GYNAECOLOGICAL PROBLEMS IN YOUNG GIRLS

(A study of 108 cases)

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The principal recent advance in paediatric gynaecology has been the wider recognition of its importance. Formerly, gynaecological pediatric conditions were thought extreme raritis, so divorced from every day gynaecology as to be little more than curiosities. Few took an interest in them or had any experience of them.

Now the picture has changed and gynaecologists are recognising the importance of certain gynaecological conditions in very young, although these conditions are far from common, they are by no means insignificant. Moreover, their relative infrequency together with the greater difficulty of adequate vaginal and pelvic examination in children means that correct management is seldom easy.

The emotional problems of the parents are often pronounced which adds to the difficulty of treating their little girls who has a gynaecological condition. It is fortunate that this aspect of gynaecology is being given the attention it deserves. The present study deals with the gynaecological problems of young girls.

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Material and Methods

In the present study, both indoor and outdoor patients were studied in P.B.M. Group of Hospitals, Bikaner in the Department of Gynaecology. Gynaecological problems encountered in 108 girls under the age of 13 years were studied. Detailed history was taken. Clinical findings were confirmed by laboratory investigations wherever necessary. Datas were collected and tabulated.

Observation

In the present study of 108 cases, gynaecological disorders observed have been tabulated in Table I.

Infection of genital tract was the commonest problem encountered. Different infective disorders observed have been tabulated in Table II.

Non-specific Vulvo-Vaginitis

Thirty-three cases presented with local soreness and hyperaemia of external surface of hymen and vaginal mucosa. Fecal contamination was the principal etiological factor. In 7 cases, coliform bacteria were identified. Therapy was primarily considered, but proper cleaning and frequent change of under-garments plays a great role.

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TABLE I Gynaecological Disorders

No.	Disease	No. of cases	Percentage
1.	Infection	75	69.44
2.	Congenital abnormality	11	10.18
3.	Traumatic lesion	5	4.64
4.	Menstrual disorders	15	13.88
5.	Non-specific leukorrhoea	1	0.93
6.	Tumours (Ovarian)	1	0.93
	Total	108	100.00

TABLE II
Type of Infection

Infection	No. of cases	Percentage
Non-specific vulvo vaginitis	33	44.00
Allergic manifestation	2	2.66
Intestinal parasites	2	2.66
Foreign bodies	4	5.34
Urinary tract infection	2	2.66
Pyogenic vaginitis	20	26.67
Gonococcal vulvo vaginitis	2	2.66
Specific vaginitis—Fungal	1	1.34
-Trichomonal	2	2.66
Labial fusion	7	9.35
Total	75	100.00
	Non-specific vulvo vaginitis Allergic manifestation Intestinal parasites Foreign bodies Urinary tract infection Pyogenic vaginitis Gonococcal vulvo vaginitis Specific vaginitis—Fungal —Trichomonal Labial fusion	Non-specific vulvo vaginitis Allergic manifestation Intestinal parasites Foreign bodies Urinary tract infection Pyogenic vaginitis Gonococcal vulvo vaginitis Specific vaginitis—Fungal —Trichomonal Labial fusion 33 Allergic valvo vaginitis 2 5 5 6 7 7

Allergic Manifestation

Two females of 5 and 7 years of age were having extensive excoriation around the vulva with urticaria all over the body. Both responded to anti-histaminics.

Foreign Bodies

Four females with age ranging 3 to 6 years presented with blood stained purulent vaginal discharge. There was extensive vulvo-vaginitis. Rectal examination revealed foreign body in vagina, which was removed under general anaesthesia.

Pyogenic Vaginitis

Twenty young females came with complaining of excessive vaginal discharge which was foul smelling. No foreign body was detected, causative organism was E. coli.

Labial Fusion

The lesion is believed to be the result of mild infection. There were 7 cases in this series in the age group of 7 months to 3 years. There was no evidence of inflammation, no pathological organism was identified. Adhesions were separated by probe and oestrogen cream was applied to prevent further adhesions.

Congenital abnormalities were found in 11 cases (Table III).

TABLE III
Congenital Abnormalities

S. No.		No. of cases	Percen- tage
1.	Extrophy of		
	bladder	1	9.10
2.	Vaginal agenesis	5	45.45
3.	Imperforated		
	hymen	5	45.45
	Total	11	100

Vaginal Agenesis

Five females of 5-10 years came with vaginal agenesis, which was detected by their mothers accidently. Creation of vagina was postponed for next date.

Imperforated Vagina

Five cases of 11-13 years of age presented with imperforate hymen, one young girl of 11 years belonged to lower socioeconomic status and was having frequent pain in lower abdomen. On bimannual examination, thick hymen was detected, hymenectomy was done.

Five cases in the present series presented with the traumatic injuries (Table IV).

TABLE IV
Traumatic Lesions

S. No.		No. of cases	Percen-
1.	Vulval haemo-		
	toma	1	20.00
2.	Third degree		
	perineal tear	2	40.00
3.	Vaginal injury	2	40.00
	Total	5	100.00

Of the 4 cases of injury of vagina 2 had fall from bicycle, 1 fell from Gymnastic bars and developed huge vulval hematoma. One had road accident, had fracture pelvis with third degree perineal tear, and she ultimately died.

Menstrual disturbances observed has been tabulated in Table V.

TABLE V Menstrual Disturbances

S. No.		No. of cases	Percen-
1.	Menorrhagia	10	66.66
2,	Dysmenorrhoea	5	33.33
	Total	15	100.00

Ten young females in this series presented with functional menorrhagia. One case was having thyrotoxicosis,, same was treated.

Tumours

One young female of 12½ years was brought with swelling in lower abdomen. Uterus was smaller than normal size. On laparotomy, right sided ovarian tumour (Dermoid) was detected and same removed.

Discussion

The commonest problem encountered in present series was infection of genital tract (69.44%), while Banerjee and Banerjee (1977) observed vulvovaginitis in 62.5% of cases. On the other hand, Ambiye and Vaidya (1981), in their series, observed commonest problem as traumatic vulvovaginal injuries (48.6%). Fecal contamination was the main etiological factor in the present series. Non-specific vulvovaginitis is considered to be secondary to poor perineal hygiene when coliform bacteria are the predominant organism found in properly obtained vaginal culture (Huffman, 1977).

The common pathological organism responsible for vaginitis observed by Ambiye *et al* (1981) and Gray and Kotcher (1960) was staph. aureus.

Congenital anomalies of the genital tract may not be detected until menarche, unless the parents are over-cautious and vigilant. In the present series, 5 cases of 5-10 years presented as vaginal agenesis, which was detected accidently. Creation of vagina was postponed for next date. Congenital agenesis of vagina does not produce any symptom in pediatric age group and reconstruction may be postponed until marrigeable age. Surgical repair of vaginal anus is usually postponed until ten years when sufficient space and tissue is available for repair (Telinde, 1962).

Commonest cause of ovarian enlargement in pediatric group is non-neoplastic cyst and dermoid (Lang and Allen, 1971).

In our study only one case of dermoid cyst was encountered.

Summary

Commonest problem encountered was infection of genital tract. Other problems included traumatic lesions (4.64%), Congenital abnormalities (10.18%) and menstrual disorders in 13.88% cases.

References

- Ambiye, V. R. and Vaidya, P. R.: J. Obstet. Gynaec. India. 31: 783, 1981.
- Banerjee, M. S. and Banerjee, S.: J. Obstet. Gynaec. India. 27: 733, 1977.
- Gray, L. A. and Kotcher, E.: Clinical Obstet. Gynaec. 3: 107, 1960.
- Huffman, J. W.: Clinical Obstet. Gynaec. 20: 581, 1977.
- 5. Lang, W. R. and Allen, B. P.: Clinical Obstet. Gynaec. 24: 1017, 1971.
- Telinde, R. W.: Operative gynaecology by Telinde, 3rd Edition, page No. 65,
 J. B. Lippincott Company, 1962.