



A profile of adolescent girls with gynecological problems

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OBJECTIVE(S) : To study the gynecological problems of adolescents.

METHOD(S) : A total of 124 adolescent girls attending the gynecological outpatient department were included in the study. After history taking and examinations, investigations like hemogram, coagulograms, hormonal assays, and sonography were done wherever applicable.

RESULTS : Menstrual disorders were found to be the commonest gynecological problem (58.06%). They varied from amenorrhea (29.16%) to menorrhagia. Dysfunctional uterine bleeding was the commonest etiology of menstrual dysfunction (32/46) in the group under study.

CONCLUSION(S) : Menstrual abnormalities are the most common problems of adolescents. Setting up of adolescent clinics is desirable

Key words : adolescence, gynecological problems

Introduction

Gynecological problems of adolescents occupy a special space in the spectrum of gynecological disorders of all ages. This is because of the physical nature of the problems which are so unique, special, and specific for the age group, and also because of the associated and psychological factors which are very important in the growth and psychological remodeling of someone in the transition between childhood and womanhood.

Yet adolescent gynecology is a subspecialized area of gynecology which has still not been explored optimally. In this study, an attempt has been made to review the gynecological problems of the adolescent population attending the gynecological outpatient department (OPD).

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Methods

All 124 girls in the age group of 13 to 19 years attending the gynecological outpatient department from August 2002 to July 2003 were included in the study. A detailed history of gynecological problems and other associated problems was taken. In addition to the general examination, height, weight, and secondary sex characteristics were recorded. Investigations such as hemogram, coagulogram, hormonal assays (FSH, LH, Prolactin, TSH), and pelvic ultrasound were done as and when indicated.

Results

Table 1 shows the types of gynecological problems encountered in the adolescent population under study. Menstrual disorders were the commonest problem (58.06%).

Table 2 gives the menstrual disorders which varied from amenorrhea (29.16%) to menstrual dysfunction (70.83%). Seventeen girls had menorrhagia with three of them having a hemoglobin of < 4g/dL, eleven having 4-8 g/dL and 3 having > 8 g/dL.

The etiological analysis of the amenorrhea is given in Table 3.

Table 1. Gynecological problems.

Types	Number	Percent
Menstrual disorders	72	58.06%
Lucorrhea	24	19.35%
Ovarian tumors	19	15.32%
Clitoral abscess	1	0.80%
Teenage pregnancy	5	4.03%
Sexual assault	3	2.41%

Table II. Menstrual disorders (n=72).

Menstrual disorders	Number
Amenorrhoea	
Primary	8
Secondary	13
Total	21 (29.16%)
Menstrual dysfunction	
Menorrhagia and metrorrhagia	17
Hypomenorrhoea and oligomenorrhoea	29
Dysmenorrhoea	5
Total	51 (70.83%)

Table 3. Etiology of amenorrhoea (n=21).

Etiology	Number
Primary amenorrhoea	
Mullerian agenesis	3
Imperforate hymen	2
Gonadal dysgenesis	1
Testicular feminizing syndrome	2
Total	8
Secondary amenorrhoea	
Polycystic ovarian disease	10
Premature ovarian failure	1
Marked psychological stress	1
Anorexia nervosa	1
Total	13

Table 4 gives the etiology of menstrual dysfunction. Dysfunctional uterine bleeding (DUB) defined as absence of clinically detectable pelvic pathology was the commonest etiology (32/40).

Table 4. Etiology of menstrual dysfunctions.

Etiology	Number
Dysfunctional uterine bleeding	32
Polycystic ovarian disease	10
Thyroid disorder	2
Idiopathic thrombocytopenic purpura	1
Marked psychological stress	1
Total	46

Discussion

The present study shows that menstrual disorders are the commonest gynecological problem (58.06%) in adolescent girls. These range from amenorrhoea to menorrhagia. Amenorrhoea, both primary and secondary, was present in 21 girls. Mullerian agenesis was found in three out of eight girls with primary amenorrhoea and one of these three had solitary kidney. Two cases of primary amenorrhoea were ultimately diagnosed as testicular feminizing syndrome through karyotyping. One case of primary amenorrhoea with intermittent pain in abdomen had vaginal agenesis. She underwent vaginoplasty and is now having regular menstruation.

Most of the patients (10/13) suffering from secondary amenorrhoea (duration 4-5 months) or oligomenorrhoea were ultimately diagnosed to be cases of polycystic ovarian disease (PCOD) based on clinical criteria of menstrual problems, features of hyperandrogenism, and sonography findings. Associated problems like obesity were also present in half of them. But two cases of PCOD also presented with periods of amenorrhoea followed by menorrhagia.

Premature ovarian failure as a cause of secondary amenorrhoea is found in 10% cases below the age of 40¹. It is rare in adolescents. In our study one girl had secondary amenorrhoea due to premature ovarian failure based on amenorrhoea of more than 6 months, serum FSH of 43 IU/L, and absence of follicles in the ovary on sonography.

DUB is not only restricted to the adult population but is more common in adolescents². In as many as 95%, abnormal

vaginal bleeding is caused by DUB³. It may take 2 to 5 years for the complete maturation of hypothalamic pituitary ovarian axis⁴. In the present study, out of the 51 girls suffering from menstrual problems, 32 were found to have DUB. Nineteen cases of ovarian tumors were found in this study out of which 10 had dermoids and 8 had simple serous cyst adenoma. In one case, the tumor showed mixed solid and cystic areas on sonography. It turned out to be sertoli leydig cell tumor (arrhenoblastoma) on histopathology. The patient was given chemotherapy.

Pregnancy in teenagers is a problem threatening the ultimate reproductive and child health. These girls often do not have safe sex and are vulnerable to sexually transmitted diseases. Moreover after getting pregnant, to avoid social problems, they go to quacks and undergo criminal abortion in unauthorized locations and land up with serious complications and chronic pelvic inflammatory disease which affect their reproductive health in future. Teenage pregnancies accounted for 4.03% of (5/124) cases in our study.

Three girls were brought to the hospital as victims of sexual

assault. Though these girls were victims of adverse situations, 12 other girls attending the OPD for other problems accepted being sexually active. These girls need to be counseled so that they do not end up having unwanted pregnancy and criminal abortion.

Adolescent gynecology is not a new subject. But it needs increasing awareness and further attention. Since the problems are specific to this group, setting up of separate adolescent clinics is desirable for efficient management.

Reference

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