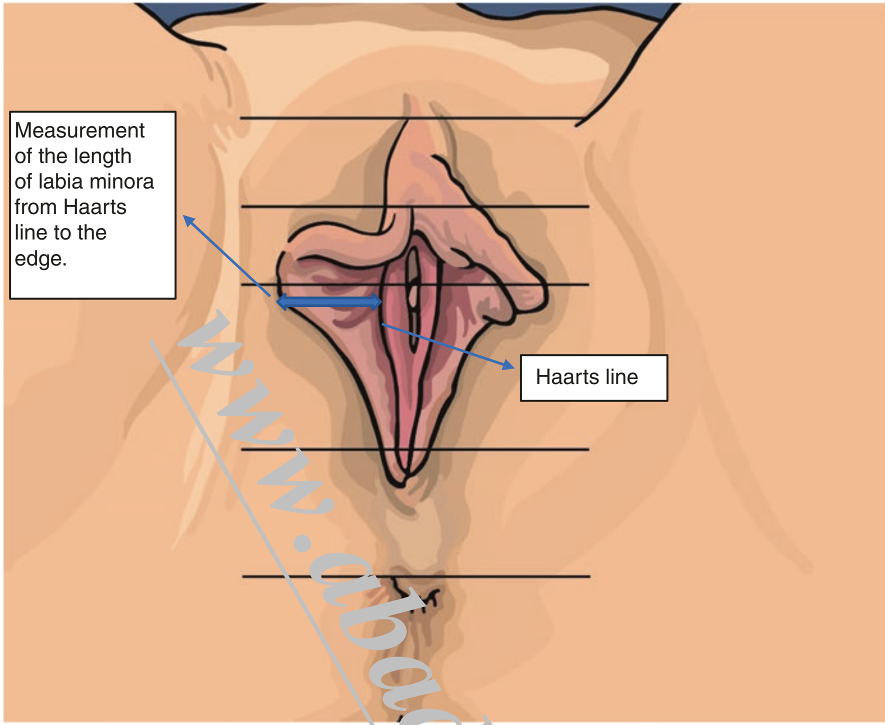

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Fig. 4.1 Labia minora length measurement explanation. (Personal Drawing)

Table 4.1 Different classifications of labia minora hypertrophy

Classification	Author	Characteristics	Advantages/disadvantages	Disadvantages
Radmann	Radmann 1963	> 5 cm	Length	No other components
Fiedrich	Friedrich 1983	>5 cm	Length	No other components
Talita Franco	Yelda Felicio 1992 Francia	>6 cm	Length	No other components
Alter	Alter 1995	Simetria	Evaluation of other components	NA
Pardo/Ricci/ Sola	1998	Severidad	Severity is a subjective interpretation	NA
Rouzzieer	2000	>4 cm	Length	No other components
Saba Motakef	2015	>4 cm	Considers indirectly anatomical variants	No other components
Colaneri	2017	>5 cm	Classified with grades 0, 1, 2, 3 considers labia minora and clitoral hood as independent units	

There are several classifications for the approach of labia minora hypertrophy; the common denominator is the measurement of the size in centimeters; when reviewing them thoroughly I found, for example, the group of Dr. Saba Motakef divides it into three degrees according to the length in cm from the interlabial fold to the most distal portion of the lip as follows: Saba Motakef group divides it in three grades according to the length in cm from the interlabial fold to the most distal portion of the labia as follows: grade I (0–2 cm), grade II (2–4 cm), and grade III (greater than 4 cm). Additionally the author adds a letter “A” in case of asymmetry and a letter “C” in case of compromise of the clitoral hood, omitting other components of the vulva involved in the hypertrophy of the labia minora [7].

Chang and collaborators proposed a new classification system “snip and clip” that consists of describing hypertrophy according to its anatomical location as follows:

- Class 1: less than 2 cm “moderate,” protrusion of the labia minora beyond the posterior vulvar commissure, may be visible, but without exceeding the labia majora
- Class 2: greater than 2 cm, protrusion of the labia minora, beyond the posterior vulvar commissure, and with extension to the labia majora
- Class 3: may include class 2, tissue that protrudes above the clitoris in a separate area
- Class 4: may include class 2 or 3, protrusion of tissue beyond the perineal body and anus [8]

Regarding severity, it is important to emphasize that from the ethical point of view it is difficult to put adjectives to this clinical condition as mild, moderate, or severe, since a small hypertrophy for a patient can be severe and a large hypertrophy for a patient may not be bothersome at all; for this reason I believe that the degree of severity is not a component that should be taken into account inside a classification of labia minora hypertrophy, in the same way the group of Dr. Pardo and colleagues catalog some types of hypertrophy in their series, as mild, moderate, or severe, which I find difficult to interpret, taking into account the great anatomical variability present in the vulva [9].

Smarrito and collaborators made a 9-year-follow-up in more than 100 patients describing basically three types of labia minora hypertrophy as follows:

- Type I: excess skin located in the anterior third without involvement in other areas, “flag shape.”
- Type II: excess skin at the level of the anterior and middle third “oblique shape.”
- Type III: excess skin in the posterior third [10] (Fig. 4.2).

Returning to the common denominator (length in centimeters), the group of Talita and Franco in 1993 described their classification in four grades as follows:

- **I Less than 2 cm**
- **II from 2 to 4 cm**
- **III from 4 to 6 cm**
- **IV larger than 6 cm**

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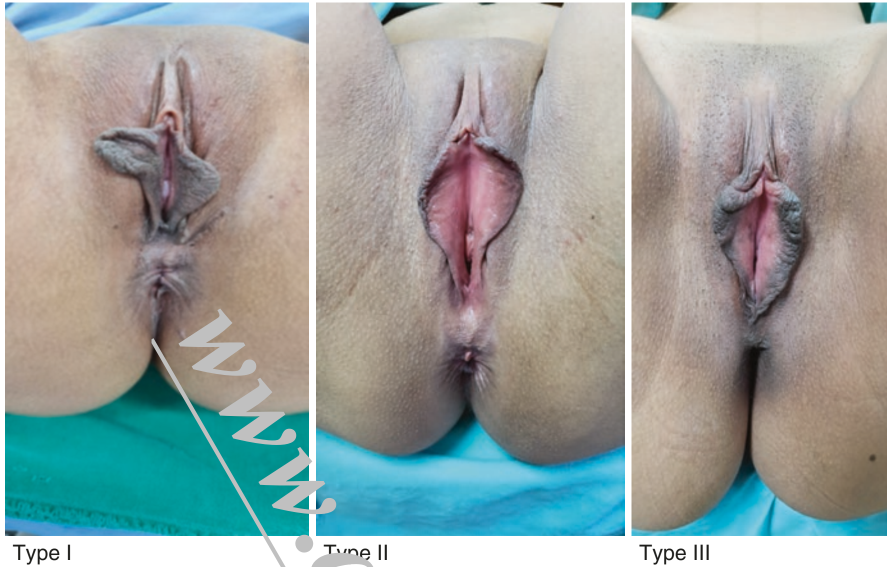

Fig. 4.2 Interpretation of classification of Smarrito and collaborators

However, when a more extensive search was made, it was found that this classification is originally described by a French author Yhelda Felicio in 1992 and was erroneously assigned to Talita-Franco [11].

Continuing with the extensive search of classifications, we find one more described by Dr. Cunha and collaborators, in this classification the author tries to describe the anatomical variants that are directed from the clitoral hood or the posterior vulvar commissure [12] (Figs. 4.3, 4.4, and 4.5).

With all the previous classifications, there has been an immense interest on the part of the authors to express their own or their group's vision about labia minora hypertrophy and what in their opinion could be a classification system, which is why I consider them to be basic classifications and not very reproducible, from the point of view of surgical planning techniques, which is why since 2015, I had the idea of proposing a classification that adequately described all the components involved in labia minora hypertrophy, such as the clitoral hood, the labia minora, and the posterior vulvar commissure (Fig. 4.6), additionally, to evaluate and classify the symmetry, since these characteristics are very important when planning a proper surgical technique for a labiaplasty. Finally, after several months of work I was able to publish it [1, 13]:

It consists of three parts:

1. **Length (centimeters)**

   I Less than 2 cm
   II 2–4 cm
   III 4–6 cm
   IV larger than 6 cm

Fig. 4.3 Interpretation of classification of Cunha type I

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2. **Location**

   (A) in those hypertrophies that have a predominantly anterior involvement.
   (B) in those hypertrophies that have a central predominant involvement.
   (C) in those hypertrophies that have a predominantly generalized involvement.

3. **Symmetry**

   (S) in symmetric hypertrophies.
   (A) in asymmetric hypertrophies.

In such a way that in this classification, the three most important aspects in a labia minora hypertrophy, such as the length, the anatomical area involved, and the symmetry, I consider when planning the best surgical technique that suits the anatomy of the patients, in order to obtain better results, from the aesthetic, functional, and sexual point of view.

As an example, I present the following clinical case that will facilitate the understanding of this classification, and therefore its application will be easier.

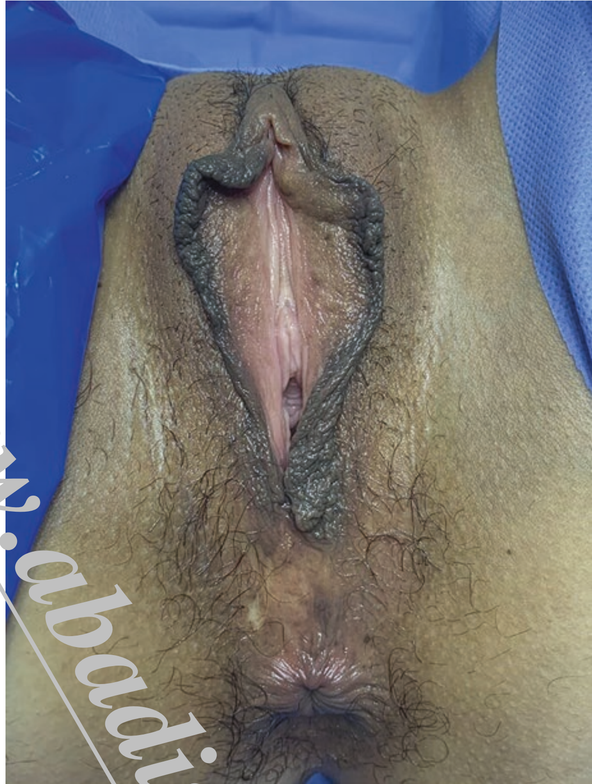

Fig. 4.4 Interpretation of classification of Cunha type II

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Twenty-five-year-old patient with excess tissue at the level of the labia minora distributed toward the clitoral hood of the labia proper, greater than 6 cm predominantly on the right side and at the level of the posterior vulvar commissure.

It can be interpreted as:

- **Hypertrophy of labia minora: IV-C-A (**Fig. 4.7)
  where

  IV—is the size in centimeters
  C—is the generalized compromise
  A—asymmetry due to predominance on the right side

Additionally, the presence of anatomical variants and their location in the horizontal plane can be added to the clinical assessment, e.g., duplications, bifurcations, and trifurcations of the clitoral hood, and in the vertical plane, ptosis and elongation of the clitoral hood.

Work is currently underway to validate the classification at an international level.