

Gynaecological Problems in Children and Adolescent Girls

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Summary : Eighty children and adolescents undergoing operation in Eden Hospital, Calcutta have been studied. Adolescents formed the major group of cases. Major operation was performed in 57.5% patients and minor in 42.5%. Congenital defects were responsible in 30% cases and in 70% cases the disease was acquired. 35% patients presented with history of primary amenorrhoea. We had 14 cases of ovarian tumour and 15 cases with genital injury, out of the latter 7 cases had history of sexual assault.

Introduction

Children and adolescent girls attending Gynaecology department is a rare occurrence in our country. It is as if a social stigma. Guardians are scared to take their younger girls to Gynaecologist lest others think that she is seeking abortion. As a result they go to Paediatricians, Homeopath and Physicians before they come to Gynaecologist, with a huge tumour or haematometra. It is only since 80's that children and adolescent girls do come to the Gynaecologist. Other than education and health consciousness successful operation on certain cases of gynetresia seems to be important reason for increased number of young girls being brought to Gynaecologist. It will be evidenced from Table I which shows relative number of young girls admitted in the hospital.

Material & Method

Patients admitted in the department of Obstetrics and Gynaecology, Eden Hospital, Medical College, Calcutta during 1985 to 1987 have been studied in detail.

Results & Analysis

Over the years 80 cases have been admitted for gynaecological operation.

Type of cases	No. of Study group / Total	% of total
Labour cases	2704/20342	13.29
M.T.P.	916/7233	12.66
Gynae. operation	80/27400	0.29

Table II

Distribution of age of patients

Age	Number	%
< 2 years	2	2.5
2-12 "	21	26.2
13-18 "	57	71.2
Total	80	99.9

Table I shows that while 25.95% cases were admitted with pregnancy, only 0.29% were admitted for gynaecological causes.

Table II shows that maximum number of patients 71.2% were in adolescent age group between 13-18 years.

Table III shows that in 30% cases the disease was congenital and in the remaining 70% it was acquired. Most of the congenital cases comprised of Mullarian defect or streak gonad with one case of V.V.F., whereas amongst acquired diseases, there were equal number of injury and tumour.

Table IV - Analysis of ovarian cysts shows that most of the cysts were benign, epithelial tumours being 6 and germ cell tumours being 7.

Table V - It is shocking to note that 50% of total injury was due to sexual assault. Victim being usually child labour and footpath dweller, 3 cases with coital injury were young married girls aged 14/15 years, who suffered from severe vaginal laceration and perineal tear requiring repair and one of them needed 1 bottle of blood.

Table VI shows different types of operations performed, it was noted that minor operation was performed in 42.5% cases and the rest had under gone 57.5% major operation.

Table III
Nature of the diseases

Congenital		Acquired	
V.V.F.	1	Labial fusion	14
Imperforate hymen	6	Ovarian cyst	14
Vaginal septum	2	T.O. mass	1
Cervical atresia	1	Broad ligament	1
Accessory horn	1	Cyst	
		DUB	6
M.R.K.H.S.	8	PCOD	5
Streak gonad	3		
Testicular Feminisation	2	Vulvar injury	7
		Vaginal injury	8
		Vulvo Vaginal mass	8
		F.B. Vagina	2
		Bartholin cyst	1
		Inversion	2

Table IV
Analysis of the type of ovarian cyst.

Types	Number	%
Simple serous cyst	6	42.8
Dermoid cyst	4	28.5
Chocolate cyst	1	7.2
Dysgerminoma	3	21.4
	14	99.9

Table V
Causes of vulvo vaginal injury

Types of Injury	Number	%
Sexual assault	7	46.6
Coital injury	3	20
Trauma or accident	5	33.3
	15	99.9

Discussion

It has been observed that in adolescent gynaecological problems ovarian neoplasm comprised a major group of cases, commonest being simple serous cyst. Next common were germ cell tumours viz. dermoid and dysgerminoma. All the cases were benign except 3, which were dysgerminomas. Jones & Heller (1966) however, found dermoid to be the commonest variety. They noted ovarian neoplasm to be a rare disease in children. We have also found most cases in adolescent girls.

Hollingsworth (1978) remarked that ovaries were by far

the most common site of genital neoplasm. They observed germ cell neoplasm to be the commonest variety in children and adolescents. Only 10% of such tumours were malignant. We found 3 cases of dysgerminoma out of 14 ovarian tumours.

Dewhurst (1981) reported that ovarian cysts were found not infrequently in adolescent girls, commonest being dermoid. Simple cyst of follicular variety was also found. Dysgerminoma appeared to be relatively more common than in adult. Tyagi et al (1967) has reported that dysgerminoma was a common tumour in children in Japan and some parts of India.

About symptoms, Jones & Heller (1966) remarked that patients seek medical advice at puberty mainly when menstruation fails to occur, maldevelopment of uterus and vagina or mullerian agenesis being the cause; in this series 28 cases presented with primary amenorrhoea. Chakraborty (1982) also reported menstrual abnormality and amenorrhoea as leading adolescent problems. Krutner & Hollingsworth (1978) have mentioned that adolescent female become victim of rape in 50% cases of rape. The victim were selected, he said, due to relative helplessness. All cases of sexual assault in our series were child labour uncared for by their guardian or footpath dweller. He also mentioned that genital trauma could be due to other reasons. We found 5 cases of accidental injury, 7 cases were raped and 3 coital injury in young married girls. Macfarlane (1995) had also

Table - VI
Type of operation performed

Minor - 34 (42.5%)		Major - 46 (57.5%)	
Separation of L. fusion	- 1	Excision ovarian tumour	- 14
Excision of Vag. septum	- 1	" T. O. mass	- 1
Removal of F. B. Vagina	- 1	" Broad ligament cyst	- 1
D & C	- 6	Ovarian biopsy	- 3
Repair of vulvar injury	- 7	Wedge resection	- 2
Repair of Vag. Injury	- 8	Laparotomy	- 5
Hymenectomy	- 5	Vag. reconstruction	- 8
Drainage of haematometra	- 3	Repair of V.V.F.	- 1
Marsupialisation of Bartholian cyst	- 1	Excision of haematometra in accessory horn	- 1
		Correction of inversion	- 2
		Excision of vulvo vaginal tumour or cyst.	- 8

reported injury as the highest killer of adolescent girls in England; fortunately there was no death in our series.

Jones & Heller (1966) observed vulvo-vaginitis to be very common in children; it is not found so frequently in our country. There were only 2 cases of vaginitis due to F.B. and 1 case of labial fusion resulting from vulvo-vaginitis. F.B. as a cause of vulvo-vaginitis has been mentioned by Jones & Heller (1966) also. They have also mentioned labial fusion as a result of infection. Disaia & Creasman (1993) have corroborated that germ cell tumour was commonest in children and dysgerminoma was commonest in young women.

Dewhurst (1981) mentioned about labial fusion but he thought it to be due to low estrogen level. We found vulvo-vaginitis in our case. This was also the observation of Wentz (1988).

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