Young girls and adolescents face barriers toward having their gynecologic concerns addressed, despite these concerns being common. These patients may be reluctant to share details of symptoms related to sensitive parts of their developing bodies due to embarrassment, confidentiality worries, or even a perceived noninterest of the provider or nonimportance of the complaint. Indeed “women’s health” concerns have a long tradition of feeling taboo and this can start at young ages. At other times, these concerns are top-of-the-mind for girls and their parents and they are eager, if not anxious, for reassurance or guidance. Gynecologic complaints including pelvic pain, menstrual bleeding patterns, and vaginal discomfort may be physiologic, but may also be important clues to treatable disorders or conditions. Importantly, earlier recognition of such disorders has valuable implications for quality of life and for future fertility concerns.

As such, I am grateful for the expertise of the contributing authors of this issue of Pediatric Annals. We have drawn on both pediatric and obstetrics & gynecology physicians as well as subspecialists in adolescent medicine and pediatric hematology & oncology to bring you a collection of articles to review common gynecologic concerns and disorders in young girls and teenagers. This issue provides evidence-based review articles on a survey of gynecologic topics including approaches to patients reporting heavy menstrual bleeding, vulvovaginal discharge, and painful periods. The issue concludes with reviews of adnexal masses and structural anomalies of the reproductive tract. The latter, although rarer as diagnoses, have variable presentations from pain to incidental imaging findings and can be challenging for both patients and families to navigate. We, the authors, firmly believe that primary care providers are ideally suited to elicit gynecologic concerns given their ongoing relationships with patients and families, and we hope to help prepare and enhance your initial management and referral process for these patients.

Menstrual complaints have been found to be one of the leading reasons for an office visit by adolescent girls.\(^1\) The lead article, “Heavy Menstrual Bleeding in Adolescent Girls,” by Drs. Jennifer Davila and Elizabeth M. Alderman reviews this aspect of abnormal uterine bleeding. Heavy menstrual bleeding in teenagers has been associated with not only important quality-of-life measures but also possibly a sign of a diagnosable underlying hormonal or bleeding disorder. This article builds on the American College of Obstetrics and Gynecology Committee Opinion published in 2019 and provides the most up-to-date guidance on the approach and diagnostic work.\(^2\) It may be surprising to the reader that up to 62% of adolescents with heavy menstrual bleeding have a bleeding disorder, many without anemia. This review highlights when to consider those bleeding disorders, guides the reader to what the initial laboratory testing should include, and outlines when referrals are needed to adolescent medicine or pediatric hematology.

The second article, “Prepubertal and Adolescent Vulvovaginitis: What to Do When a Girl Reports Vaginal Discharge?” by Dr. Aviya Lanis, myself, and Dr. Nancy Dodson addresses one of the most common gynecologic complaints of all. In fact, up to 75% of women experience vaginitis over the course of their lifetime, with most of the first episodes occurring during adolescence.\(^3\) Here the authors differentiate causes that are more common in young girls, ie, nonspecific vaginitis, versus those causes more common in pubertal adolescents including vaginal candidiasis, bacterial vaginosis, and cervicitis. The reader will be armed to differentiate these etiologies of vaginitis as well as approach management.

In the next article, “Painful Periods in the Adolescent Girl,” Dr. Olga Myszko, Dr. Noor Al-Husayni, and myself address a concern reported by up to two-thirds of adolescent girls—dysmenorrhea. Many misconceptions or myths exist regarding the definition of a normal menstrual cycle and “normal” pain associated with menses. These misconceptions often lead to delays in
diagnosis and treatment. This article dispels those myths and outlines the difference between primary and secondary dysmenorrhea. Paying special attention to endometriosis and adenomyosis, which are being diagnosed more often in adolescents, the article provides updates in management and guides fertility counseling. Importantly, the authors also review complementary and alternative medicine treatments available for dysmenorrhea.

In the last two articles, we turn to pelvic masses and structural anomalies of the reproductive tract. Dr. Jennifer L. Northridge, in the article, “Adnexal Masses in Adolescents,” reviews common masses including benign functional ovarian cysts and benign teratomas that present in young girls or adolescents. These masses can be asymptomatic or present with pain, and, either way, are alarming for patients and providers. Dr. Northridge provides a detailed differential diagnosis and guide to management, noting that ovarian cancer is rare in this age group. Ovarian torsion and ectopic pregnancy are highlighted as not-to-be missed, and the article highlights these as well as related fertility minded treatments and counseling.

In the final article, “A Practical Approach to Congenital Urogenital Anomalies in Female Pediatric Patients,” Drs. Gregory W. Kirschen, Lianna F. Wood, and Natalie Semenyuk review conditions ranging from anatomic variants like labial hypertrophy to obstructive anomalies like imperforate hymen and vaginal agenesis, which can be confusing to understand. These anomalies may present after puberty with amenorrhea, dysmenorrhea, pelvic pain, recurrent vaginal discharge, or infertility. The authors take a developmental approach with a brief embryology review to help understand the pathophysiology and provide a digestible approach to the complex care needs of these patients.

REFERENCES

Disclosure: The author has no relevant financial relationships to disclose.
doi:10.3928/19382359-20200321-02

About the Guest Editor

Hina J. Talib, MD, is an Associate Professor of Pediatrics in the Division of Adolescent Medicine at the Children’s Hospital at Montefiore (CHAM)/Albert Einstein College of Medicine. She is also an Associate Professor of Obstetrics & Gynecology and Women’s Health, by courtesy, at Montefiore Medical Center/Albert Einstein College of Medicine. At CHAM, she serves as the Program Director of the Adolescent Medicine Fellowship Training Program and Medical Director of the Adolescent Medicine Inpatient unit.

Dr. Talib, a Brown University summa cum laude graduate, earned her Bachelor of Science in Neuroscience. She attended medical school at Weill Cornell Medical College in New York where she served as Vice President of her class. She completed her pediatrics residency at New York Presbyterian-Weill Cornell and her chief residency in pediatrics at Memorial Sloan Kettering Cancer Center.

Dr. Talib is board certified in pediatrics and adolescent medicine. She is a fellow of the American Academy of Pediatrics and a member of the Society for Adolescent Health and Medicine (SAHM). She is a member-at-large of the Executive Board of North American Society for Pediatric and Adolescent Gynecology (NASPAG). She serves as Associate Editor of the Journal of Pediatric and Adolescent Gynecology, the official journal of NASPAG. In addition, Dr. Talib is a past President of the Executive Board of the New York chapter of SAHM. In 2019, she joined the editorial board of Pediatric Annals.

Dr. Talib has published studies in the areas of HIV testing in adolescents, treatment of vitamin D deficiency in adolescents, and protecting adolescent patient’s confidentiality in inpatient settings. Most recently, her research interests include fertility counseling needs and experiences in adolescent girls.

Through her work with NASPAG, Dr. Talib is active in educational scholarship and has published teaching curricula on pediatric and adolescent gynecology as well as studies examining their effectiveness. In 2018, Dr. Talib published her first book, Adolescent Gynecology: A Clinical Casebook.

Dr. Talib advocates for teen health on her Instagram @teenhealthdoc. Address correspondence to Hina J. Talib, MD, via email at htalib@montefiore.org.