

Original Research

Evaluation of common pediatric gynecological disorders

¹Vikas Mehrotra, ²Rakhi Mehrotra

¹Professor, Department of Paediatrics, Venkateshwara Institute of Medical Sciences, Gajraula, Uttar Pradesh, India;

²Professor, Department of Obstetrics & Gynaecology, Venkateshwara Institute of Medical Sciences, Gajraula, Uttar Pradesh, India

ABSTRACT:

Background: The gynecological conditions that affect toddlers and adults are not the same. The gynecologist must therefore be aware of some of these disorders and have a management strategy. The present study was conducted to assess common pediatric gynecological disorders. **Materials & Methods:** 84 pediatric patients with gynecological disorders were included. The prenatal, postnatal, and sibling histories of each patient were documented, as was the delivery method. Milestones of development, vaccinations, and nutritional condition were also recorded. The mother's medical history was also elicited, as was any history of drug use, particularly with regard to hormones. Any consanguinity history was noted. **Results:** Age group 8-9 years had 9, 9-10 years had 14, 10-11 years had 26 and 11-12 years had 35 cases. The difference was significant ($P < 0.05$). Common gynecological problems were perineal injury in 8, sexual assault in 11, labial synaechiae was seen in 6, vulvovaginitis was seen in 7, puberty menorrhagia in 14, haematometocolpos in 9, ovarian cyst/tumours in 7, ambiguous genitalia in 5, and hydrometrocolpos in 17 cases. The difference was significant ($P < 0.05$). **Conclusion:** Labial synaechiae, vulvovaginitis, perineal injuries, sexual assault, puberty menorrhagia, ambiguous genitalia, hydrometrocolpos, hemometocolpos, and ovarian cysts/tumors were among the frequent gynecological issues.

Keywords: gynecological, ovarian cysts, Paediatrics

Corresponding author: Rakhi Mehrotra, Professor, Department of Obstetrics & Gynaecology, Venkateshwara Institute of Medical Sciences, Gajraula, Uttar Pradesh, India

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INTRODUCTION

The gynecological conditions that affect toddlers and adults are not the same. The gynecologist must therefore be aware of some of these disorders and have a management strategy. A subspecialty of gynecology that has not gotten enough attention is pediatric gynecology.^{1,2} The idea of establishing distinct clinics has only surfaced in the last 20 years. Special attention should be given to a pediatric patient having her first gynecological examination.³ A kind, considerate demeanor helps the patient to unwind during the procedure and any subsequent gynecological exams.⁴

In order to minimize the child's worry and maximize the capacity to diagnose and treat her, information is gathered during the examination and history of a pediatric gynecologic patient.⁵ The prevalence of child abuse is rising, and dealing with it need for specialized knowledge.⁶ With an emphasis on early detection and consideration of delayed surgical management, the early care of disorders of sexual

development (DSDs) has evolved. Careful preoperative evaluation is necessary for the multidisciplinary evaluation and management of the child's pelvic mass in order to enable conservative management.⁷ The present study was conducted to assess common pediatric gynecological disorders.

MATERIALS & METHODS

The present study comprised of 84 pediatric patients with gynecological disorders. Patients ranged from 8-14 years. Parental consent was obtained before starting the study.

Data such as name, age etc. was recorded. The prenatal, postnatal, and sibling histories of each patient were documented, as was the delivery method. Milestones of development, vaccinations, and nutritional condition were also recorded. The mother's medical history was also elicited, as was any history of drug use, particularly with regard to hormones. Any consanguinity history was noted. Results thus

found were assessed statistically. P value less than 0.05 was considered significant.

RESULTS

Table I Distribution of patients based on age group

Age group (Years)	Number	P value
8-9	9	0.05
9-10	14	
10-11	26	
11-12	35	

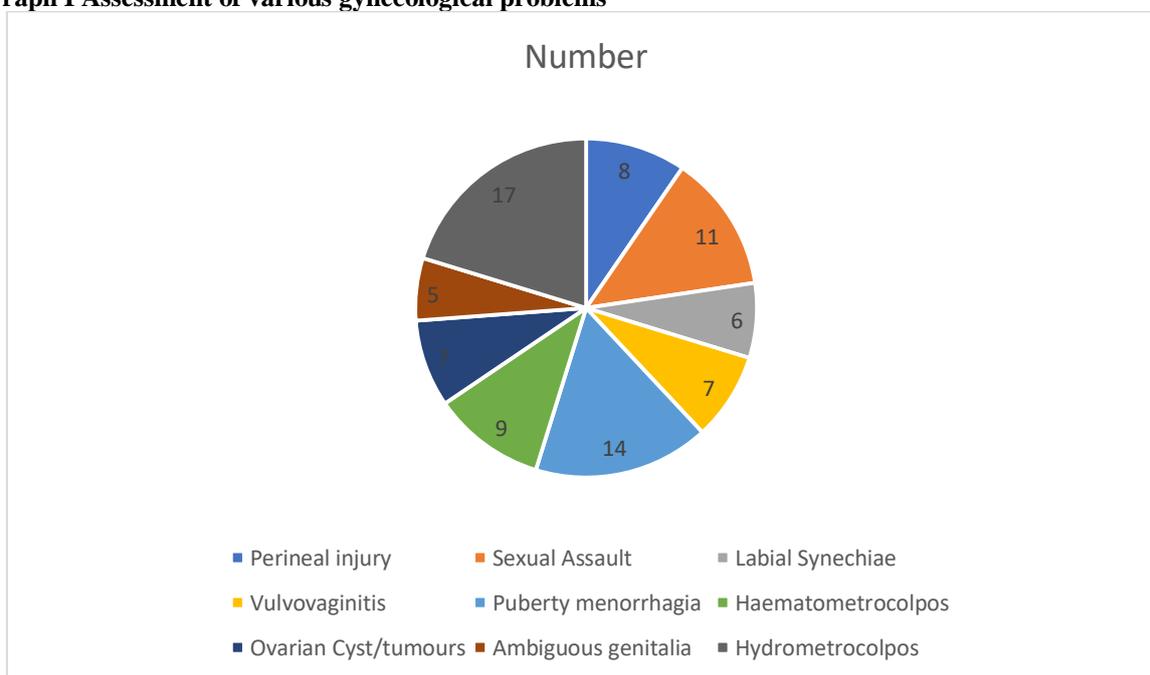
Table I shows that age group 8-9 years had 9, 9-10 years had 14, 10-11 years had 26 and 11-12 years had 35 cases. The difference was significant (P< 0.05).

Table II Assessment of various gynecological problems

Gynecological problems	Number	P value
Perineal injury	8	0.05
Sexual Assault	11	
Labial Synechia	6	
Vulvovaginitis	7	
Puberty menorrhagia	14	
Haematometocolpos	9	
Ovarian Cyst/tumours	7	
Ambiguous genitalia	5	
Hydrometrocolpos	17	

Table II, graph I shows that common gynecological problems were perineal injury in 8, sexual assault in 11, labial synaechiae was seen in 6, vulvovaginitis was seen in 7, puberty menorrhagia in 14, haematometocolpos in 9, ovarian cyst/tumours in 7, ambiguous genitalia in 5, and hydrometrocolpos in 17 cases. The difference was significant (P< 0.05).

Graph I Assessment of various gynecological problems



DISCUSSION

Pediatric and adolescent gynecology focuses on a unique subset of gynecologic disorders among younger females.⁸Gynecologic problems in children frequently manifest as vaginal and vulvar concerns, whereas in adolescents, complaints of abnormal menstrual bleeding and abdominopelvic pain frequently lead to a gynecologic evaluation.⁹ Common

gynecologic disorders include vaginal discharge complaints and inflammation of the vulvar and vaginal tissues. The vagina's hypoestrogenic condition in children increases their vulnerability to infection. In contrast to the vagina of teenagers and adults, the vagina has an alkaline pH and a thin mucosa.¹⁰ Additionally, children are more vulnerable due to behavioural factors such frequent play that can allow

dirt or sand to cause irritation or infection, poor hand washing, and poor perineal hygiene that can lead to faecal contamination.¹¹ A youngster may exhibit vulva erythema, discharge, irritation, pruritis, urinary symptoms, or an unusual odour. The vaginal epithelium in teens is further developed and becomes more resistant to infection as a result of the increase in estrogen. Thus, in this age group, vaginitis, cervicitis, and salpingitis are more prevalent than vulvovaginitis.¹² The present study was conducted to assess common pediatric gynecological disorders.

In presents study, age group 8-9 years had 9, 9-10 years had 14, 10-11 years had 26 and 11-12 years had 35 cases. Phillip et al¹³ evaluated the frequency and types of hemostatic defects occurring in adolescent and perimenopausal-age women diagnosed with menorrhagia. A total of 115 women with a physician diagnosis of menorrhagia, including 25 adolescent women, 25 perimenopausal-age women, and 65 women between the ages of 20 and 44, underwent comprehensive hemostatic testing for possible bleeding disorders. Frequencies of bleeding disorders were calculated and compared. Forty-seven percent of women were found to have hemostatic abnormalities, including platelet dysfunction, von Willebrand's disease, and coagulation factor deficiencies. Adolescents and perimenopausal-age women with menorrhagia were just as likely to have hemostatic abnormalities as were women aged 20 to 44.

We found that common gynecological problems were perineal injury in 8, sexual assault in 11, labial synaechiae was seen in 6, vulvovaginitis was seen in 7, puberty menorrhagia in 14, haematometocolpos in 9, ovarian cyst/tumours in 7, ambiguous genitalia in 5, and hydrometrocolpos in 17 cases. Byams et al¹⁴ currently evaluated unexplained menorrhagia in female patients. The overall response rate was 42.4%. Eighty-two percent of respondents reported having seen patients with menorrhagia caused by a bleeding disorder. Seventy-seven percent of physicians reported they would be likely or very likely to consider a bleeding disorder as causing menorrhagia in adolescent patients; however, only 38.8% would consider bleeding disorders in reproductive age women.

Jones et al¹⁵ in their study found that *S. pyogenes* was the pathogen in 59% of 80 prepubertal girls with vulvovaginitis in another research. Oral antibiotics like ampicillin or penicillin should be effective in treating this infection. Asymptomatic bacterial carriage in the nasopharynx has been linked to recurrent vulvovaginitis with *S. pyogenes*.

Vulvovaginitis is an inflammation of the vulva and vagina. It is the most common gynecological condition in prepubertal girls, often presenting with discharge, redness, irritation, or itching.¹⁶ Etiology includes poor perineal hygiene, use of irritants (e.g., bubble baths, scented soaps), tight clothing or synthetic underwear, inadequate wiping technique (front to back), group A *Streptococcus*, *Haemophilus*

influenzae, or *Gardnerella vaginalis*, *Candida albicans* (rare in prepubertal girls unless immunocompromised or on antibiotics), Pinworms (*Enterobius vermicularis*) and herpes simplex virus (HSV) in cases of suspected abuse or congenital infection.

CONCLUSION

Authors found that Labial synaechiae, vulvovaginitis, perineal injuries, sexual assault, puberty menorrhagia, ambiguous genitalia, hydrometrocolpos, hemometocolpos, and ovarian cysts/tumors were among the frequent gynecological issues.

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