Paediatric and adolescent gynaecology for general gynaecologists

Miss Susan Ward

Consultant Obstetrician and Gynaecologist
Sherwood Forest Hospitals Trust
Nottinghamshire

Head of School for East Midlands
• No conflict of interest
Subtitle:

What I have learnt about paediatric and adolescent gynaecology since joining BritSPAG

British Society for Paediatric and Adolescent Gynaecology
Joint clinic with paediatric consultant

Child protection support

Dedicated nursing staff

Access to psychology services

Clinic environment which is child friendly
General gynaecological problems in children and adolescents age 0 – 16 years

- Pre-pubertal conditions
  - labial adhesions / vaginal bleeding
  - vaginal discharge / vulvovaginitis

- Vulval itching

- Disorders of puberty

- Primary amenorrhoea
- Secondary amenorrhoea

- Menstrual disorders in adolescents
  - menorrhagia
  - primary dysmenorrhoea

- Pelvic pain

- Contraception
- Unplanned pregnancy
  - Sexually transmitted infections
  - Body dysmorphia (labia)

- Child protection
- Sexual abuse

- Female genital mutilation

- Athletic triad / eating disorders
Clinical history paediatric patient

- Usually from parent
- Pregnancy details
- Birth details
- Developmental milestones
- Family history

- Always ask about sexual history in the absence of the parent
  - Contraception?
  - Infection risk?
  - Parents aware of sexual activity?

- Social circumstances / school / childcare
  - Safeguarding
Examination

- Often not needed
- External examination of vulva if needed
- Abdominal examination if obstructive pathology or ovarian cyst suspected
- Almost never do vaginal examination in clinic
Referral 1/3/2017

"I would like some advice regarding a 2 year old girl with a possible genital anomaly as mum is very anxious. She noticed that the child has only one small opening in the vaginal area. Mum apparently had the same problem when she was a baby and needed an operation aged 3 months to open up the vagina.

On examination the child has normal labia and a clitoris. I cannot see an obvious urethral opening. She does have a small pin hole opening in the vaginal area and a normal anus. Abdomen was soft with no palpable bladder. I wonder could this be a urogenital sinus or vaginal agenesis? Does anything need to be done and what should I advise mum?"
Labial Adhesions

- Adhesions secondary to chronic irritation
- Commonest in babies and toddlers
- Usually asymptomatic, possibly urinary difficulties

- Perineal inspection reveals fused labia preventing visualization of hymen or urethral meatus

- Treat with topical estrogen cream for several months

- Hardly ever need surgical separation
Recurrent vulvo-vaginitis

....because of anatomy and physiology

- Lack of protective acid secretions
- Thin, atrophic mucosa
- Poorly developed vulval fat pads
- Hairless labia
- Labia do not meet in midline
- Vagina close to anus
Recurrent bacterial vulvo-vaginitis

- age group - 3 to 10 years
- acute inflammation with offensive and often purulent discharge with pruritus
- excoriation and dysuria

- Non-specific bacterial vulvovaginitis
- Group A beta-haemolytic streptococcus
- Haemophilus influenzae
- NOT Candida

Isolating gonococcus from swabs means sexual abuse – need child protection services
If the discharge is:
persistent
heavy / offensive
bloodstained
does not respond to antibiotics & hygiene measures

- consider foreign body
Vulval Irritation without discharge

Common causes are

- Threadworms (nocturnal itching)
- Dermatological conditions: nappy rash, eczema, psoriasis
- Allergic vulvitis
- Lichen sclerosus
  - may have ecchymoses
Imaging

- Consider use of ultrasound carefully...
- Prepubertal uterus is notoriously difficult to identify*
  - Scans will usually be transabdominal
  - Only transvaginal if sexually active
- MRI to assess mullerian anomalies
- No role for diagnostic laparoscopy

*The clandestine uterus: or how the uterus escapes detection prior to puberty
Michala L et al. BJOG 2010
Rare conditions causing primary amenorrhoea

- Premature ovarian failure
- Karyotype e.g. Turner’s mosaic girls can be normal height

- Congenital anomalies of genital tract
  - Mayer Rokitansky Kuster Hauser syndrome (Mullerian agenesis)
  - need extra psychological support

- Haematocolpos
  - imperforate hymen
  - transverse vaginal septum
  - diagnosis can be mistaken unless careful examination
Haematocolpos

‘lateral vulval stretch’ technique

Imperforate hymen
Transverse vaginal septum
MRI showing transverse vaginal septum

U = uterus
V = distended vagina

arrow is at level of top end of septum
Teenagers - menorrhagia

Mostly likely to be anovulatory cycles

but also consider:

Clotting disorders e.g. von Willebrand's
Blood dyscrasias e.g. thrombocytopaenia

Pregnancy complication e.g. miscarriage
Pelvic Inflammatory Disease

Hypothyroidism

Polycystic Ovarian syndrome
(but teenage ovaries look polycystic on scan)
We’ll put you on the pill which will make your periods much lighter and less painful.

Wicked, all my friends are on the pill. Now I’ll have good birth control too – just what I wanted.

She’ll start having sex if she goes on the pill. How will we explain it to her father?

Mum thinks
Ovarian cysts in children

- Ovarian cysts are rare in under 30’s
- Young girls have 3-5% of all ovarian neoplasms
- 4.5%-16% are malignant
- 1% of childhood malignancies
- 65% of malignancies are germ cell tumours
- 23% of germ cell tumours are malignant
Current management in UK

- most are operated on by paediatric surgeons rather than gynaecologists
- commonest procedure is salpingo-oophorectomy
(Professor Garden)

Single tertiary hospital
155 cases identified

62 of the 155 girls were under the age of 9 years

24 girls < age 9 years had oophorectomy
Histology in girls of all ages having oophorectomy

- Malignancy 10
- Benign epithelial 5
- Functional 9
- Para-ovarian 4
- Benign teratomas 30
- Torsion 21
- Haemorrhage 1
Recommendations: “save the ovary”

- Conservative management of ovarian torsion
- More use of tumour markers
- Better use of peri-operative imaging
- Conservative management of ‘cysts’ <5cm
- More co-operation between paediatric surgeons and gynaecologists
- Joint development of protocols
- Follow-up by gynaecologists
Labial reduction requests

- Teenagers unhappy with the size / length of their labia minora
- Sometimes asymmetrical
- Requesting ‘labiaplasty’ surgery

www.bbc.co.uk/tv/bbcthree ‘My unusual vagina’
http\www.google “position statement from BritSPAG about labiaplasty”

   - Training for Doctors Testimonials Dr. Alex Bader

2. Labiaplasty Surgery - 40 min Out Patient Procedure Adwww.thesurreyparkclinic.co.uk/Treatments Highly Trained Consultants. Get Back Your Confidence - Enquire Online Now! No GP Referral Required. Fully Qualified Surgeons · +18’s Only · Experts in Women’s Health Services: Gender Scan, Early Pregnancy Scan, Viability Scan, Harmony Test
   - About The Clinic Available Treatments Experts In Female Health Testimonials

3. MYA Labiaplasty - Join 1000’s Of Happy Patients - mya.co.uk Adwww.mya.co.uk/Cosmetic/Surgery The Celebrities Choice! 0% Finance Available. Book Your Free Consultation Today. Flexible Finance Options · As Seen On TV · Highest Quality
   - Quality And Transparency Find The Nearest Clinic Book A Free Consultation Procedures At MYA
There is no evidence that the incidence of labial pathology has changed. The increase [in labiaplasty operations] cannot be accounted for in medical terms.

Labiaplasty does not tackle the cultural and economic factors that are giving rise to vulval appearance distress. There is no scientific evidence to support the practice of labiaplasty and, for girls under the age of 18 years, the risk of harm is even more significant.

Frontline and specialist clinicians should improve their skills and confidence in educating and supporting the girls and, where appropriate, their parents.

www.britspag.org
Management of labiaplasty requests

- Re-assurance about normality
- Discussion about potential effects on future sex life / sensitivity of vulva / scar tissue
- Surgery not available on NHS in UK

‘The labia library’
http://www.labialibrary.org.au
Women’s Health Victoria
“Great Wall of Vagina”