

GYNAECOLOGICAL PROBLEMS IN PAEDIATRIC AGE GROUP

(Review of Five Years)

by

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Introduction

Paediatric Gynaecology deals with diseases of the female genital tract upto 12 years of age. Only in recent years has the gynaecologist become more interested in the gynaecological problems in the infant and child. We have become aware that many of the problems seen in adult life stem from abnormalities which began during childhood. Because they are encountered infrequently by any one physi-

cian, disorders of the female genital tract may raise diagnostic and therapeutic questions.

The present study deals with gynaecological problems encountered in 65 girls under the age of 12 years during five year period from Jan. 1975 to Dec. 1979 at L.T.M.M.C./L.T.M.G.H. Sion, Bombay-400 022.

Material and Results

Table I shows the etiological factors for

TABLE I
Etiological Factors in Relation to Age

Etiological Factors	Age Groups			Total
	Less than 2 years	3-9 years	10-12 years	
Trauma	2	16	12	30 (46.8%)
Vulvo vaginitis	—	2	3	5 (7.8%)
Labial Adhesions	1	—	—	1
Congenital Malformations	—	1	4	5 (7.8%)
Female Hermaphroditism	1	—	2	3
Menstrual Disorders	—	2	9	11 (16.5%)
Ovarian Tumours	—	—	2	2
Miscellaneous	1	5	2	8

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which gynaecologist was consulted and their break up in relation to age. Majority of the patients (51%) were from the age group of 10-12 years. Commonest problem encountered by us was traumatic lesions of the genital tract. Other problems in-

cluded menstrual disorders, vulvovaginitis, congenital malformations and female hermaphroditism in the order of frequency.

Traumatic Lesions: As shown in Table II there were 20 cases of traumatic vulvo-

TABLE II
Type of Trauma

Type	No.
Vehicular accidents	5
Fall on sharp object	15
Sexual molestation	2
Rape	4
Foreign body	4

vaginal injury either due to vehicular accident or due to fall on a sharp object. These cases had presented with active bleeding and required suturing under anaesthesia. In all cases post operative recovery was astonishingly fast and uneventful.

Two girls in the age group of 10-12 year had traumatic vulvovaginal injury due to sexual molestation with introduction of stick in 1 case and fingers in the other. One of them required suturing of the vaginal tear under anaesthesia.

In 4 girls between 3-9 years of age the vulvovaginal injury was associated with insertion of foreign body in the vagina by the patients themselves. The presenting feature in all of them was blood stained discharge. All 4 required removal of foreign body under anaesthesia.

In 4 cases of alleged rape admitted in our hospital, there was no positive evidence of alleged assault in 3 cases. Only 1 of them had fourchette tear which required suturing under local anaesthesia, and sedation. V.D.R.L. test was negative in 3 of them and no sperms were detected in the vaginal smears in all.

Vulvovaginitis: There were 5 cases of vulvovaginitis in this series, in addition to those associated with foreign body (Table III). Four cases were of pyogenic vulvo-

TABLE III
Type of Infection and Organisms Grown

Type	No.	Staph- Aureus	Staph & Strepto	No growth
Labial Adhesions	1	—	—	1
Vulvo- vaginitis	5	2	2	1

vaginitis. *Staphylococcus aureus* was the causative organism in all of them. All presented with yellowish vaginal discharge, erythema of vulva and were treated with local application of oestrogen cream and systemic antibiotics. One of them required incision and drainage of the vulval abscess which failed to resolve in spite of antibiotics. There was 1 case of non-specific vulvitis which presented with local soreness and hyperaemia of the labia and external urinary meatus. No organism could be grown on culture in this case. Better hygiene, local cleanliness and oestrogen cream cured the disease.

There was 1 case of labial adhesions aged 2 years, adhesions were separated by a probe and artery forceps. Topical application of oestrogen cream prevented further adhesions of the raw surface. No organisms could be grown on culture.

Congenital malformations

Imperforate Hymen: There were 2 cases of imperforate hymen who presented with haemocolpos. They were treated successfully by excision of the membrane.

Transvers septum of Vagina: There were 2 cases with transverse septum of

vagina with associated haematocolpos. Haematocolpos was drained by excision of the septum.

Vaginal Agenesis: In 1 case aged 7 years the lesion was asymptomatic and detected accidentally by the parents. Construction of artificial vagina was deferred until marriageable age.

Menstrual Disorders

Eleven girls in this series had presented with menstrual disorders of various types (Table IV).

TABLE IV
Menstrual Disorders

	No. (%)
Menorrhagia	3 (27.27%)
Dysmenorrhoea	4 (36.36%)
Oligomenorrhoea	2 (18.18%)
Precocious menstruation	2
Total	11

Dysmenorrhoea was commonest among them (36.36%) and was treated with anti-spasmodics, analgesics, and reassurance.

Menorrhagia was encountered in 27.27% of cases. In 2 cases menorrhagia improved with haematinics, reassurance and rest. One patient required cyclical hormonal treatment.

Precocious menstruation was seen in 2 cases from the age group 3-9 years. Both the cases were completely investigated and no abnormality was detected. Hence both of them had constitutional precocious puberty.

Ovarian Tumors: In 2 girls in the age group 10-12 years, the presenting feature was lump in abdomen. On exploration simple serous and dermoid cyst respectively were removed.

Female Hermaphroditism: There were 3 cases with heterosexual characters in

this series. In only 1 of them clinical impression of adrenogenital syndrome could be confirmed. The girl aged 1 year had hirsutism, virilism and enlarged clitoris. She had hypertension 160/100 mm. of mercury. Clinical impression of adrenal cortical hyperplasia was confirmed by urinary 17-ketosteroid excretion which was 5 mg/24 hours. (Normal for 1 year of age is 0.5 mg to 1 mg/24 hours, Wilkins 1965). Vaginal cytology showed atrophic smear with maturation index 70/30/0 indicating absence of excessive oestrogen stimulation. Bone age was reported to be 8 years. All other investigations including complete haemogram, serum electrolytes, I.V.P. and peri-renal insufflation were within normal limits.

Another girl aged 12 years had hirsutism, virilism and enlarged clitoris, where all investigations including laparoscopy and ovarian biopsy did not reveal any abnormality.

Idiopathic enlargement of the clitoris was also observed in a girl aged 7 years under treatment for schizophrenia. All the other investigations were within normal limits.

Miscellaneous problems included variety of cases shown in Table V. One case

TABLE V
Miscellaneous Conditions

Anterior abdominal wall abscess	1
Vaginal cyst	1
Perianal venereal warts	2
Prolapse urethra	1
Enuresis	1
Prolapse rectum	1
Vaginal anus	1

of anterior abdominal wall abscess which was mistaken for intra abdominal lump, required incision and drainage. There was

1 case of outgrowth from external urinary meatus which was amputated. Histopathological report indicated chronic urethritis. Rectal prolapse, vaginal cyst were encountered in 1 case each. There was 1 case of congenital communication of rectum with vagina. Correction of the condition was deferred until puberty.

Discussion

As shown in this study commonest problem encountered by us was traumatic vulvovaginal injury (48.6%) either due to vehicular accidents, fall, foreign body or sexual molestation and rape.

Vulvovaginitis is a common problem in young girls probably due to lack of oestrogenic effect. Banerjee and Banerjee (1977) encountered this problem in 62.5% of cases. Vaginitis was common infection problem encountered by us. This observation and the causative organisms (Staph-Aureus) compares well with those reported by Gray and Kotcher (1960). Labial adhesions were encountered in one case.

Congenital Anomalies of the genital tract may not be detected until menarche. Unless the parents are overcautious and vigilant. In 2 cases each of imperforate hymen and transverse vaginal septum the anomaly was not detected until 10-12 years of age when patients presented with haematocolpos. Congenital agenesis of vagina does not produce any symptoms in paediatric age group and reconstruction may be postponed until marriagable age. Surgical repair of vaginal anus is usually postponed until ten years when sufficient space and tissue is available for repair (Telinde, 1962),

Neoplasms of genital tract are rare in

paediatric age group. Commonest site is ovary and 2 most frequent causes of ovarian enlargement being non-neoplastic cyst and dermoid (Lang and Allen, 1971). Only 2 cases were encountered by us in 5 years. One was a simple serous cyst and the other was a dermoid.

Intersex is a rare condition but may pose diagnostic and therapeutic problems and may be encountered in early post-natal life also. Out of the 3 cases of intersex in our series only 1 could be probed as adrenogenital syndrome.

Menstrual problems are usually seen in older age group. Dysfunctional uterine bleeding was observed in 27.27% of cases with menstrual problem. Only 1 of them required cyclical hormonal therapy while others responded to conservative treatment.

Precocious puberty requires complete investigations and assurance. More often it is idiopathic or constitutional in origin (Wilkins, 1965). In 2 of our cases with precocious puberty, no cause could be detected.

Summary

Review of gynaecological problems in paediatric age group for a period of 5 years has been presented with special reference to diagnosis, clinical features and treatment. Commonest problem encountered by us was traumatic vulvovaginal injury (46.8%). Other problems included menstrual disorders (16.5%), infections, congenital malformations and female hermaphroditism.

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