COMPLICATIONS OF FEMALE GENITAL MUTILATION AT THE REFERENCE HEALTH CENTER OF COMMUNE IV, OF BAMAKO DISTRICT IN MALI

M. Toure¹, A. Traore ², M. Traoré³, A. Azadeh⁴, I. Tegueté⁵, Y. Traore⁶,

¹. University Mali
². Gynecologist Hospital du Mali
³. Reference Health Center of Commune IV, Mali
⁴. Gambia
⁵. University Mali
⁶. University Mali

It's about a retrospective study had been occurring from 2002-2009 were concerned patients old from 0-49 years, received in our center for health care complications. The objective was to identify the types of Female Genital Mutilation, the types of gynecological and obstetrical complications, evaluate the impact of UNFPA in the management, identify the management circuit, identify the constraints.

We received 364 cases managed either a frequency of 3 to 4 cases per week. Children under 5 years constituted 55,81% of patients 42,86% of our patients came from the regions of the country; 70% of our patients weren't educated. Dysuria was the main gynecological complication with 51,65% followed with vulvar cysts 7,97% keloid and dyspareunia (3,57%) vulvar flanges 2,47 section of meatus, vulvar cysts keloids and dyspareunia (3,57%), the vulvar flages 2,47%.vulvar abscess.

Dystocia by vulvar obstruction leading to fetal death, to caserean section were the main obstetrical complication followed the lears during childbirth.

The type III was the FGM type most frequent with 53,30% followed by type II 30,22% and type I by 16,48%

The disinfibulation has been the most practised surgery intervention with 53,30% of cases. Constraints in managements are financial. A management circuit is instuaded. UNFPA intervention has an impact on the management of complications.

Keys words: Female Genital Mutilation, gynecological, obstetrical complication, management.