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Review of childhood and adolescent gynaecological disorders at federal teaching hospital Abakaliki, Southeast Nigeria

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Abstract
Background: Children and adolescent people go through many changes as they move from childhood into physical maturity. At this time secondary sexual characteristics develop, menstruation begins and the psychological outlook of the female child changes as she develops a more adult aspect of herself. These periods might be attended by different gynaecological disorders.
Objective: This study was designed to determine the common childhood and adolescent gynaecological disorders that presented at the gynaecologic clinic of the Federal Teaching Hospital Abakaliki.
Method: This was a retrospective study of all cases of childhood and adolescent gynaecologic presentations seen in the gynaecology clinic. Emergency cases seen at the Accident and Emergency clinic were excluded. The study spanned 3 years and 8 months - April 2012 to December 2015. Data was extracted from case notes retrieved from the central records department and analysed.
Results: Children and adolescents constituted 5.4% of the 1,622 new gynaecologic presentations seen during the review period. They presented mainly with menstrual disorders (36.8%), ovarian tumor (11.5%), PID (10.3%), Infertility (6.9%), sexual assault (4.6%), Urethral prolapse (3.4%), and abortion (2.3%). Other disorders such as bartholin cyst, PCOS, galactorrhoea, uterine fibroid, hydatidiformmole, fibroadenoma of breast, vaginal mass, traumatic injury to the perineum and uterovaginal prolapse were also seen.
Conclusion: Gynaecological disorders in children and adolescents constitute a significant number of gynaecological presentations. It is imperative that clinicians acquaint themselves with the pattern of presentation of these disorders and be equipped to treat this patient population with empathy and expertise.

Keywords: childhood, adolescent gynaecological, federal teaching, Abakaliki

Introduction
Childhood is the age span ranging from birth to adolescence [1]. Adolescence is described as that transitional period of life when a carefree child becomes the responsible adult [2]. The adolescent period represents a time of considerable change in a woman's lifetime as reproductive capacity and sexual activity commences [3]. There is no statutory legal age limit at which adolescence begins and ends. However, WHO defines adolescents as young people between the ages of 10 to 19 years [4].

During adolescence, young people go through many changes as they move from childhood into physical maturity. It is the time during which secondary sexual characteristics develop, menstruation begins and the psychological outlook of the girl changes as she develops a more adult aspect of herself [5]. The following changes may commence during puberty and mature to its full potential during adolescent period: breast development, pubic hair growth, axillary hair growth, growth spurt and menarche [5]. The relative hypothalamo-pituitary-ovarian axis immaturity in the immediate post-menarcheal period with defective regulations occasions irregular changes and sequences in menstrual characteristics [3].

Generally, social factors such as poverty, ignorance, malnutrition, neglect and lack of social support, bizarre cultural and religious beliefs, loss of moral values have increased the incidence of some gynaecological disorders. Also, during this period, a lot of sexual debut occur coupled with inability for safer sex negotiation with older males. As a result, the adolescent female is faced with high risk of sexually transmitted diseases, HIV, unwanted pregnancies and their complications [3].

Some gynaecological disorders of childhood include vulvo-vaginitis, labial adhesions, precocious puberty, urethral prolapse, ambiguous genitalia, ovarian tumor, or sexual assault [5-7]. The gynaecological disorders seen among the adolescents include menstrual disorders (ammenorrhoea, irregular menstruation, dysmenorrhoea, oligomenorrhoea, premenstrual syndrome etc), pelvic inflammatory disease, ovarian tumors, hyperprolactinemia, hirsutism, imperforate hymen, gartner's duct cyst, urethral prolapse, vesicovaginal fistula, bartholin's cyst/abscess, sexual assault and sometimes infertility [2-3, 5, 7].

Gynaecological problems in children and adolescents constitute a significant number of gynaecological presentations [5, 7]. It is imperative that clinicians acquaint themselves with the pattern of gynaecological disorders in this patient population, thus the purpose of this study. There is paucity of representative data on the pattern of presentation of childhood and adolescent gynaecological disorders in our centre. There is therefore, a need to evaluate the pattern of presentation of childhood and adolescent gynaecological disorders in our centre.

Material and Methods

This retrospective study was conducted in the Gynaecology unit of Federal Teaching Hospital Abakaliki. All the childhood and adolescent gynaecologic presentations seen at the gynaecological clinic at the department of Obstetrics and Gynaecology between 1st of April 2012 to 31st of December 2015 was identified using the available case records. Emergency cases seen at the Accident and Emergency clinic were excluded.

Ethical approval was sought and obtained from the ethical committee of the hospital. The case notes were retrieved from the Central Records Department of the Hospital. With the aid of a pre-designed mini proforma, the information such as age and clinical diagnosis were obtained and tabulated for each patient. Patients whose case notes could not be retrieved, or those retrieved with inadequate or incomplete documentation were excluded from the study. All gynaecological emergency conditions managed within the period were not included.

The data obtained was analyzed using Statistical package for the Social Sciences (SPSS) version 16 (2015) of the IBM Corporation. The quantitative variables like age will be presented as mean ± standard deviation and categorical variables like type of gynaecological disorders will be calculated as frequencies and percentages.

Results

A total of 1,622 nonemergency gynaecological cases were seen within the study period. Of these, four (4) or 4.6% were within the childhood age group and eighty three (83) or 95.4% were within the adolescent age group. The overall mean age was 16.3±3 years. Majority of the childhood patients were aged between 6 and 9 years, while majority of the adolescent patients were aged between 18 and 19 years.

The commonest disorder in childhood was urethral mucosa prolapse (3.4%). The commonest adolescent disorder (table 2) was menstrual disorder (36.8%), followed in descending order by ovarian tumor (11.5%), PID (10.3%), infertility (6.9%) and sexual assault (4.6%). Other presentations are outlined in table 2.

Of the 32 patients with menstrual disorder, seven patients (21.9%) had oligomenorrhoea, six patients (18.8%) had primary and secondary amenorrhoea respectively, five patients (15.6%) had menorrhagia and dysfunctional uterine bleeding respectively, while three patients (9.4%) had primary dysmenorrhoea (table 3).

Of the patients with infertility, four patients (66.7%) had secondary infertility while two patients (33.3%) had primary infertility (table 4).

Table 1: Age distribution of patients (N=87)

Age Range	Frequency	Percentage %
Childhood		
1 – 5	1	1.2
6 – 9	3	3.4
Adolescents		
10 – 11	3	3.4
12 – 13	*6*	6.9
14 – 15	*18*	20.7
16 – 17	*15*	17.2
18 – 19	*41*	47.1
Total	*87*	100.0

Mean age: 16.3±3 years.

Table 2: Common gynaecological disorders (N=87)

Variable	Frequency	%
Childhood		
Uretheral prolapse	3	3.4
Vulvovaginitis	1	1.1
Adolescent		
Menstrual disorder	32	36.8
Ovarian tumor	10	11.5
PID	9	10.3
Infertility	6	6.9
Sexual assault	4	4.6
Bartholins cyst	3	3.4
Galactorrhoea	3	3.4
PCOS	3	3.4
Uterine fibroid	3	3.4
Abortion	2	2.3
fibroadenoma of breast	2	2.3
Uterovaginal prolapse	2	2.3
Vaginal mass	2	2.3
hydatidiform mole	1	1.1
traumatic injury to perinium	1	1.1

Table 3: Type of menstrual disorder (N= 32)

Variable	Frequency	%
Amenorrhoea		
Primary	6	18.8
Secondary	6	18.8
Dysmenorrhoea		
Primary	3	9.4
Secondary	*0*	0.00
Irregular menses		
Oligomenorrhoea	7	21.9
Menorrhagia	5	15.6
Polymenorrhoea	5	15.5

Table 4: Type of infertility (N=6)

Type of infertility	Frequency	%
Primary	2	33.3
Secondary	4	66.7
Total	6	100.0

Discussion

In the period under the review children and adolescents constituted 0.2% and 5.1% of all gynaecological consultations respectively. This is comparable to the finding of Irem *et al* in EBSUTH, Abakaliki who reported that adolescent consultations made up of 5.4% of the gynaecological presentations [3]. Most of the adolescents were in the age range of 14-19 years. This was

similar to the modal age of 6 – 12 years reported in a previous similar study. Uretheral prolapse was observed as the commonest childhood disorder in this study and in previous studies [3, 6].

Menstrual disorders were observed as the commonest adolescent disorder, this is similar to the finding by Kumari [2]. Ovarian tumor was next in frequency (11.5%). Ovarian tumor constituted 4.8% of gynaecological presentation in Zaria [6], and 5.9% in Japan [7]. Prompt and precise detection of either benign or malignant tumors in children and adolescents may lead to cure and preservation of fertility [7]. PID was seen in 10.3% of adolescents. Pelvic inflammatory disease is not a notifiable disease in most countries, so accurate statistics are not available [8]. PID occurs mostly in the reproductive age group when sexual activities are highest. Adolescents often experiment with sex, despite the fact that they are usually inexperienced in bargaining with their partners regarding the use of condoms. Adequate treatment with potent antibiotics is of importance to forestall the complications of PID. Use of barrier contraceptives will not only reduce unwanted pregnancy but also the risk of sexually transmitted diseases [3, 9]. Infertility occurred in 6.9% of the adolescents with majority (66.7%) being of the secondary type. These patients were married. Infertility constituted 6.5% among adolescent gynaecology presentation in Abakaliki [3]. This study may suggest that early teen marriage is still prevalent in our society. This is as a result of poverty, customs and tradition, etc. As a result, women who marry in their teens are two thirds more likely to divorce within 15 years of marriage compared to those who postpone their marriage, have more children to care for despite poverty, have much lower educational levels, lower wages and higher unemployment rates [11]. Implementation research is required within developing countries where burden of infertility is greatest, ensuring innovative, safe and cost effective solutions. Sexual assault though not common in this study constituted 12% among childhood gynaecological presentations in Zaria [6]. The perpetrators of first incident are usually from the respondent's neigbourhood or boyfriends [12]. Of the uncommon disorders abortion (2.3%) is worthy of mention, most of which were induced abortion. Abortion constituted 18% among adolescent gynaecological presentations in Abakaliki [3]. This has enormous reproductive health implications.

Childhood and adolescent gynaecological problems deserve attention and health care providers need acquaint themselves with the pattern of these presentations to forestall complications. Preventive measures such as medical and religious advocacy to curtail indiscriminate risky sexual behaviours, health education on adolescents' reproductive health, use of contraception, use of safe and potent antibiotics etc. will go a long way in reducing the reproductive and general health problems of children and adolescents.

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