Disclosures

- No conflicts of interest
- Small educational grant to support adolescent pregnancy clinic from Bayer

Objectives

- Opportunity for discussion and presentation of your cases
- Review of 3 pediatric gynecology surgical emergencies
  - Genital trauma (unintentional)
  - Ovarian torsion
  - Imperforate hymen
- Key points in management

PAG Surgical Emergencies

NASPAG 2016
Rachel F. Spitzer, MD, MPH, FRCSC
Gillian

- 5 yo previously healthy
- Running poolside this afternoon
- Slips and falls astride pool edge
- Immediate onset vaginal bleeding
- Witnessed by approx. 10 people
- Child tells story animatedly
- 3cm left labial laceration visible and actively bleeding on exam

- What procedure are you booking in the OR?


Retrospective review of unintentional female genital trauma at a pediatric referral center.

Spitzer RF1, Kives S, Caccia N, Ornstein M, Goia C, Allen LM.

Abstract

Unintentional female genital trauma is a complaint commonly seen and managed through the emergency department. The purpose of this study was to review a comprehensive female genital injury evaluated at the hospital for sick children for 3.5 years to determine the factors associated with gynecologic consultation and need for operative repair.

METHODS:

One hundred five patients were identified by health record coding. Data were extracted to study factors associated with gynecologic consultation and operative repair. Statistical analyses were performed to evaluate the significance of these associations. Surgical choices were also evaluated.

RESULTS:

Mean age was 5.40 years. Mean time to presentation was 7.05 hours. Straddle injury was the next common mechanism (81.90%), and only 4.76% injuries were penetrating. Of the 105 patients, 85.71% consulted the gynecology section, 19.05% were taken to the operating room, and 6.66% were treated under conscious sedation. Overall, 20.95% required surgical repair. The most common complication was dysuria. Six patients had other injuries, the most common of which were pelvic fractures related to trauma. Factors significantly associated with gynecologic consultation and operative management included older age, transfer to our institution, shorter time to presentation, laceration-type injury, hymenal injury, and larger size of injury. Straddle injuries were significantly less likely to be taken to the operating room. When cases were stratified by a surgeon, there were no significant differences in management.

CONCLUSIONS:

Unintentional female pediatric genital trauma most commonly result from straddle injuries. Most injuries are minor, and in this retrospective review, the majority gynecologic consultation and did not require operative management. Further prospective studies would be useful to better evaluate the efficacy of surgical choices.
Key points

• History, history, history

• When in doubt do a good EUA/vaginoscopy

• 80% at least will not need OR

Laura

• 8yo prepubertal, previously healthy

• Onset of sudden, severe left lower quadrant pain at 6pm while playing in park.

• Vomiting, no diarrhea, no fever

• Presents to ER 4 hrs later

• U/S shows left ovary larger than right with some peripheral follicles

• What procedure are you booking in the OR?
Controversies – ovarian torsion

- To pex or not to pex
- Cystectomy at same time or later

Brittany

- 12 yo, previously healthy
- Thelarche and adrenarche starting 2 years ago
- Episodes of increasing abdominal pain
- Presents to ER with severe abdominal pain, central, crampy, increasing over the past 2 days
- No fever, no diarrhea, no vomiting
- On examination, abdominal mass to the umbilicus and bulging blue-tinged area at introitus

- What procedure are you booking in the OR?
Imperforate Hymen – Key Points

• Usually presents in adolescence, may diagnose in infancy
• Should be done by an expert in the OR
• Be certain of physical exam – do not confuse with transverse vaginal septum or atresias
  • Be sure of the physical exam
  • MRI if in doubt – thickness of the septum
• Cruciate, elliptical or U incision – avoid the urethra

  • CLINICAL REVIEW
  • Imperforate hymen in your adolescent patient: Don’t miss the diagnosis
  • Misidentifying this condition, and then trying to correct it surgically, can result in serious morbidity. Here are pointers to accurate diagnosis and steps to successful management.
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