



ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

WHAT'S COMING THROUGH THE FRONT DOOR ?  
**ADOLESCENT GYNAECOLOGICAL EMERGENCIES IN A TERTIARY CARE HOSPITAL.**

**KEY WORDS:** Adolescent girls, Gynaecological emergency, Post abortal bleeding, Sexual assault.

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ABSTRACT

**Aim:** To analyse the adolescent emergency gynaecological problems mandating hospitalization and to formulate modalities to improve their health and to ensure safe motherhood.

**Methods:** Retrospective hospital based observational study of hospital records regarding health issues and awareness of health services among girls in the age group of 13-19 years hospitalized for various medical and surgical problems during the period of Nov 2016 to April 2017 at Govt Rsrn lying in hospital attached to Stanley medical college.

**Result:** 95 girls admitted in our hospital were analysed. The most important cause for admission was bleeding p/v due to postabortal bleeding (69%).

**Conclusion:** Unprotected coitus, sex abuse and repeated unsafe abortions have increased the rate of PID and ectopic pregnancies. The study emphasizes the importance of educating the adolescents on the issue like excessive menstruation, gender relationships, and sex abuses.

INTRODUCTION:

Adolescence is the transitional period of life characterized by physical and psychological changes. The word adolescence is derived from a latin word "Adolescere" which means grow into maturity. WHO defines adolescent as individuals in the age group of 10- 19 years. They constitute more than 1.2 billion worldwide, and about 21% of Indian population. Morbidity and mortality occurring in this age group is mostly due to preventable causes. Young and growing children have poor knowledge and lack of awareness about physical and psychological changes that occurs during adolescence and the ill health affecting them.

AIM OF THE STUDY:

This study is conducted to analyse the emergency gynaecological problems of adolescents, mandating hospitalization and to formulate modalities to improve their health and to ensure safe motherhood for future life.

METHODS:

Retrospective hospital based observational study of hospital records regarding health issues and awareness of health services among girls in the age group of 13-19 years hospitalized for various medical and surgical problems during the period of Nov 2016 to April 2017 at Govt Rsrn lying in hospital attached to Stanley medical college. Age, education, social background, knowledge of available health services, contraception and detailed history of menstruation and their present cause of admission were studied.

RESULTS AND ANALYSIS:

TOTAL GYNAECOLOGICAL ADMISSIONS	405
TOTAL GYNAECOLOGICAL ADMISSIONS IN ADOLESCENT AGE GROUP	158
TOTAL GYNAECOLOGICAL EMERGENCY ADMISSIONS IN ADOLESCENT AGE DROUP	95

Based on the study, the following observations were made. Total adolescent gynaecological emergency admissions during the study period were 95. CHART 1 shows medical admissions were 39% and surgical admissions were 61%.

CHART 1

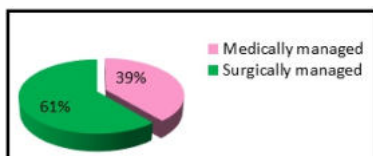


TABLE 1 shows Early adolescent group were only (6%) and late adolescent group were (94%). Among the study group 83% were married and 17% were unmarried. 55% were school dropouts. All study subjects belong to low socio economic status only. Only 30% of girls had knowledge about health services.

TABLE - 1 (AGE DISTRIBUTION, MARITAL STATUS, EDUCATIONAL STATUS, SOCIO DEMOGRAPHIC CHARACTERISTICS)

<b>AGE DISTRIBUTION</b>	<b>%</b>
EARLY ADOLESCENCE (10-15 YRS)	6%
LATE ADOLESCENCE (15-19 YRS)	94%
<b>MARITAL STATUS</b>	
MARRIED	83%
UNMARRIED	17%
<b>EDUCATIONAL STATUS</b>	
ILITERATE	25%
5 <sup>TH</sup> -10 <sup>TH</sup>	45%
1-5 <sup>TH</sup>	10%
<b>SOCIO DEMOGRAPHIC FACTORS</b>	
LOW SOCIO ECONOMIC STATUS	100%
KNOWLEDGE ABOUT HELTH SERVICES	30%
<b>EMPLOYMENT STATUS</b>	
EMPLOYED	30%
UNEMPLOYED	70%

CHART 2 –CAUSES OF ADMISSIONS

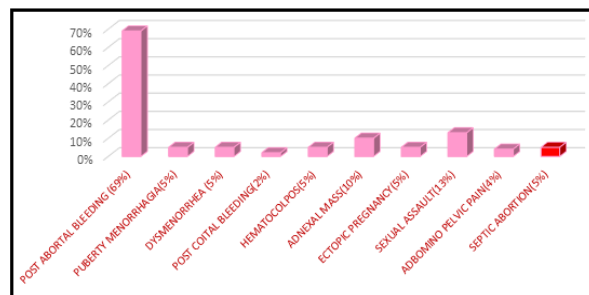


Chart – 2 shows the causes for both medical and surgical admission. Postabortal bleeding -69% is the most common cause for hospitalisation in these girls. Next most common cause is sexual assault (13%) in our study followed by adnexal mass(10%).

**EMERGENCY PROCEDURES: CHART 3**

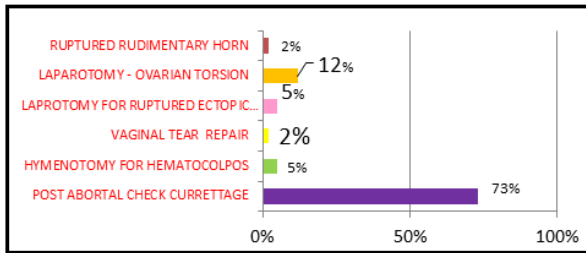
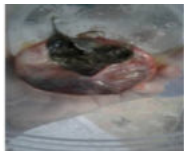


CHART 3 shows Surgical procedures were done in 10 girls where 2 girls presented with primary amenorrhoea with imperforate hymen had hymenectomy, 3 girls who presented with lower abdominal pain with ovarian cyst had laparotomy and cystectomy, whose histopathology was simple serous cystadenoma(Figure3). 17 years old girl with abdominal pain had laparotomy for twisted left side ovarian cyst with para ovarian cyst(Figure 1). Laparotomy was done for torsion dermoid cyst(Figure 2). 19 year married girl was operated for ruptured tubal pregnancy. Emergency check curettage was done for 73% of girls who presented with postabortal bleeding.

**FIGURE 1**



**FIGURE 2**



**FIGURE 3**

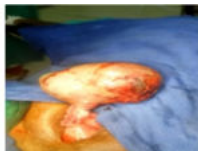
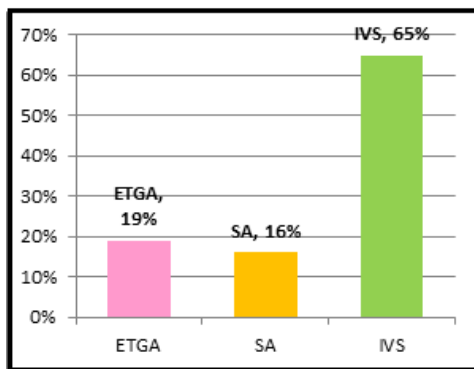
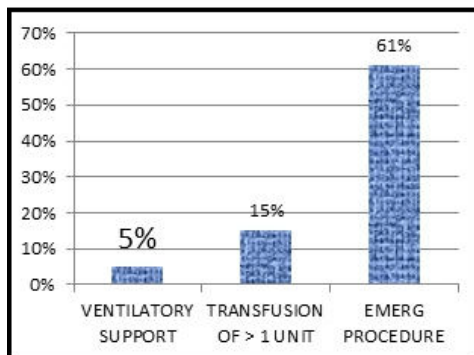


Chart 4 shows 65% of procedure (postabortal check curettage) were done under Intravenous sedation, 19% of surgery were done under General anaesthesia, 16% of study subjects were subjected to spinal anaesthesia. Chart 5 shows 5% needed ventilator support, 15% needed blood transfusion for anaemia induced by postabortal bleeding.

**TYPE OF ANAESTHESIA- CHART 4**



**INTERVENTIONS-CHART 5**



**DISCUSSION:**

The present study shows that post abortal bleeding is the most

common gynaecological problem in adolescent girls. Second most common cause is sexual assault 13%. In our study, the most common surgical procedure done was check curettage for post abortal bleeding in 73%. Next common surgery was laparotomy for ovarian cyst. Emergency laparotomy for torsion dermoid cyst in young girl was reported. 2 girls were treated for vaginal tears. 15% needed blood transfusion for anaemia induced by post abortal bleeding.

**CONCLUSION:**

95 girls admitted in our hospital were analysed. The most important cause for admission was bleeding p/v due to postabortal bleeding (69%), second most important cause was sexual assault (13%) and followed by adnexal mass(10%). unprotected coitus, sex abuse and repeated unsafe abortions have increased the rate of PID and ectopic pregnancies. Abortion in adolescence is fraught with dangers and risks, both physical and psychological. They are at greater risk for infertility, ectopic pregnancy (tubal pregnancy) and other serious complications like premature births, stillbirths and recurrent miscarriage. We have to create awareness and promote knowledge regarding medical issue, available health services and contraception to prevent unsafe abortion and its sequelae. The study emphasizes the importance of educating the adolescents on the issue like excessive menstruation, gender relationships, and sex abuses.

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