Gynaecologic Surgery in Childhood and Adolescence

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Gynaecologic surgery in the child and adolescent presents different problems from those seen in later life. Unless these problems are realised and overcome, the social effects of surgery during these formative years may be profound and farreaching.

The first problem is one of diagnosis. Physical signs are harder to establish; the conditions encountered are uncommon and perhaps unfamiliar to the doctor concerned. Accordingly, incorrect or unwise surgical treatment may be undertaken. An example will underline the point.

The condition illustrated in Figure 1 is hydrocolpos. An intact membrane obstructs the lower end of a vagina and allows a collection of milky fluid within the vagina. Abdominal pain and swelling, retention of urine, and other features may result. If the correct diagnosis is made, treatment is extremely easy, a simple incision releasing the retained fluid. The correct diagnosis is not always made, however, and there are examples on record of laparotomy and even hysterectomy being performed, sometimes with fatal results." * " The diagnostic difficulty may be increased by the very large size which the abdominal swelling may attain in hydrocolpos (Fig. 2). This figure makes it easy to understand that I have seen several cases in which the simple treatment of incision of the retaining membrane has either not been performed, or has been performed only after weeks of investigation or other surgical treatment.

Not all of the lesions encountered are so simple.' When extensive abnormalities are encountered the difficulties presented may seem insoluble. Again two examples will suffice to illustrate.

Figure 3 shows a child with a cloaca, the bowel, genital tract and bladder sharing a single opening, which is greatly contracted by excessive fusion of labial folds. In Figure 4, we see a diagram of the state of affairs which is present. In Figure 5 we see a second case, again with a primitive cloaca, but with very usual features, for at a point on the perineum where the anus would normally lie is a recessed bit into which bowel, genital tract and urethra all open. Further forward, however, there is an enlarged phallic structure, down which runs a second urethra. It would not be surprising if some of you were wondering if any treatment for severe malformations of this kind is even possible, but I would stress that in such cases some attempt at surgery is always worthwhile. These two children are growing up well, are going to school, and live quite full lives, one with an ileal bladder and colostomy, and the other with a colostomy only. Two further cases at a younger age are also making good progress.

Yet another difficulty encountered in childhood gynaecologic surgery is the emotional content of the illness for parents or child or both. In the very young child, parents alone are involved, and there is no emotional problem for the child. This is best illustrated in the group of cases in which the sex of the child is in doubt. I cannot in a short time do more than make a few important points about this group of cases. All of my experience in the management of doubtful sex extending over nearly 20 years has confirmed the views expressed by earlier workers". " that the best form of management of a newborn child of uncertain sex is: (1) full investigation as soon as possible: (2) careful decision on the more appropriate sex of rearing; (3) surgical reconstruction of the external genitalia to make them conform to the chosen sex including, if necessary, removal of any inapproprinte gonadal tissue, which if not removed might cause distressing beterosexual manifestations at puberty.

The surgical procedures required are various, and I do not wish to describe them in detail, since they are in any case merely a part of the total management of the child, parents, relatives, and friends, which is so important in any intersex case. My preference, however, is for the necessary surgery to be performed early in the child's life, so that the parents may be allowed to bring up their child as a normal boy or girl, without any visible reminder of sexual ambiguity and without any fear of heterosexual manifestations

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The Gynecology Of Childhood And Adolescence

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The Gynecology of Childhood and Adolescence John William Huffman, 1968 The Gynecology of Childhood and Adolescence John William Huffman, Sir John Dewhurst, Vincent J. Capraro, 1981 Pediatric and Adolescent Gynecology Charles Sultan, 2004-01-01 Providing practical information for dealing with frequently encountered problems in prepubertal and adolescent girls this book should be read by pediatricians endocrinologists gynecologists and family practitioners BOOK **Dewhurst's Practical Paediatric and Adolescent Gynaecology** D Keith Edmonds, 2016-06-06 Dewhurst s JACKET Practical Paediatric and Adolescent Gynaecology Second Edition offers a practical guide for the clinician in the management of gynecological disorders of childhood and adolescence The book begins with a discussion of patterns of gynecological disorders during childhood and adolescence Separate chapters cover topics such as intersexuality abnormalities of the genital tract vulvovaginitis and other vulval lesions and normal precocious and delayed puberty Subsequent chapters examine adolescent menstrual disorders breast lesions and abnormal stature hirsutism and virilism genital tract tumors and sexual activity and its results in the 13 19 year old Paediatric and Adolescent Gynaecology Adam H. Balen, Sarah M. Creighton, Melanie C. Davies, Jane MacDougall, Richard Stanhope, 2004-04-01 This book provides a multidisciplinary overview of developmental anomalies disorders and intersex conditions These are complex conditions that demand high standards of care and treatment by all healthcare professionals involved with the management of these psychological medical and surgical problems Contributions from leading international experts from a wide range of disciplines aims to distil their wealth of expertise and to provide the best possible advice and recommendations for medical intervention Issues such as the psychological well being of the patient the need for informed consent and the right to know one s diagnosis Patients and their families expect high standards of care communication and consultation and this book will help doctors achieve this Emphasising the multidisciplinary approach to healthcare this is essential reading for specialists in paediatric and adolescent gynaecology reproductive endocrinologists paediatric and plastic surgeons and clinical geneticists **Psychopathology of Childhood and Adolescence** Andrew S. Davis, 2012-12-20 This text presents a comprehensive overview of the psychopathological disorders of childhood and adolescence from a brain based perspective Based upon the highly respected Handbook of Pediatric Neuropsychology this text covers all of the major pediatric disorders described in the DSM IV TR while also offering hard to find coverage of childhood cognitive disorders that have not been addressed sufficiently in the DSM and other child psychopathology texts Each chapter includes the etiology of each disorder including genetics its prevalence clinical presentation assessment considerations and evidence based treatments Additionally the volume features all new material on neuroimaging in diagnosis and a comprehensive real life case study for each disorder to enhance student and clinician understanding Designed for graduate level courses in child and adolescent psychopathology this affordable text will also be a convenient resource for clinicians Key Features Presents a current comprehensive overview of

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NASPAG's Protocols for Pediatric and Adolescent Gynecology Jane Geyer, Jennifer Dietrich, 2020-09-23 Note to Readers Publisher does not guarantee quality or access to any included digital components if book is purchased through a third party

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represents the site of origin of a larger variety of primary and secondary cancers than any other organ Because of this complexity the use of diagnostic ultrasound is becoming increasingly important not only in expanding the understanding of the ovary but in enhancing the potential for early diagnosis of ovarian tumours IAP Textbook of Pediatrics A Parthasarathy, PSN Menon, MKC Nair, 2019-02-04 SECTION 1 BASIC CONCEPTS OF CHILD CARE SECTION 2 CARE OF THE NEWBORN SECTION 3 GROWTH AND DEVELOPMENT SECTION 4 NUTRITION SECTION 5 IMMUNITY IMMUNIZATION AND INFECTIOUS DISEASES SECTION 6 DISEASES OF CENTRAL NERVOUS SYSTEM SECTION 7 DISEASES OF CARDIOVASCULAR SYSTEM SECTION 8 DISEASES OF RESPIRATORY SYSTEM SECTION 9 DISEASES OF GASTROINTESTINAL SYSTEM AND LIVER SECTION 10 DISEASES OF KIDNEY AND URINARY TRACT SECTION 11 DISEASES OF BLOOD SECTION 12 PEDIATRIC MALIGNANCIES SECTION 13 ENDOCRINOLOGY SECTION 14 GENETICS SECTION 15 ADOLESCENT HEALTH SECTION 16 RHEUMATOLOGY SECTION 17 INTENSIVE CARE AND EMERGENCIES SECTION 18 PEDIATRIC SUBSPECIALTIES SECTION 19 COMMUNITY PEDIATRICS SECTION 20 PEDIATRIC PROCEDURES SECTION 21 PEDIATRIC THERAPEUTICS Appendix Index **Pediatric and Adolescent Obstetrics and Gynecology** J.P. Lavery, J.S. Sanfilippo, 2012-12-06 This book covers a broad area the problems associated with female develop ment from the appearance of gender abnormalities in the delivery room through the trials of pubescence early maturation and precocious child bearing Experts from many diverse fields of scholarship have contributed chapters covering a wide range of subjects The contributors have concentrated on their areas of expertise The broad range of this book is unique no other textbook covers as many areas The diversity of subjects covered will help the reader gynecologist pediatrician nurse health counselor social worker or psy chologist to understand both the physical and psychological problems which beset the female from birth to adolescence Because of the wealth of information presented we hope that this volume will serve as a reference source and as a basis for further in depth studies The editors wish to express sincere thanks for the efforts above and beyond the call of duty on the part of many members of our staff A special thank you to Carrie Marcell R N our research nurse and University of Louisville coordinator for this project for her time and effort in putting up with the vagaries of the editors and to Betty Jones and Linda Grear for their fine secretarial work Special recognition is due Sue Koenig whose patience with us in adapting the text to our word processor made our job a great deal easier

Handbook of Pediatric Chronic Pain Brenda C. McClain, Santhanam Suresh, 2011-06-15 The purpose of this text is to provide not only the science and current knowledge of pediatric pain management but a rationale for intervention The book is ground breaking in that it provides pearls for the recognition and management of multiple childhood chronic pain syndromes Also uncommon yet confounding issues such as pain management for epidermolysis bullosa are adequately addressed Concerns unique to pediatric patients are reviewed While there are no firm standards in pediatric chronic pain a care plan is offered to help guide practitioners when possible The book will consist of 24 chapters many co written by a

physician and a psychologist Chapter 1 covers the history of pediatric chronic pain the advancement pediatric pain as a clinical subspecialty development of pediatric pain clinics and characterization of the common pain syndromes Chapters 2 4 cover respectively the research on early pain exposure and neuroplasticity theories on the common adolescent pain syndromes and the demographics of chronic pain in children Chapters 5 16 discuss approaches to assessment and intervention for specific pediatric and adolescent pain syndromes Chapters 17 23 address interventional techniques such as therapeutic blocks neurablation implantable systems physical therapy complementary therapy and pharmacology including opioid tolerance The final chapter discusses the role of the nurse practitioner in pediatric chronic pain

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