Original article

Adolescent gynaecological problemes in a tertiary care centre

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Abstract

Objective: Our objectives was to study the gynaecological problems in adolescents and its causative factors.

Methodology: A total of 100 girls (13-18 years) attending gynaec OPD and emergency were included in the study. A detailed history and physical examination was done.Investigations like haemogram, coagulation profile, hormonal assays, sonography, karyotyping etc. were done as and when indicated.

Result : Menstrual disorders were commonestgynaecologicalproblems74% followed by vaginal discharge 17% and ovarian tumours4%. Menstrual abnormalities were in the form of amenorrhoea21.62%, irregular menstruation59.45% anddysmenorrhea 18.91%. Dysfunctional uterine bleeding was the commonest cause of irregular menstruation27/44. Endocrinal abnormalities like hyperprolactinemia (4cases), and hypothyroidism (3 cases) were present among 20 cases of oligomenorrhoea. Teenage pregnancy was cause of secondary amenorrhoea in 3 cases.

Conclusion : Menstrual abnormalities are the most common problem of adolescents. Adolescentgynaecology needs increased awareness and greater attention in order to protect and promote the health of teenagers. This can perhaps best be done by setting up specialized adolescent clinics.

Key words: adolescence, teenage, gynaecological problems

Introduction

Adolescence is the transitional period of life when the carefree child becomes the responsible adult. It is characterize by physical and psychological changes backed by the profound polyglandular endocrinological adjustments. According to WHO, age limit is 10 to 19 years, but the changes may begin before and continue after this age group[1]. Developmental changes rather than age limits or physical milestones are probably the best markers. Gynecological problems of adolescents occupy a special space in the spectrum of gynecological disorders of all ages.

In this age physical nature of problems is unique; and emotional and psychological factors are also associated[2,3].With this preview, a study has been done to find the gynecological problems of the adolescents attending gynecological OPD and emergency with the aim to study type of problems, causative factors and treatment modalities.

Methodology

A total of 100 girls in the age group of 13 to 18 years attending gynaecology OPD or emergency in Vijaya Nagara Institute of Medical Sciences, Bellary between July 2010 to June 2011 were included in the study. A detailed history was taken. First, the girl was interviewed regarding her problems and then girl's mother, was interviewed to get the details of any previous medical problems. Physical examination including height and weight, general examination, secondary sexual characters, and any congenital anomalies was noted. At the end of examination, nature of problem was discussed with the girl and parent. Privacy, comfort and friendliness were provided to the patient for getting any confidential information and sexual

activity. Investigation such as haemogram, coagulogram, hormonal assays (FSH, LH, Prolactin, and Thyroid profile), ultrasound examination of abdomen and pelvis, karyotyping was done as and when indicated.

Results

Table-1: Gynaecological problems

Types	Number	Percent
Menstrual disorder	74	74%
Vaginal discharge	17	17%
Ovarian tumours	4	4%
Septic abortion	3	3%
Sexual assault	2	2%

Menstrual disorders were the commonest problem 74%followed by vaginal discharge 17%.

Table-2: Type of menstrual disorders

Type of Menstrual Disorder	Number
Amenorrhoea	16 (21.62%)
Primary	7
Secondary	9
Menstrual Dysfunctions	
Dysmenorrhoea	14 (18.91%)
Primary	12
Secondary	2
Irregular Menses	44 (59.45%)
Menorrhagia	15
Polymenorrhoea	9
Oligomenorrhoea	20

Menstrual abnormalities were in form ofamenorrhoea 21.62% , irregular menstruation 59.45% anddysmenorrhoea 18.91%.Menorrhagia was present in 15 subjects with three of them having Hemoglobin <5gm/dl, nine had 6-8gm/dl and three had >8gm/dl.

Table-3: Causes of Amenorrhoea

Causes	Number
Primary Amenorrhoea	7
Imperforate Hymen	5
Mullerian agenesis	1
Turner's syndrome	1
Secondary Amenorrhoea	9
Polycystic ovarian disease	6
Pregnancy	3

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Table-4: Causes of Menstrual Dysorder.

Types of Menstrual Disorder		**Number**
Dysmenorrhoea		14
	Primary	12
	Secondary	2
Irregular Menses		44
Dysfunctional uterine bleeding		27
Polycystic ovarian syndrome		9
Hypothyroidism		3
Hyperprolactinemia		4
Clotting disorder (ITP)		1

DUB defined as uterine bleeding in theabsence of detectable pelvic pathology was the commonest cause.

Discussion

Disturbances of menstruation, either actual or perceived, are the commonest presenting complaint in adolescent gynaecology clinic 75% of the new patients[1]. The present study also shows menstrual disorders as commonest adolescent gynaecological problem 74%.These ranged from amenorrhea to menorrhagia .In present study, primary amenorrhoea accounted for7%, which is similar to that reported by Sebanti et al[3] (6.45%).Mullerian agenesis was found in one out ofseven cases of primary amenorrhoea which had solitary kidney. Five cases of primary amenorrhoea presented with cyclic abdomen pain, retention of urine andhematocolpos (imperforate hymen) and were treated with cruciate incision of hymen. One casewas diagnosed as Turner syndrome. Secondary amenorrhoea due to teenage pregnancy accounted for 3% casesin our study. This is similar to thatreported by Sebanti et al[3] (4.30%) .All presented between 8-12 weeks. MTP was done in these subjects. The problem of preventing unwanted pregnancies needs to be urgently addressed[4,5] ,as it predisposes them to STIs, and RTIs (septicabortion and PID) affecting future reproductive health. PCOS based on clinical criteria of menstrual problem, features of hyperandrogenism and

USG finding of multiple ovarian cysts was diagnosed in 6/9 cases of secondary amenorrhoea. There were 9 more cases of PCOS, who had presented with oligomenorrhoea. Thus PCOS was cause of irregular menses in 15% of cases in our study. Venturoli et al [6]reports PCOS to be cause of irregular menses in one third (33%) of adolescent girls. Cycle regularity was restored with combined oral contraceptive pills. Addition of cyproterone acetate was helpful in presence of hirsutism.

Dysfunctional uterine bleeding (anovulatory type) is common in adolescents[7].In asmany as 95% , abnormal vaginal bleeding is caused by DUB[8].It is because of immaturity of HPO axis which may take 2 to 5 years for complete mauration[9]. In present study 59.45% casesof menstrual irregularities were found to have DUB. Counselling was done in the absence of menorrhagia. Hickey and Balen[10] also mentions that reassurance of the girls and her parents isthe most appropriate management of DUB. Anaemic subjects were treated with haematinics, antifibriolytics and hormones (OCPs or progestogens). Prolonged hormonal therapy with OCP was avoided as it causes premature

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fusion of epiphysis. In cases presenting with oligo-menorrhoea, hormonal assay (thyroid function tests and serum prolactin) yielded results in 7 out of 20 cases (1/3rd of cases), 4 had hyperprolactinemia and 3 had hypothyroidism. Hormonal assay should be a part of diagnostic work up of adolescents with menstrual disorders[10].

Primary dysmenorrhoea was presenting complaint in 12 cases. Three cases had problem severe enough to prevent them from going to school. Their sibling and mother also had similar problems. Dickensalso mentions family history of Primary dysmenorrhea[11]. Endometriosis was diagnosed by ultrasound in one case of secondary dysmenorrhoea which was treated by removal of endometriotic cyst at laparotomy.

Vaginal discharge was second commonest complaints in17% cases. All of them had physiological leucorrhoea which responded to counselling and maintenance of hygiene. STIs (Chlamydia, Human papilloma virus and herpes simplex virus infection) is reported in 8 to 27% of adolescent girls in western countries[12]. Therefore, gynaecologists should have a high index of suspicion of STIs in this age group.

Ovarian tumours were found in 4%, 2 had simple serous cyst and 2 haddermoid cysts. Sebantiet al[2] have reported higher incidence of ovarian tumour (15.32%) intheir series. Two cases presented with injury to perineum, due to sexual assault. STI and HIV screening was done in these cases as well asemergency contraception were prescribed.

Three unmarried girls presented with septic abortion due to illegal interference. One required laparotomy for generalised peritonitis. One was admitted in a state of septic shock with ARF and died within few hours of admission. One case of incomplete septic abortion with features of local peritonitis was managed with antibiotics and D&E. In all cases, corrective measures and counselling of the girl and family was done. WHO estimates that 2.5 million adolescents have unsafe abortions annually[13]. It is a complex and challenging issue. We need tocreate awareness about negative health consequences and socio-economic causes.

Conclusion

Teenage problems need to be dealt with sensitively. Counselling is an integralcomponent of treatment strategies. Safe sex practices, STIs specially HIV and emergency contraception should be included in sex education. At present, adolescent gynaecology remains an area to which increased awareness and greater attention should be given to protect and promote the health of teenagers.

This can perhaps best be done by setting up specialized“Adolescent Gynaecological Clinics”.

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