

# Adolescent Gynaecology

Dr Miranda Robinson MBChB FRANZCOG  
Obstetrician & Gynaecologist  
MCOGA



# INTERNATIONAL DAY OF THE GIRL CHILD

Theme, "GirlForce: Unscripted  
and Unstoppable"


October 11, 2019

# There is much to celebrate...



Yet still much to work on...



- 
- \* Child marriage
  - \* Reproductive rights
  - \* FGM
  - \* Sexual violence #metoo
  - \* Increased domestic work
  - \* Accessibility to place of worship
  - \* Inequity in education

“Educate a woman and you educate a nation”



Research by UNESCO  
reveals that

**1 in 10**  
**girls in Africa**

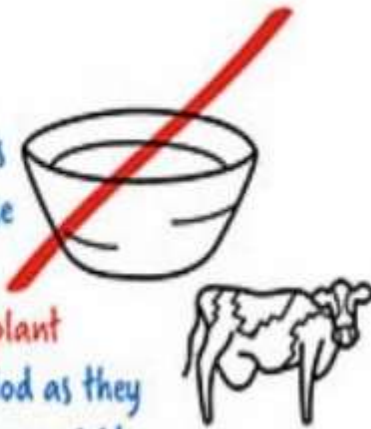
miss school during  
their periods, which  
leads to higher drop  
out rates.



## Uganda

Some tribes refuse to allow menstruating women and girls to **drink milk from cows** in case they contaminate the herd.

Others don't allow women to **plant groundnuts** when on their period as they believe it will result in a poor crop yield.



## Tanzania

If other people see a menstrual cloth then the owner of the cloth will **become cursed**.





# #MenstruationMatters


## Let's Stop The Myths. Period.

Menstruation myths in the developing world can restrict girls from participating in society.




A photograph of a wooden sign attached to a tree trunk. The sign is dark and has the words "MENSTRATION IS NORMAL" written in white, bold, capital letters. The background is a cloudy sky.

**MENSTRATION  
IS NORMAL**

- 
- \* Education: Up to 20% of Australian teenagers miss out of their schooling because of their periods
  - \* Health: Many use improvised sanitary products
  - \* Dignity: Discomfort, teasing, shaming and exclusion
  - \* Participation: pain, leaks

# Case Presentation

- \* Ms D K
- \* 14 year old
- \* Referred by her GP with heavy periods
- \* Menarche 12 months earlier
- \* Periods erratic and prolonged
- \* Interfering with schooling

- 
- \* When interviewing an adolescent it is important to try and spend some of the time alone with the patient.
  - \* Accurate history of menses
  - \* Sexual history
  - \* Medical history
  - \* Medication especially aspirin
  - \* Psychosocial history/ school/ eating



PHx: Born at term by El LUSCS for breech  
Normal developmental mile stones  
Being investigated for syncopal episodes

Meds: Naprogesic for Period pain

NKDA

# Psychosocial:

Not currently sexually active

In year 9 at a local private co-ed

Has good friends

No mood issues

No history of eating disorder or excessive exercise

Periods are affecting her social and school life

# Menstrual Hx:

Menarche 9 months earlier

Hadn't established a pattern yet

Prolonged bleeding up to 3 weeks

Had tried NSAID's for Pain

Hadn't tried TXA

Maternal history of heavy periods

Syncope gets worse around periods



# ROS

- \* Some history of bruising but vague
- \* Mother has a Mirena for heavy periods and a ?history of Endometriosis
- \* No epistaxis or bleeding from the gums



- \* Examination findings:

- \* Slim, shy

- \* Normal facies

- \* Normal breast development

- \* Abdomen NAD. No masses

- \* Pelvic examination not performed



- \* Initial investigations by GP

- \* Normal Hb 122, normal platelets 228
- \* Normal TSH
- \* Normal Ferritin
- \* Normal FSH
- \* Estrogen low
- \* Normal Androgens



Prescribed OCP to try and regulate cycle

Initially Yaz but developed mood changes and continued break through bleeding; heavy ++

Suggest coagulation studies

Changed across to Zoely



After over 6 months of trying to regulate bleeding with Zoely wants to try something new

Has tried tri-cycling, double dosing etc with no real benefit

Discussed Mirena; keen to proceed

Coagulation studies not done

Again interviewed in private

Remains not sexually active



Mum asks about endometriosis?

Possibility discussed but the benefits of trying a Mirena alone first before a laparoscopy

Mirena inserted under GA: Normal EUA

Normal hysteroscopy with normal histology



Initial follow up at 3 months: spotting frustrating

FU at 8 months: Barely any bleeding

Confident, happy now 16 year old

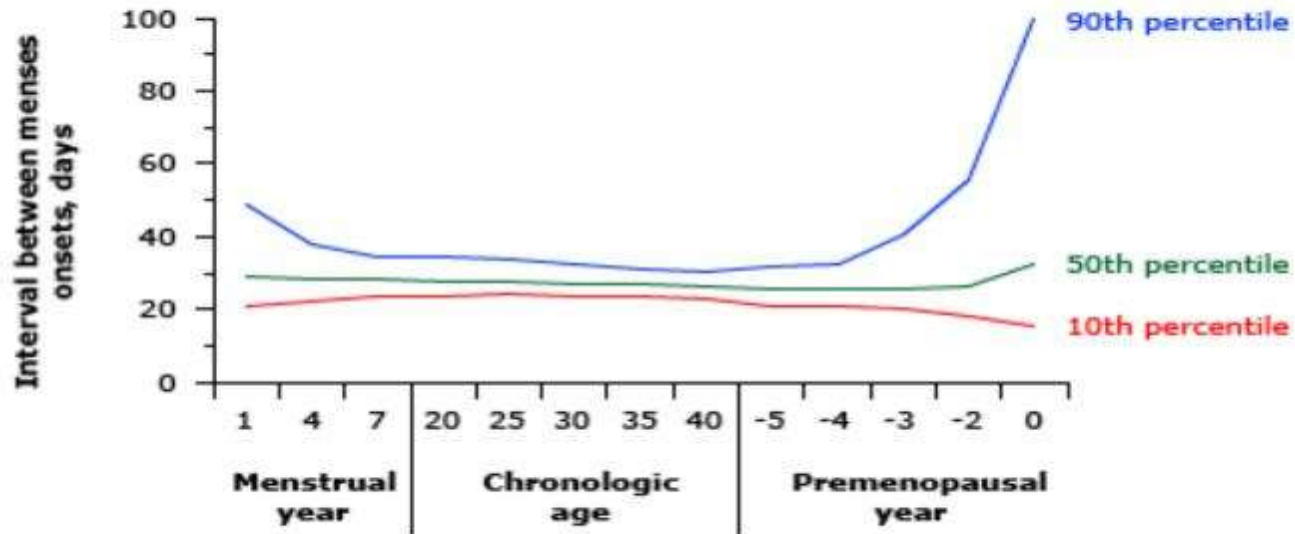
Occasional pain manageable with nurofen

# Abnormal Uterine Bleeding (AUB)

- \* 95% 2-7/21-45 by 3 years
- \* The later the onset of menarche the longer it takes to establish regular ovulation



## Age-related interval between menses



Selected percentiles for the distribution of menstrual interval by age based on data from over 200,000 cycles. Longer intermenstrual intervals occur in women just after menarche and in the years preceding menopause.

Data from: Treloar AE, Boynton RE, Behn BG, Brown BW. Variation of the human menstrual cycle through reproductive life. *Int J Fertil* 1967; 12:77.

Graphic 79925 Version 6.0



- \* AUB

- \* Amenorrhoea

- \* Irregular menses

- \* Polymenorrhoea

- \* Oligomenorrhoea

- \* Excessive volume

- \* Intermenstrual or breakthrough bleeding



- \* Anovulatory uterine bleeding

- \* Previously called “dysfunctional uterine bleeding”

- \* A type of ovulatory dysfunction

- \* Other causes include PCOS, and other endocrine disorders

- \* Absence of cyclical symptoms

# When is heavy too heavy?

- \* Normal period 20-80ml
- \* Quantifying hard
- \* Best to gauge by the frequency of sanitary product changes ie more frequently than 2 hourly, interference with quality of life and activities, +/- flooding
- \* Pictorial charts useful and reproducible

## Pictorial blood loss assessment chart (PBAC) for menstrual blood loss

Degree of saturation	Score	Day of bleeding							
		1	2	3	4	5	6	7	8
<b>Sanitary pads used</b>									
Light 	1 point for each								
Moderate 	5 points for each								
Complete 	20 points for each								
<b>Tampons used</b>									
Light 	1 point for each								
Moderate 	5 points for each								
Complete 	10 points for each								
<b>Blood clots seen</b>									
Smaller than: 	1 point for each								
Equal to or larger than: 	5 points for each								
Flooding bleeding through clothes	5 points for each episode								



- \* Excessive menstrual bleeding is either:

- \* >80ml

- \* >7days duration

- \* Irregular: Likely anovulatory

- \* Regular and from onset of menarche ?bleeding disorder

# Coagulation Disorder?

- \* A number of studies into adolescents with heavy menstrual loss indicate a prevalence of a bleeding disorder of 10-60%
- \* A history of excessive bruising , frequent epistaxis and/or bleeding from the gums
- \* A family member with menorrhagia or PPH
- \* Hospitalisation or anaemia
- \* Refractory to treatment

# Coagulation Disorder

- \* Most common is von Willebrand Disease
- \* Minimum laboratory testing:
  - \* FBE
  - \* Iron studies
  - \* Coag studies: aPTT, PT, INR, Fibrinogen
  - \* VWF
  - \* VWF activity
  - \* Factor VIII activity



# Management

- \* Mild anovulatory bleeding:
  - \* i.e. slightly heavier than usual, Hb >100
    - \* Keep a menstrual diary
    - \* Observation and reassurance

- \* Moderate bleeding
- \* i.e >7 days or every 1-3 weeks with Hb > 10
  - \* Currently Bleeding:
    - \* Tranexamic acid
    - \* OCP: 1 TDS for 2/7, 1 BD for 2/7 then usual regimen  
(May need anti-emetics initially)
    - \* Norethisterone
  - \* Not currently bleeding



- \* Heavy bleeding

- \* Indications for hospitalisation

- \* Unstable

- \* Need for either blood or iron infusion

- \* Management as per moderate bleeding but can give OCP 4 hourly if needed

- \* Addition of IV estrogen


- \* Check for bleeding disorders

# Dysmenorrhoea



# When is it Endo?

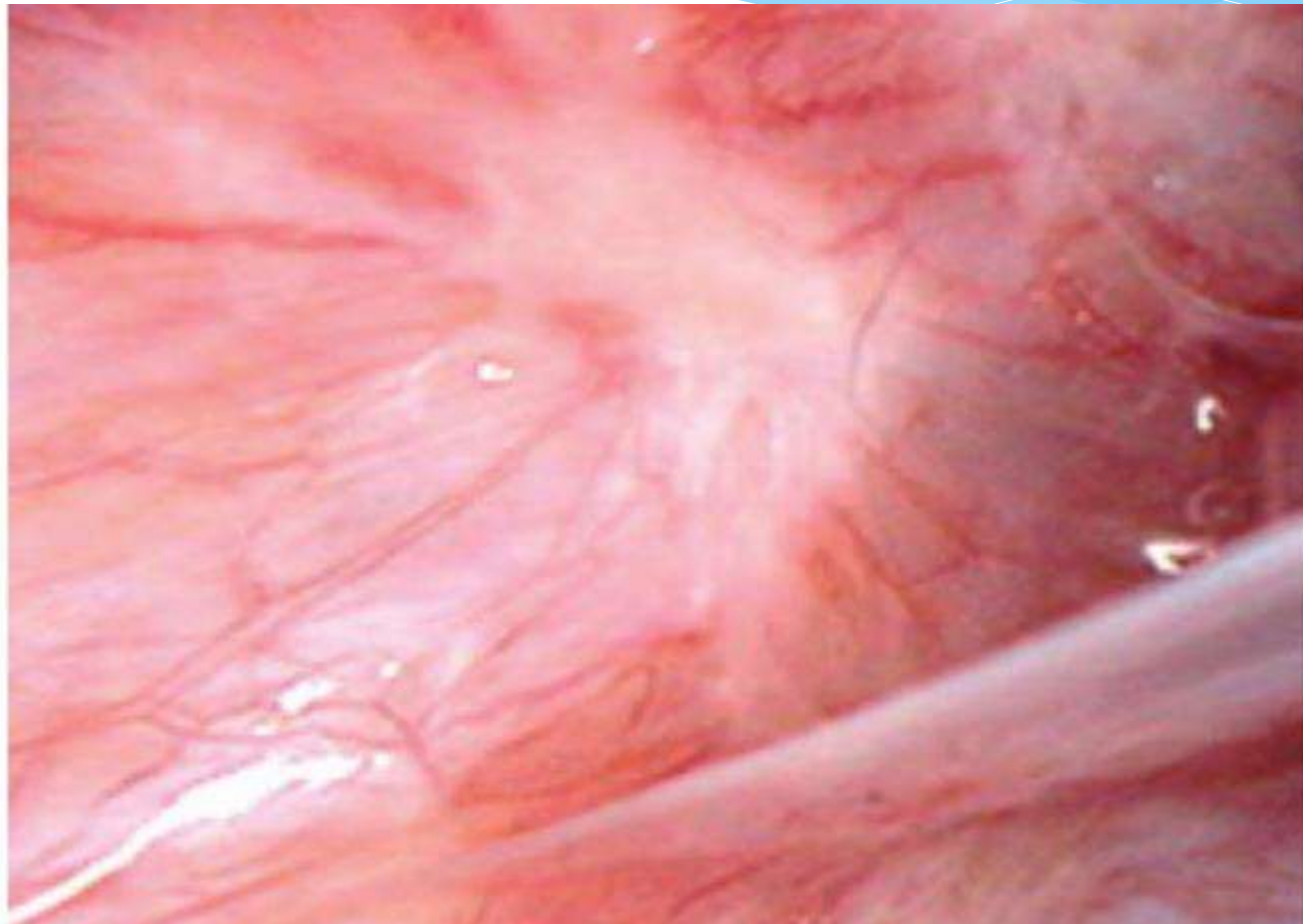
- \* Endometriosis affects 10% of women
- \* Of those diagnosed 2/3 state symptoms started in adolescence
- \* More common if there is a family member affected
- \* Adolescents with Endo tend to have both cyclical and non cyclical pelvic pain

- 
- \* It is appropriate to offer conservative treatment
  - \* Cyclical NSAID's
  - \* OCP
  - \* A scan useful to rule out anatomical anomalies
  - \* Endometriomas unusual in this age group
  - \* Diet and exercise (Low FODMAP, High Fibre)

# When to refer?

- \* Failed medical therapy in primary care
- \* (We also would suggest “skipping” periods)
- \* Is considering a Mirena
- \* Worried about endometriosis: consideration for laparoscopy

# Laparoscopy







# Take Home Messages

- \* New wave of young women: We need to both advocate for and respect
- \* Periods still hold young women back from their full potential even in Australia
- \* The adolescent patient is unique and needs a an especially holistic approach
- \* Most AUB is anovulatory
- \* Don't forget to think about bleeding disorders if significant
- \* Laparoscopy: reserved for persistent pain despite medical therapy