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Spotlight

Spotlight on... paediatric and adolescent gynaecology

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Introduction

Paediatric and adolescent gynaecology (PAG) used to be the remit of the general gynaecologist, but with increasing specialisation, the knowledge and skills required to practice in this niche specialty have been concentrated with those running specialised PAG clinics. PAG covers all areas of gynaecological health in children up to the age of 16, and it is important to bear in mind that the vast majority of medical conditions presenting in the PAG clinic also present in adult gynaecology clinics. However, managing patients in a PAG clinic is somewhat unique in that the consultation can involve up to three generations and can often be a consultation with the family. Also, there is a tendency to direct the consultation to parents but it is important to involve the patient as much as is possible.

In 2018, Ephia Yasmin wrote a TOG Spotlight on PAG and discussed the articles previously published in TOG till then. These included articles on child sexual exploitation (TOG 2017;19:205–10) and late effects of childhood cancer (TOG 2016;18:315–22). Since then, a range of articles covering various aspect of paediatric and adolescent health have been published.

Menstrual disorders

This remains the commonest presentation in the PAG clinic.[1] In their article on heavy menstrual bleeding (HMB), Walter et al. (TOG 2024;26:84–94) identify that most menstrual problems in this population are related to immaturity of the hypothalamic pituitary ovarian axis, which will improve with age. The article also outlines when and how to investigate for underlying pathology. Medical treatment in the form of contraception forms the mainstay of treatment. The authors discuss the impact of underlying conditions such as bleeding disorders, endocrinopathies (thyroid and polycystic ovary syndrome), connective tissue disorders, endometriosis and chronic systemic diseases on HMB.

Fertility-related disorders

One of the most challenging conditions in a PAG setting is managing girls who have fertility-related disorders. Sayed et al. (TOG 2024;26:152–62) in their article on premature ovarian insufficiency discuss this in both the adult and the PAG setting. In children, pubertal induction will often be required. The loss of fertility can have a huge impact on mental health and wellbeing, as there are limited options for treatment. The article discusses the diagnostic workup, which is usually in two steps: confirming the diagnosis and then establishing its cause. Treatment options are discussed and the need for ongoing psychological support, both professionally and through peer support groups such as the Daisy Network, is highlighted.

Hartigan et al. (TOG 2021;23:170–6), on the other hand, discuss fertility preservation in children and adolescents with cancer in their article '*Fertility on ice*'. Whereas many survivors of childhood cancers will have no problems conceiving, the potential loss of fertility as a late effect of cancer treatment causes concern among patients and their caregivers. The options for fertility preservation in the form of oocyte cryopreservation and ovarian tissue cryopreservation in girls and sperm cryopreservation and testicular tissue cryopreservation in boys is discussed. Ethical dilemmas relate to fertility preservation in those with a haematological cancer, which potentially could reintroduce a malignancy. In addition, not all patients are suitable for fertility preservation based on physical well-being and emotional maturity.

Vulval disorders

Vulval disorders are the second commonest complaint in the PAG clinic. Idle et al. (TOG 2023;25:272–81) in their article on vulval disorders in paediatric and adolescent patients and their management discuss the common presentations, appropriate history taking, examination and management of these conditions. They also discuss common congenital variations of the vulva which will usually be managed

conservatively till the child is of an age to make informed decisions about treatment options.

Disorders of sexual development

Disorders of sexual development (DSD) is a highly specialised area of PAG. Davies et al. (TOG 2020;22:257–66) in their article on differences of sexual development and their clinical implications, highlight the need for individualised, patient-centred and multidisciplinary care with input from paediatric endocrinologists, urologists, psychologists, geneticists and gynaecologists working together to formulate a plan of care. DSD encompasses a spectrum of disorders with lifelong ramifications for patients, their family and partners to be. The lack of robust evidence-based practice in this area of medicine together with pressures from patient user and support groups is driving change and research collaborations.

Miscellaneous

Understanding the legal rights of patients, ethical responsibilities of clinicians as well as the limitations in the right to consent and boundaries of competence and confidentiality were highlighted by Pillai et al. (TOG 2023;25:140–5) in their article on consenting, competence and confidentiality in paediatric adolescent gynaecology. The need to balance safeguarding and respect for the autonomy of these patients was identified. Knowledge of the "five C's": communication, consent, competence, capacity and confidentiality are important considerations when obtaining informed consent from adolescents.

Bugeja et al. (TOG 2024;26:6–15) in their article on cosmetic gynaecology identified the increasing demand for labiaplasty as the commonest cosmetic procedure in the adolescent population. This is due to changing perceptions of perfect genitalia owing to the effect of social media. The labia continue to grow through to adulthood and the harm caused by any female genital cosmetic surgery (FGCS) far outweigh any perceived benefit. Following a concerted drive by the BritSPAG (British Society of Paediatric and Adolescent Gynaecology) it is now illegal to perform FGCS for cosmetic reasons alone under the age of 18 and this would be classed as female genital mutilation. It is however important to deal with this in a sensitive manner and emphasise the need to manage conservatively till full growth is achieved.

The article on sports gynaecology (TOG 2019;21:85–94) delves into the health implications of long-term intense exercise, particularly in professional athletes. As athletes will often start training in their teenage and adolescent years, there is a direct impact on this population. The authors discuss the concept of Relative Energy Deficiency in Sport (RED-S), which is a complex interrelationship of health consequences that arise as a result of low energy availability. The common presentations of gynaecological problems in elite athletes are also discussed and includes menstrual irregularities, delayed menarche, subfertility and even urinary incontinence.

Conclusion

One-quarter of the world's population is under the age of 14. The vast majority of problems presenting in the paediatric and adolescent population are manageable in primary or secondary care in a routine PAG clinic, especially period and vulval problems; however, some conditions (DSD) require MDT input and services should and are now concentrated in specialised centres commissioned by NHS England to ensure best possible outcomes.

References

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