A 10-year audit of gynaecological surgeries performed in the paediatric age group at the Jos University Teaching Hospital

C. C. Ekwempu, A. A. Ocheke, F. A. Uba[1]

ABSTRACT

Background: Surgeries performed for gynaecological conditions in children and adolescents are not common in our environment. Adequate facilities and the skill to perform the required procedures may also be lacking. We were interested in reviewing the practice of paediatric gynaecological surgery in our facility. **Patients and Methods:** A retrospective study of case files and theatre records of children below the age of 16 years who had surgeries at the Jos University Teaching Hospital over a 10 year period was undertaken. **Results:** A total of 89 surgeries were performed in this age group during the period under review. Twenty-eight (33.4%) of the patients were below the age of 11. The most common surgical procedure was for the management of septic abortion (21.3%). Correction of congenital malformations of the genital tract accounted for 21.4% (19) of the surgeries performed. Fourteen (15.7%) laparotomies were performed for ovarian cysts. **Conclusion:** Though the number of surgeries performed on children for gynaecologic reasons may appear small, the skills required to manage them should be enhanced and the requisite facilities provided.

Key words: Paediatric gynaecological conditions, surgery

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INTRODUCTION

Paediatric gynaecology is still as subspecialty in its rudiments in the developing world with little or no attention being paid to this group of patients in the society. It is clear that female infants, children and adolescents may develop the same gynaecological disorders as women necessitating specialized care.[1] Many parents and some doctors still do not believe that inspection of the external genitalia is a necessary part of routine examination of the female child. For some physicians this may be the result of ignorance as to how to go about such an examination. An infant girl should have her first gynaecologic examination in the delivery room or the nursery as part of routine general examination.[1,2] Congential anomalies occur in 2 to 3 per 100 infants and should always be sought by careful examination of the neonate at birth.[3,4] Such examination could lead to early intervention including surgery which may fall stall later psycho sexual problems in the future. Surgery in the paediatric age group requires a high level of skill which usually stems from appropriate training and sufficient patient load to ensure proficiency and hence specialist centres ideally should be saddled with the responsibility of managing such cases with appropriate referral mechanisms in place. We were interested in reviewing the practice of paediatric gynaecological surgery in our facility

PATIENTS AND METHODS

The study was carried out in the gynaecology unit of the Jos University Teaching Hospital in Jos Plateau state Nigeria. A retrospective review of gynaecological surgeries performed on all children below the age of 16 years presenting to the unit over a 10 year period (1 January1995 to 31 December 2004) was undertaken. Data were obtained from theatre records and patients case files. Analysis of the data was done using simple statistics.

Department of Obstetrics and Gynaecology, [1]Paediatric Surgery Unit, Departments of Surgery, Jos University Teaching Hospital/University of Jos, P.M.B 2076, Jos. Nigeria.

Address for correspondence:
Chinedu C. Ekwempu
Department of Obstetrics and Gynaecology, Jos University Teaching Hospital/University of Jos,
P.M.B 2076, Jos. Nigeria
E-mail: cekwempu@yahoo.co.uk

RESULTS

A total of 89 paediatric gynaecological surgical cases were managed during the period. Their ages ranged from 1 year to 16 years (median= 11 years). Twenty eight (33.4%) of the patients were pre-pubertal [Table 1]. The most common gynaecologic case was septic incomplete abortions in 21(23.7%) patients, majority of which followed attempted termination of pregnancies [Table 2]. Surgeries performed for this category of patients ranged from evacuation of retained products of conception to laparotomies for pelvic abscess, repair of perforated uterus and hysterectomy. There were 14 (15.7%) laparotomies for ovarian cysts. The majority of the cysts were benign except for two which were histologically confirmed to be endodermal sinus tumours. Correction of congenital anomalies of the genital tract (transverse vaginal septae and imperforate hymen) accounted for 19 (21.4%) of the surgeries. Repair for transverse vaginal septum was carried out in 14 (15.7%) cases. Separation of labial adhesions was done in 10 (11.2%) patients, while excision of vulval growths, mainly viral warts and polyps, was undertaken in 7 patients. Seven (7.9%) other patients had suturing for vaginal lacerations which were due to alleged rape in six patients and a straddle injury following a road traffic accident in one patient. There was one case of ruptured ectopic pregnancy in a 16 year old secondary school student [Figure 1].

Table 1: Age distribution of paediatric gynaecology surgeries performed in JUTH

Age in years	No.	%
≤5	18	20.2
6-10	10	11.2
11-16	61	68.6
Total	89	100

Table 2: Types of paediatric gynaecological cases That required surgery

Diagnosis	N (%)
Septic abortion	21 (23.6)
Ovarian cysts	14 (15.7)
Labial adhesions	10 (11.2)
Transverse vaginal septum	14 (15.7)
Vulval growths	7 (7.9)
Vaginal lacerations	7 (7.9)
Imperforate hymen	5 (5.6)
Urethral prolapse	4 (4.5)
Hydatidiform mole	3 (3.5)
Vulval haematoma	3 (3.5)
Ectopic pregnancy	1 (1.1)
Total	89 (100)

DISCUSSION

Our findings suggest that surgeries for paediatric gynaecology cases are not as rare in our environment as was previously reported.[5,6] Successful management of paediatric gynaecological surgical conditions demands experience in order to expect a favourable outcome. The number of cases in this study may not be a true reflection of paediatric gynaecological condition in the society because some patients may not even present to hospital due to non-availability of health care providers to handle their conditions.

Abortion complications ranked highest among the teenagers necessitating surgical interventions. The surgeries ranged from evacuation of retained products to laparotomies for abscess collections and on occasion repair of uterine perforations. The far reaching implications of these conditions need not be overstated.

Surgical correction of congenital defects of the genital tract accounted for about a quarter of the surgeries in this study. Such abnormalities like labial adhesions are easily confused with congenital vaginal atresia and can be a source of parental anxiety. Imperforate hymen and transverse vaginal septae most often present during the adolescent years soon after menarche.[7] Occasionally, they present in childhood as hydrocolpos evidenced by an abdominal swelling and or a bulging vaginal membrane.[7,8] Early intervention could prevent such complications as endometriosis and infertility, the end result of retrograde menstruation into the abdominopelvic cavity.[4,8-10] These conditions are often associated with congenital malformations of the renal tract and should be sought for in these patients.[1,10] Inappropriate interference in these conditions by inexperienced healthcare personnel may compound the problem.



Figure 1: 9 year old school girl with viral warts

Although surgeries performed for gynaecological conditions in the paediatric age group are relatively uncommon, there is need to develop the skill and provide the requisite facilities for their management. This is pertinent in a specialist health facility where such cases should appropriately be referred. Creating awareness among the populace would also go a long way in ensuring timely referral of such cases for prompt attention.

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