Adolescence – Can it be Frightening?

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A 17 year old, single Muslim girl Miss S.S., a school dropout, residing in a slum area of Mumbai, presented at the Gynaecology outpatient department at LTM General Hospital in December 1998 with the chief complaints of something coming out per vaginum since the past 6 months. She also had back ache off & on and excessive white discharge per vaginum since the past 4 to 5 months. On direct questioning there was no history of chronic cough, constipation or any bladder complaints. She had suffered from pulmonary T.B. 3 years ago for which complete anti-T.B. therapy was taken on her local physician's advice. The patient has attained menarche 3 years ago. She gave no history of abortion. Her menstrual cycles were regular.

On discrete questioning, she revealed a history of multiple sexual assaults by force and coercion by a neighbour known to her. She had a broken home due to parental discord and was residing with her mother since childhood. However she could not confide her problem to anybody due to an intense fear of being ostrasized in a conservative social milieu,

On examination, her vital parameters were normal. She had mild pallor. Respiratory and Cardiovascular systems were normal. On examination, the tone of her abdominal muscles was average and the liver and spleen were not palpable. The spine was normal. On local examination, the hymen was not intact. There was a third degree uterovaginal descent, a grade three cystocoele, a traction enterocoele and a rectocoele with lax perineum. There was supravaginal elongation of cervix along with a decubitus ulcer. On bimanual examination the uterus was retroverted, normal sized, smooth, firm and mobile. There was no adnexal mass. Patient and her mother were explained about the problems and the need to undergo corrective conservative surgery for prolapse to prevent further complications.

She was admitted and a complete baseline hematological profile was done. Her HIV and serum VDRL were negative. Xray chest and USG abdomen and pelvis were normal. She was given a course of antibiotics. Vaginal tampons soaked in glycerine, acriflavine and magnesium sulphate were inserted for a week. A PAP smear report showed inflammatory cells. The patient underwent a Shirodkar's abdominal sling surgery under general anesthesia by a Pfannensteil incision using a mersilene tape to elevate the uterus. Bilateral round ligament plication was done. A posterior colpoperineorrhapy was performed. She recovered well postoperatively.

The patient was discharged after a compassionate counselling and has been adviced to follow-up at the outpatient department.

This interesting case highlights the physical and psychosocial problems encountered by a neglected adolescent girl in a developing country like ours. Sexual assault is fast growing, frequently committed and goes under reported most times. There could be unwanted pregnancies, unsafe abortions, exposure to STD and post traumatic stress disorders. These could add to the already preexisting problems like anemia and malnutrition commonly found among adolescent girls.