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Gynaecological Problems in Adolescent Girls Attending OPD in ESIC Medical College and PGIMSR Bangalore

Dr Rithvika Walad[1], Dr Preethi Malpurae[1] and Dr Sreelatha S[2]*

[1]*Junior Resident, Department of Obstetrics & Gynaecology, ESIC-MC & PGIMSR, Bangalore*

[2]*Professor, Department of Obstetrics & Gynaecology, ESIC-MC & PGIMSR, Bangalore*

***Corresponding Author:** Dr Sreelatha S, Professor, Department of obstetrics & Gynaecology, ESIC-MC & PGIMSR, Bangalore.

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Abstract

Adolescent period is from 13 to 19 years. Menstrual disorders are more common in adolescent period. This causes significant stress to the patient and their parents.

Aim: Aim of the study is to know the gynaecological problems among adolescent girls. This is a prospective study conducted in Gynaecological OPD in ESICMC & PGIMSR Bangalore for 9 months including 200 patients of age group 13years to 19years.

Result: Menstrual disorder: 62.5%. PCOD: 9.5%. Obesity: 4%. Leucorrhea: 7%. Teenage pregnancy: 12%. Mass per Abdomen: 5%.

Conclusion: Careful assessment is necessary with proper counselling. Early diagnosis of the gynaecological problems ensures better outcome.

Key words: *Dysmenorrhoea; PCOD; Teenage Pregnancy; Menorrhagia; Amenorrhea*

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Introduction

Adolescents constitute over 21.4% of the population in India [1]. Adolescence is a period of various physiological and psychological changes. It is marked by growth spurt, thelarche, adrenarche and menarche among girls. Hence it is a period of increased nutritional demand as well. Nutritional deprivation, increased demand of adolescent's body and excessive menstrual loss all aggravates and exacerbate anemia and its effects. Menstrual disturbances and other gynecological problems may add further disruption during this / difficult phase for adolescents and their families.

Due to lack of adequate adolescent education many adolescents with menstrual disturbances never present to their family doctor or gynecologist. Most of the gynecological problems are consulted to a doctor very late in the presentation due to embarrassment, fear and hesitation to discuss menstrual and other gynecological problems with parents or with the doctor. The menstrual cycle involves a fine co-ordination of events between the hypothalamus, pituitary and ovary and is readily influenced by psychological and pathological changes occurring during one's lifespan. The general health, genetic, socioeconomic, and nutritional factors [2] determines the age of menarche.

The mean age of attainment of menarche is between 12 and 13 years [3–5]. Menstrual bleeding lasts for 2–7 days in 80–90% of adolescent girls with blood loss of about 35ml to 80ml in each cycle. 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 is considered a normal flow [5]. Gynecological disorders in adolescent age are very unique in their expression compared to an adult female. In spite of this adolescent gynecology is very little focussed and has never been focused optimally. In our study we have made sincere attempt to find out the prevalence of various gynaecological disorder the adolescent present.

Methods

Study Design: Prospective and analytic study conducted in ESIC Medical College, Rajajinagar Bangalore. The study was conducted among adolescent girls in the age group of 13yrs to 19yrs attending gynaecological outpatient department (GOPD).

Study Period: January 2018 to September 2018

Sample size: 200

Inclusion criteria: Patients attending gynaecological OPD in ESIC MC & PGIMSR Bangalore between age group of 13 years to 19years.

Exclusion criteria: Patients with surgical or medical illness.

Methodology

The girls were interviewed about the gynaecological complaints and asked for any other medical or surgical problems. Then they were clinically examined in detail. Height and weight was measured and BMI was inferred. A battery of investigations including complete hemogram, hormonal assay, ultrasonography, urine examination etc. were done.

Statistical Analysis

All the data was collected and statistically analysed using proportion and percentage in Microsoft excel.

Results

Total of 200 adolescent girls of age group 13years to 19years attending gynaecological OPD in ESI Hospital were studied and the result showed as follows

Age in years	Number	Percentage
13-15	32	15%
15-17	60	30%
17-19	110	55%

Table 1: *Age distribution among adolescent attending OPD.*

Status	Number	Percentage
Unmarried	170	85%
Married	30	15%

Table 2: *Marital status of adolescent girls.*

Disorder	Number	Percentage
Menstrual disorder	125	62.5%
Leucorrhoea	14	7%
Mass per abdomen	10	5%
Teenage pregnancy	24	12%
PCOD	19	9.8%
Obesity	8	4%

Table 3: *Gynaecological problems amongst adolescent girls.*

Disorder	Number	Percentage
Menorrhagia	30	24%
Dysmenorrhoea	42	33.6%
Irregular Cycles	42	33.6%
Amenorrhea	11	8.8%

Table 4: *Menstrual disorders.*

Disorder	Number	Percentage
Menorrhagia	30	24%
Dysmenorrhoea	42	33.6%
Irregular Cycles	42	33.6%
Amenorrhea	11	8.8%

Table 5: *Causes of menorrhagia.*

Etiology	Number	Percentage
DUB	24	96%
Hypothyroidism	6	4%
Total	30	100%

Table 6: *Etiology of primary amenorrhea.*

Etiology	Number	Percentage
PCOD	6	75%
Premature ovarian failure	1	12.5%
T.B Abdomen	1	12.5%
Total	8	100%

Table 7: *Causes of secondary amenorrhea.*

Causes	Number	Percentage
Ovarian cyst	5	50%
Ovarian torsion	4	40%
Para ovarian cyst	1	10%
Total	10	100%

Table 8: *Causes of mass per abdomen.*

Total 15046 number of patients attended gynaecological OPD from Jan 2018 to Sept 2018. Out of which 1744 were adolescent patient constituting to about 11% of OPD attendance. Amongst adolescence maximum cases belongs to age group of 17-19yrs (Table 1). 15% of adolescent cases were married, hence were more prone for STIs. Though there is a law strictly prohibiting marriages of a girl under 18years, but still it's prevalent in India contributing significantly to teenage pregnancy and STIs (Table 2).

Most of the adolescent girls suffered from disorders of menstruation i.e. 125 out of 200; (62.5%), followed by teenage pregnancy, leucorrhea, and PCOD. 30 out of 125 (24%) had menorrhagia; 42 out of 125(33.6%) had dysmenorrhea; 42 out of 125 (33.6%) had irregular cycles; 11 out of 125 (8.8%) had amenorrhea.

The causes of menorrhagia was found to be majorly contributed by DUB in 24 out of 30 cases (96%) followed by meagre contribution from hypothyroidism in 4% cases i.e. 6 out of 30. None of them suffered from any bleeding disorder. Amongst 3 girls of primary amenorrhea 1 girl (33.33%) had crypto menorrhea, 1 girl (33.33%) had turner syndrome and 1 girl (33.33%) had vaginal stenosis.

Out of 8 girls presenting with secondary amenorrhea, 6 (75%) had PCOD and 1 (12.5%) had abdominal tuberculosis and 1(12.5%) had premature ovarian failure.

Leucorrhoea was found in 14 out of 200 (7%).
Ovarian cyst was found in 4 out of 200 girls (2%)
Ovarian torsion was found in 4 out of 200 girls (2%)
Paraovarian cyst was found in 1 out of 200 girls (0.5%)
Teenage pregnancy was found in 24 out of 200 girls (12%) and 8 girls were found to be obese (4%) with BMI more than 25.

Discussion

This study shows that menstrual disorder is the most common problem in adolescence (62.5%) ranging from menorrhagia to amenorrhea. 30 out of 125 (24%) adolescent girls with menstrual disorders have menorrhagia. 42 out of 125 (33.6%) had irregular cycles. 11 out of 125 patients (8.8%) had amenorrhea. The cause of menorrhagia was then investigated amongst them. In 24 out of 30 girls (96%) cause was not ascertained, they were suffering from dysfunctional uterine bleeding. 6 out of 30 girls (4%), hypothyroidism was the cause of menorrhagia.

Gowswami sebanti., *et al.* [6] concluded that menstrual disorders are the commonest gynaecological problems constituting to about 58.6% in a study conducted on 124 adolescent girls attending gynaecological OPD. In the study, amenorrhea was 29.16%; DUB was the commonest Etiology in their study quite similar to our study.

In a study conducted by Gowswami., *et a*l. 55.5% had menorrhagia, 17.7% had dysmenorrhea. In the present study 11 out of 125 (8.8%) had amenorrhea amongst which 3 girls had primary amenorrhea and 8 had secondary amenorrhea. 1 girl had vaginal stenosis, 1 had crypto menorrhea, 1 had turner syndrome. Incidence of primary amenorrhea has been reported to be similar to the findings of prakriti Goswami [7]. Out of 8 girls with secondary amenorrhea 6 of them i.e. 75% had polycystic ovarian disease and 1 had TB abdomen (12.5%) and 1 had premature ovarian failure (12.5%). In a study conducted by Prakriti Gowswami Etiology of secondary amenorrhea, PCOD was 75% and TB abdomen was 7.5% similar to our study.

In the present study leucorrhea was found in 14 out of 200 i.e. 7%. In the study conducted by Nandita biswas., *et al*. It was 10.91%. Leucorrhea is a frequent and embarrassing condition [8]. Leucorrhea can be physiological or pathological. Increased levels of endogenous estrogen lead to marked overgrowth of endocervical epithelium which may encroach outward and produce ectocervical erosion leading to excessive discharge.

Mass per abdomen was found in 10 out of 200 cases i.e. 5 out of 200 (50%) included ovarian cyst, 4 out of 200(40%) included ovarian torsion and 1 out of 200(10%) included para ovarian cyst in the study conducted by Nandita biswas., *et al*. 60% had ovarian cysts [9]. Teenage pregnancy is a common problem in India and was seen in 12% cases in our study and accounted for 4.03% in a study conducted by Gowswami sebanti., *et al*.

Conclusion

Adolescents come to OPD with various gynaecological problems. A thorough counselling of the teenager and the parents should be included in the treatment strategy. Information about safe sex practices and prevention of STI/RTI should be told to the adolescents. This age group should always be dealt with great sought of care and attention. This thereby promotes the health of the teenagers, making them healthy teenagers. And this perhaps proves specialized adolescent gynaecological clinics to be set up.

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