

Study of Gynaecological Problems and Their Clinical Profile in Adolescent Girls.Sushma Kumari¹, Priyanka Kumari²^{1,2} Senior Resident , Department of Obstetrics and Gynaecology , PMCH , Patna, Bihar.

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Abstract:

Adolescence is a period of enormous physical and psychological change for young girls. Many adolescents with menstrual disturbances never present to their family doctor or gynecologist. Embarrassment about discussing menstruation, fear of disease, and ignorance about services available may lead to delayed presentation or consultation with doctor. Various adolescent Gynecological problems are menstrual disorders like abnormal uterine bleeding, primary amenorrhoea, PCOD, puberty menorrhagia leading to severe anemia, sexual abuse, pregnancy-related problems, adnexal masses, endocrinopathies, etc. 100 Adolescent girls (10-19 years age) attending to the outpatient department of Obstetrics and gynaecology suffering from various gynaecological problems were included in study. In our study 85 % were unmarried and 15 % were married. 80 % has Menstrual disorders, 48 % has Ovarian cyst, 28 % has Leucorrhoea. Most common menstrual disorder was menorrhagia 58 % and 17% had Dysmenorrhoea. 20 % had Secondary amenorrhoea. Adolescents present with a myriad of gynaecological problems. Menstrual disorders were the commonest gynaecological problems of adolescents. Adolescent gynaecology 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.

Key words : Adolescence, Gynecological Problems.

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Introduction

Adolescence is a period of enormous physical and psychological change for young girls. As per WHO, adolescence includes the age group of 10–19 years. Adolescents constitute over 21.4% of the population in India [1]. Adolescents have the lowest mortality among the different age groups and have therefore received low priority. Nutritional deprivation, increased demand of an adolescent's body, and excessive menstrual loss, all aggravate and exacerbate the anemia and its effects. Menstrual disturbances are not uncommon and may add further disruption during this difficult phase for adolescents and their families. Many adolescents with menstrual disturbances never present to their family doctor or gynecologist. Embarrassment about discussing menstruation, fear of disease, and ignorance about available services may lead to delayed presentation. Various adolescent Gynecological problems are menstrual disorders like abnormal uterine bleeding, primary amenorrhoea, PCOD, puberty menorrhagia leading to severe anemia, sexual abuse, pregnancy-related problems, adnexal masses, endocrinopathies, etc. adolescent girls with puberty menorrhagia need to be investigated for coagulation disorders [2]. Adolescence is described as that transitional period of life when the carefree child becomes the responsible adult [3]. As per WHO, age group of 11–

19 yrs are adolescents. In India, (MOHFW 2012), 22% of population is Adolescent, of these female adolescents comprises 47%. 20 % of total adolescent females get married by 15 years and are already mothers. Menarche is considered as the central event of female puberty [4]. Menstrual disorders, anaemia, PCOS, UTI, STI are commonly seen in this age group. Vaginal discharge, physiological or pathological is a common complaint in girls. 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. Adolescents do not present themselves early to the health care delivery systems which don't give open and dignified access to them [5]. The menstrual cycle involves the coordination of many events by the hypothalamic–pituitary–ovarian axis and is readily influenced by psychological and pathological changes occurring during one's lifespan. The age of menarche is determined by general health, genetic, socioeconomic, and nutritional factors [6]. The mean age of menarche is between 12 and 13 years [7-8]. Menstrual bleeding lasts 2–7 days in 80–90 % of adolescent girls. Most cycles still range from 21 to 45 days which, even in the first year after menarche, is normal. Changing 3–6 pads per day without soiling from oversaturated pads suggest a

normal flow [09]. Thus, consideration should be given to a gynecological evaluation in adolescent girls whose cycles are longer than the above interval and have more excessive flow than normal. All adolescents with severe menorrhagia, those who require hospitalization or have moderate to severe anemia should undergo evaluation for coagulopathy, von Willebrand disease (vWD)—a defect in platelet adhesion and deficiency of factor VIII—and thyroid disorders [10]. Objectives of this study is to study gynaecological problems and their clinical profile in adolescent girls.

Material and Methods

Present study was observational study, conducted in outpatient Department of Obstetrics and Gynecology. Present study was conducted from 2020 to 2021 (1year).

Inclusion criteria:

100 Adolescent girls (10-19years age) attending to the outpatient department of Obstetrics and

gynaecology suffering from various gynaecological problems, willing to participate.

Exclusion Criteria:

Adolescent girls previously interviewed and coming for follow up for similar complaints. Adolescents girls not willing to participate in the study.

A detailed history of gynaecological problems, menstrual and medical history was taken. Patients underwent general examination, physical examination including height and weight, secondary sexual characters. Investigations like complete haemogram, routine urine examination, blood sugar, coagulation profile, hormonal, assays (FSH, LH, Prolactin, and TSH) and pelvic ultrasound were done whenever required. Data was collected and compiled using Microsoft Excel. Statistical analysis was done using descriptive statistics.

Results

Table 1: Age group of subjects

Age group	Number of subjects n=100	Percentage
13-15	20	20 %
15-17	35	35 %
17-19	45	45 %

Table 1 shows agewise distribution of subjects.

Table 2: Marital status

Marital status	Number of subjects n=100	Percentage
Unmarried	85	85 %
Married	15	15 %

Table 2 shows 85 %were unmarried and 15 % were married.

Table 3: Gynaecological Problems In Adolescents

Gynaecological Problems	Number of subjects n=100	Percentage
Ovarian cyst	48	48 %
Menstrual disorders	80	80 %
Leucorrhoea	28	28 %
Acne & Hirsutism	17	17 %
UTI	15	15 %
Pain in Abdomen	26	26 %

Table 3 shows 80 % has Menstrual disorders , 48 % has Ovarian cyst , 28 % has Leucorrhoea .

Table 4: Types of Menstrual disorders

Menstrual disorders	Number of subjects n=100	Percentage
Menorrhagia	58	58 %
Dysmenorrhoea	17	17%
Oligomenorrhoea	03	03%
Primary amenorrhoea	02	02 %
Secondary amenorrhoea	20	20 %

Table 4 shows most common menstrual disorder was menorrhagia 58 % and 17% had Dysmenorrhoea . 20 % had Secondary amenorrhoea.

Discussion

In this study various adolescent gynecological problems were studied and their associated comorbid conditions were analyzed. Adolescents suffer from various Gynecological problems delayed puberty, menstrual disorder, Acne/Hirsutism, abnormal vaginal discharge, obesity, height problem, lump abdomen, Ovarian cyst, Leucorrhoea. Gynaecological problems of adolescent girls is a different spectrum of gynaecological disorders, because of the nature of problems which are unique, special and specific for the age group. Gynaecological problems of this age group are associated with psychological factors which are very important in the growth and psychological development of any girl in the transition between childhood and womanhood. Childhood obesity, sedentary lifestyle, lack of exercises, and popularity of junk food in adolescence are responsible for the increasing PCOS incidence in adolescent girls and is challenge for gynaecologists treating them. In our study 85 % were unmarried and 15 % were married . 80 % has Menstrual disorders , 48 % has Ovarian cyst , 28 % has Leucorrhoea . Most common menstrual disorder was menorrhagia 58 % and 17% had Dysmenorrhoea . 20 % had Secondary amenorrhoea. In study by Prachi Koranne et al. found that 50 % of girls with puberty menorrhagia were in the age group of 13–15 years and 62 % of the girls had onset of menorrhagia within 6 months of menarche [11]. Gillani et al. found that 37 % of girls with puberty menorrhagia were in the 12–13 years age group and 45 % of girls were above 13 years of age. 11.42 % girls had onset of menorrhagia within 6 months of menarche, 31.42 % girls had between 6 months and 1 year, and 37.14 % had onset of menorrhagia after 1 year of menarche [12]. Mass per abdomen and pain abdomen 0.5%, in comparison with other studies Goswami et al [13] 67.05% have menstrual disorders, in Ramaraju et al [14] study 745 have menstrual disorders, 17% have abnormal vaginal discharge and 4% have neoplasms .In all Indian studies [15-16] menstrual disorders were the predominant symptom, followed by abnormal vaginal discharge, Mullerian anomalies, mastalgia, etc. The most prevalent complaint among menstrual disorder was dysmenorrhea, followed by irregular menses, heavy menstrual bleeding, amenorrhea, oligomenorrhea, hypomenorrhea, metrorrhagia in comparison with other studies. Menstrual abnormalities are the most common problem of adolescents. Many adolescents with menstrual disturbances never present to their family doctor or gynecologist. Embarrassment about discussing menstruation, fear of disease, and ignorance about

services available may lead to delayed presentation or consultation with the doctor. Any organic pathology therefore should be evaluated timely so as to improve the quality of life. Setting up of separate adolescent clinics is desirable for efficient management. Menstrual problems are the commonest reason for gynecological OPD consultation among adolescent girls. Evaluation of bleeding problems in adolescents is justified, before considering them as the normal physiological transition. The limitation of this study is the study cannot be generalized to the whole population.

Conclusion

Menstrual problems are the commonest reason for gynecological OPD consultation among adolescent girls. Evaluation of bleeding problems in adolescents is justified, before considering them as normal physiological transition. Adolescent girls with menorrhagia need to be evaluated thoroughly earlier rather than later with the onset of symptoms, so that effective management can be started, and anemia with its consequences can be prevented. Health education classes to create awareness regarding adolescent gynecological problems with the help of menstrual calendar should be conducted regularly in school and colleges. Avoidance of junk food, healthy life style, yoga, etc. must be encouraged in adolescent girls. It must be a part of the school health program.

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