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GYNAECOLOGICAL PROBLEMS IN ADOLESCENT AGE GROUP- A PROSPECTIVE STUDY

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ABSTRACT
Introduction: Gynaecological disorders in adolescent girls are unique and different in many ways from that of adult women. Yet adolescent gynaecology is a less focused area and has not been explored optimally. **Objectives:** To evaluate the etiologies of gynaecological disorders in adolescent girls. **Methods:** A total of 110 adolescent girls attending the gynae OPD and emergency were interviewed about the complaints they presented with, examined and investigations done as and when required. **Results:** Menstrual dysfunction was the commonest complaint (78.18%) the adolescents presented with. Mostly they had dysfunctional uterine bleeding (63.95%) followed by dysmenorrhoea in 23.26% and amenorrhoea in 12.79%. **Conclusion:** Menstrual dysfunction is the most common gynaecological problem in adolescent age group. Setting up adolescent gynaecological clinic is desirable to address unique gynaecological complaints the young girls present with.

KEYWORDS: adolescents, gynaecological problems.

INTRODUCTION
Adolescence is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood. Although defined as age limit of 13-19 years[1], its physical, psychological and cultural expression may begin earlier and end later. Gynaecological disorders in adolescent age group are unique and different in many ways from that of adult women. Yet adolescent gynaecology is a less focused area and has not been explored optimally. In our study we attempted to find out the prevalence of various gynaecological disorders the adolescents mostly present with and the possible management.

METHODS
The study was undertaken in the Gynaecological OPD and emergency for a period of 6 months from January 2016 to June 2016. 110 adolescent girls were included after taking consent from the girl and her guardian. The girls were interviewed about the gynaecological complaint they presented with, any other medical problems and examined in presence of a nursing staff. Height, weight were recorded and BMI calculated. Investigations like complete haemogram, hormonal assays, ultrasonography, urine examination etc. were done as and when required.

RESULTS
In this study 78.18% of adolescents presented with menstrual dysfunction. Dysfunctional uterine bleeding was present in 63.95% among the girls in the form of irregular menses, hypomenorrhoea, oligomenorrhoea, polymenorrhoea and puberty menorrhagia. 12.79% girls had amenorrhoea either primary or secondary and 23.26% complained of dysmenorrhoea. 10.91%, 4.55% and 3.64% adolescent girls presented with leucorrhoea, ovarian tumour and teenage pregnancy respectively.

Table 1- Gynaecological problems in adolescents-

Gynaecological problems	Number (n=110)	Percentage (%)
Menstrual dysfunction	86	78.18
Leucorrhoea	12	10.91
Ovarian tumour	5	4.55
Teenage pregnancy	4	3.64
Sexual assault	3	2.75
Total	110	100

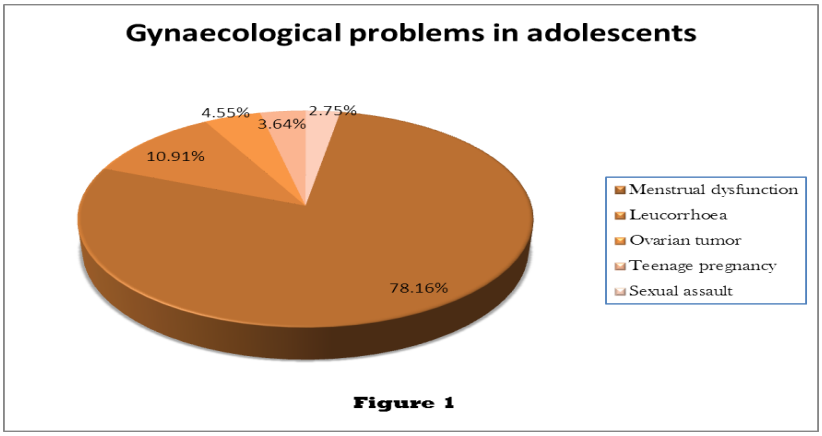

Figure 1

Table 2- Types of menstrual dysfunction in adolescent age group-

Menstrual dysfunction	Number (n=86)	Percentage (%)
DUB	55	63.95
Amenorrhoea	11	12.79
Dysmenorrhoea	20	23.26
Total	86	100

Table 3- Etiology of amenorrhoea-

Etiology of amenorrhoea					
Primary amenorrhoea	**Number**	**Percentage (%)**	**Secondary amenorrhoea**	**Number**	**Percentage (%)**
Mullerian agenesis	3	50.00	PCOS	4	80.00
Imperforate hymen	2	33.33	Hypothalamic amenorrhoea	1	20.00
Gonadal dysgenesis	1	16.67			
Total	6	100.00	Total	5	100.00

DISCUSSION

Menstrual dysfunction, either actual or perceived is the commonest presenting complaint in most adolescent gynaecological clinics. The same was true in our study also. 78.18% of adolescents presented with menstrual dysfunction in our study.

Dysfunctional uterine bleeding in absence of any recognisable pelvic pathology is not only common in perimenopausal age group but also a major presenting menstrual problem in adolescent age group.[2] After menarche, the HPO axis takes about 2-5 years for complete maturation until when the adolescent girl may experience irregular menses.[3] DUB was present in 63.95% of the girls presenting with menstrual complaints in our study. Among them, 10 girls presented with polymenorrhoea, 9 with oligomenorrhoea, 3 with hypomenorrhoea, 18 with irregular cycle where no pelvic pathology could be detected. 15 girls presented with menorrhagia among whom 1 had overt hypothyroidism and 1 with ITP. 4 of these girls had haemoglobin level<6 gram% and another 3 had Hb between 6-8 gram%.

Primary dysmenorrhoea was presenting symptom in 20 (23.26%) girls. 5 (25%) out of them had pain severe enough to prevent them from doing daily activities and going to school. 2 (10%) were diagnosed to have endometriotic cysts which was relieved after laparoscopic cystectomy and treatment with oral contraceptive pills.

6 girls presented with primary amenorrhoea among whom 3 (50%) were diagnosed to have mullerian agenesis after ultrasonography and diagnostic laparoscopy, 2 (33.33%) had imperforate hymen and 1 (16.67%) with gonadal dysgenesis. 5 girls presented with secondary amenorrhoea of more than six months. 4 (80%) were diagnosed to have polycystic ovarian syndrome (PCOS) based upon clinical, biochemical and ultrasonographic criteria. 1 (20%) girl had hypothalamic amenorrhoea due to marked psychological stress.

Leucorrhoea was presenting symptom in 12 (10.91%) of the girls. Most of them i.e. 8 (66.67%), had physiological leucorrhoea which responded to counselling and personal hygiene maintenance. Only 4 (33.33%) of them needed antibiotic therapy. 3 of these girls were married and hence exposed to risk of STI.

Functional cysts are the most frequently observed cystic masses in ovary accounting for 20-50% ovarian tumours during childhood and adolescence.[4] In our study, ovarian tumour was found in 5 (4.55%) girls. 3 (60%) had simple serous cysts, 1 with dermoid cyst and one girl presented with malignant germ cell tumour.

4 of the adolescent girls were pregnant. 2 of them were unmarried and brought to the OPD by the guardians for termination of pregnancy. Teenage pregnancy is a real challenging issue in our society. Many of these girls are taken to quacks for illegal abortion which often land up into septic abortion and chronic ill health for the subject. This is one area where knowledge about safe sex, transmission of STI/RTI, prevention of child marriage and contraception can play a great role in protecting adolescent health.

3 of the girls presented to emergency with alleged sexual assault among whom 2 had recognisable perineal and genital injury. All of them were mentally upset, afraid and needed profound psychological counselling besides treatment for STI and emergency contraception.

CONCLUSION

Adolescents present with a variety of gynaecological problems. Treatment strategy should include a thorough counselling of the teenager and the parents. Adolescents need to be enlightened about safe sex practices, prevention of STI/RTI, emergency contraception etc. Health problem of this age group needs to be dealt with great care and attention to protect and promote the health of teenagers. This can perhaps best be done by setting up specialised adolescent gynaecological clinics.

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