

A study of various gynecological problems in adolescent girls

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Abstract

Introduction: Adolescence in girls has been recognized as a special period which signifies the transition from girlhood to womanhood, which are formative years when maximum amount of physical, psychological and behavioural changes take place most notable being the onset of menstruation. **Aims and Objectives:** To study the various gynecological problems of adolescents. **Materials and Method:** All the adolescent girls (age between 10-19 years) attending the institute with gynecological complaints were enrolled in the study. Detail history and complete clinical examination was done in all the girls. All the adolescent girls were treated using standard protocol and followed up regularly. Counseling of parents and girls was done wherever required. **Results:** Majority (30.38%) of the adolescent girls attending gynecology department were having menstrual disorders followed by primary amenorrhea (22.78%) and sexual assault (29.11%). Menorrhagia was observed in 17 cases. Among the primary amenorrhea cases; Cryptomenorrhea and true amenorrhea was seen in 9 cases each. 23 cases of sexual assault were in the present study. **Conclusion:** Thus in the end we conclude that menstrual abnormalities are the most common problems of adolescents.

Keywords:

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INTRODUCTION

The term adolescence came from Latin word meaning "to grow to maturity". WHO has defined adolescence as a period between 10-19 years.¹ Adolescence in girls has been recognized as a special period which signifies the transition from girlhood to womanhood², which are formative years when maximum amount of physical, psychological and behavioural changes take place most notable being the onset of menstruation.³ However the period of adolescence vary widely depending on the tradition, culture and social factors within each society. Currently, one in every five person on the earth is an

adolescent and 85% of these adolescents live in developing countries.⁴ Females comprise almost 47 per cent and males 53 per cent of the total adolescent population. During this period of adolescence girls face various problems as transition from girlhood to womanhood is taking place. Among adolescent girls, 26.7% reported to have symptoms of reproductive tract⁵. Menstrual disorders, Primary amenorrhea, genital infection, ovarian tumors and Sexual assault etc has been observed in adolescent girls. 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 remodelling of someone in the transition between childhood and womanhood.⁶ Thus the present study was undertaken to study the various gynecological problems in the adolescent girls.

AIMS AND OBJECTIVES

To study the various gynecological problems of adolescents.

MATERIALS AND METHOD

The present longitudinal study was conducted at the department of gynecology of Dr. V.M. Medical College, Solapur. The study was conducted during August 2002 and September 2003. Following inclusion and exclusion criteria was used to select the study subjects.

Inclusion Criteria

- Adolescent girls (age between 10-19 years) attending the institute with gynecological complaints.
- Parents/ guardian are willing to give informed written consent.

Exclusion Criteria

- Age less than 10 years or more than 19 years.
- Not willing to give informed consent.

Thus by using the above mentioned inclusion and exclusion criteria, total 79 cases were enrolled in the study duration. Informed written consent from all the study patients was obtained before starting the study. The detail history of all the cases was noted on a prestructured proforma. Precaution was taken not to affect the

psychological and emotional stability of the adolescent girls while taking history and doing the examination. All the cases were examined thoroughly and necessary investigations were done wherever required. The cases were managed according to standard prescribed protocol. All the cases were followed up regularly. Counseling was done in the patient whenever required.

RESULTS

Table 1: Distribution of adolescent girls according to various gynecological problems

Gynecological Problems	No. of Cases	Percentage
Menstrual disturbances	24	30.38%
Primary amenorrhea	18	22.78%
Prolapse uterus	3	3.80%
Ovarian tumor	3	3.80%
Mentally retarded	4	5.07%
Traumatic injuries	2	2.53%
Vaginal discharge	2	2.53%
Sexual assault	23	29.11%
Total	79	100%

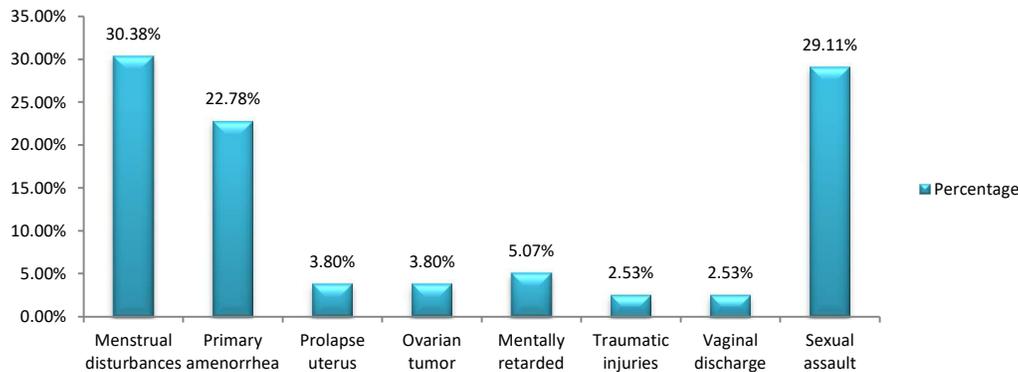


Figure 1: Distribution of adolescent girls according to various gynecological problems

It was observed that majority (30.38%) of the adolescent girls attending gynecology department were having menstrual disorders followed by primary amenorrhea (22.78%) and sexual assault (29.11%).

Table 2: Distribution of adolescent girls according to various menstrual disturbances

Menstrual disturbances	No. of Cases	Percentage
Menorrhagia	17	70.83%
Oligomenorrhoea	2	8.33%
Polymenorrhoea	2	8.33%
Dysmenorrhoea	3	12.50%
Total	24	100.00%

Among the menstrual disorders menorrhagia was observed in 17 cases, whereas oligimenorrhagia, polymenorrhoea and dysmenorrhoea were observed in 2 cases each.

Table 3: Distribution of adolescent girls according to Classification of primary amenorrhea

Causes		No. of Cases	Percentage
Cryptomenorrhoea (n=9)	Imperforate hymen	5	55.56%
	Transverse Vaginal septum	4	44.44%
True amenorrhea (n=9)	Absence of uterus	3	33.34%
	Hypo-plastic uterus	2	22.22%
	Turner syndrome	1	11.11%
	Hypogonadotrophic hypogonadism	1	11.11%
	Hyperprolactinemia	1	11.11%
	Delayed menarche	1	11.11%

Among the primary amenorrhea cases; Cryptomenorrhoea and true amenorrhea were seen in 9 cases each. Imperforate hymen was observed in 5 cases whereas

transverse vaginal septum was seen in 4 cases. Uterus was absent in 3 cases whereas Hypo-plastic uterus was seen in 2 cases.

Table 4: Conclusion on history and examination of sexual assault cases

Type	No of cases	Percentage
True rape	10	43.48%
Habitual to intercourse	13	56.52%
Total	23	100%

There were total 23 cases of sexual assault were in the present study. And it was observed that 13 cases were habitual to intercourse. However true rape was diagnosed in 10 cases.

DISCUSSION

In the present study there were 79 cases of various gynecological problems. 24 (30.38%) cases were of menstrual disturbances, 18 (22.78%) cases were with primary amenorrhea, 3 (3.80%) cases were of prolapsed uterus and 3 (3.80%) cases were of ovarian tumor. In a study conducted by Goswami Sebanti *et al*⁶ menstrual disturbances was seen in 58.06% cases. Menstruation is a phenomenon unique to the females. The onset of menstruation is one of the most important changes occurring among the girls during the adolescent years. The first menstruation (menarche) occurs between 11 and 15 years with a mean of 13 years. Adolescent girls constitute a vulnerable group, particularly in India where female child is neglected one. Menstruation is still regarded as something unclean or dirty in Indian society.⁷ The commonest menstrual disturbance observed in the present study was menorrhagia i.e. 17 (70.83) cases. Other menstrual disturbances were irregular menstrual cycles i.e. oligomenorrhoea and polymenorrhoeo 4 (16.67%) cases and dysmenorrhoea in 3 (12.5%) cases. In a study conducted by Harsha Solanki *et al*⁸ dysmenorrhoea was found to the most common problem in adolescent girls. Menstruation disorders are a common problem during adolescence. These disorders may cause significant anxiety for patients and their families.⁹ Physical and psychological factors contribute to the problem. Menorrhagia was observed in 7 (41.18%) cases which were in the age group 12 to 14 years. And 10(58.82%) cases in the age group 15 to 16 years. There was not a single case of menorrhagia beyond 16 years of age. Onset of menorrhagic cycles after menarche was maximum i.e. 7 (41.18%) cases in the first year of menarche, 4(23.53%) cases were within 1-2 year, 4 (23.53%) cases within 2-3 year and only 2 (11.76%) cases had menorrhagic cycles after 4 years of menarche. Thus it appears that the anovulatory cycles in early adolescent may be the cause for their menorrhagia. Hemoglobin estimation was done in all the cases of menorrhagia and

depending upon the grading of anemia appropriate treatment was prescribed. Primary amenorrhoea was the second most common (22.78%) menstrual disorder observed in the study. Goswami Sebanti *et al*⁶ reported 29.16% of cases of amenorrhea in their study. The cause for primary amenorrhea was crypromenorrhoea in 9 (50%) cases and true amenorrhoea in 9 (50%) cases. The cause for crypromenorrhoea was imperforate hymen in 5 (55.56%) cases; which was treated by cruciate incision of hymen (hymenectomy) and drainage of haemocolpos and haematometra. The 4(44.44%) cases with transverse vaginal septum were treated by double cross plasty operation. Out of 9 (50%) cases of true amenorrhea; absence of uterus was diagnosed in 3 (33.34%) cases. 2 cases (22%) presented with hypoplstic uterus and they were given hormonal treatment for withdrawal bleeding followed by cyclical hormonal therapy. There were 3 (3.80%) cases of ovarian tumor diagnosed in the study. one girl had left sided Granulosa cell tumor which was treated by Lt. sided salphingo ovariectomy followed by chemotherapy, BEP regime for 4 cycles. In spite of all these measure; the general condition was deteriorated and patient was discharged against medical advice. Right sided ovarian cyst was diagnosed in another case and she was treated by laparotomy, right sided cystectomy. On histopathological examination benign mucinous cystadenoma was diagnosed. The third case was Left sided twisted ovarian cyst which was admitted for acute abdomen, immediate laparotomy was done. There were 3 circles of twist to the pedicle of left sided ovarian cyst. Histopathological report was dermoid cyst. Ovarian tumors in children and adolescents represent a small proportion of ovarian neoplasms. Their infrequent occurrence, wide structural complexity and very little accurate data regarding the relative frequency has been observed. And these factors hindered efforts of categorization of benign and malignant tumors. Although the reports on individual patients and on small groups of patients are available for study, few large series of childhood ovarian tumors have been published. Some of these have used a classification based on outdated histogenetic concepts, and non-neoplastic cysts have been included in others, all of which obscure the relative frequencies of the various types of tumors.¹⁰ It was observed that there were 23 (29.11%) cases of rape. There were 7 (30.43%) cases of kidnapping and rape whereas 16 (69.57%) cases were of only rape. Majority of the cases of rape were in the age group of 17-19 years. There was no rape case between 10-12 years of age in the present study. On careful history and examination it was found that only 10 (43.48%) cases were of true rape whereas 13 (56.52%) cases were habituate for intercourse. Due to some social problem they all were

reported as a case of rape. Out of 23 cases of rape, 3 cases were with intrauterine pregnancy reported after rape. Sexual violence has a profound impact on physical and mental health. As well as causing physical injury, it is associated with an increased risk of a range of sexual and reproductive health problems, with both immediate and long-term consequences. Its impact on mental health can be as serious as its physical impact, and may be equally long lasting. Deaths following sexual violence may be as a result of suicide, HIV infection or murder – the latter occurring either during a sexual assault or subsequently, as a murder of “honour”. Sexual violence can also profoundly affect the social wellbeing of victims; individuals may be stigmatized and ostracized by their families and others as a consequence.¹¹ During the study duration we had opportunity to study various Gynecological problems in adolescent girls. It was observed that problems in adolescent girls cannot be diagnosed and managed in isolation, since many of these problems are linked to emotional and psychological factors.

CONCLUSION

Thus in the end we conclude that menstrual abnormalities are the most common problems of adolescents.

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