|| ISSN(online): 2589-8698 || ISSN(print): 2589-868X ||
International Journal of Medical and Biomedical Studies
Available Online at www.ijmbs.info
NLM (National Library of Medicine ID: 101738825)
Index Copernicus Value 2021: 70.61
Volume 7, Issue 5; May : 2023; Page No. 18-23

Research Article

# Evaluation of Gynaecological Problems among Adolescent Girls attending Gynaecology out Patient Department at Tertiary Care Hospital in Western Rajasthan

**Dr. Kamlesh Yadav[1], Dr. Panki Kumari[2], Dr Ritu Choudhary[3], Dr Priti Kumari[4]**

**Sr. Professor[1], Post Graduate Student[2], Post Graduate Student[3], Associate Professor[4]**
**Department of Obstetrics and Gynaecology, S P Medical College Bikaner Rajasthan**

**Received: 24-02-2023 / Revised: 04-03-2023 / Accepted: 15-04-2023**
**DOI: https://doi.org/10.32553/ijmbs.v7i5.2709**
**Corresponding author** Dr. Kamlesh Yadav
**Conflict of interest: No conflict of interest.**

**Abstract**

**Background**

To evaluated various gynaecological problems among adolescent girls attending gynaecology out patient department at tertiary care hospital in Western Rajasthan

**Methods**

Hospital Based cross sectional study conducted on 138 adolescent girls. Study population will consist of all unmarried Adolescent girl's age 10-19 yrs. attending outpatient department of obstetrics and Gynaecology Sardar Patel medical college Bikaner.

**Inclusion criteria**

All the unmarried adolescent female with age 10-19 yrs. Who come to Gynae OPD with any gynaecological complaint and willing to participants?

**Exclusion criteria**

Those not willing to participate and not given consent.
Age less than <10 years and more than >19 years.

## Introduction

Gynaecological problem of adolescent are unique, special and specific for the age group (between 10 to 19 yrs). Adolescent girls are highly susceptible to the exogenous and endogenous influences at this crucial period [1]. 21.4% population of India or One Fifth World's population are adolescent there are about 1.2 billion and number is increasing [2].

Various gynaecological problems are menstrual disorder like abnormal uterine bleeding, primary amenorrhea, PCOD, puberty menorrhagia leading to severe anaemia, sexual abuse, pregnancy related problem, adenexal mass, endocrinopathies. Obstructive genital anomalies like imperforate hymen to transverse vaginal septa agenesis present with primary amenorrhea and pelvis mass. Dysmenorrhea is very common problem among adolescent girl, study from India reported the prevalence range between 50 to 87.8%. Adolescent sexual and reproductive health forms a major component of global burden of sexual ill health but has been historically overlooked in terms of sexual and reproductive health intervention.[3]

The International federation of gynaecology and obstetrics (FIGO) emphasize that Adolescent sexual and reproductive health (ASRH) is an important area of concern for

women especially in developing countries like India. Policies and programs for promoting adolescent health in India demand more research on adolescent girls problem so that effective measure can be taken to improve the adolescent health [4].

Our study aims to evaluate the different gynaecology problem of adolescent girls attending gynaecology outpatient department at tertiary care hospital in western Rajasthan.

## Material and Methods

**Study design:** Cross Sectional Study

**Study place:** This study will be conducted in the department of obstetrics and Gynaecology, Sardar Patel Medical College and associated group of hospital Bikaner, Rajasthan.

**Study duration:** 1year period of data collection is from July 2021 to June 2022.

**Study population:** Study population will consist of all unmarried Adolescent girls age 10-19 yrs. attending outpatient department of obstetrics and Gynecology Sardar Patel medical college Bikaner.

**Sample size:** 138 adolescent girls

**Sampling methods**: - random sampling.

### Inclusion criteria

**1.** All the unmarried adolescent female with age 10-19 yrs. Who come to Gynae OPD with any gynaecological complaint and willing to participants?

### Exclusion criteria

**1.** Those not willing to participate and not given consent.
**2.** Age less than <10 years and more than >19 years.

Data will collected with the help of pre designed pre tested questionnaire after taking proper informed written consent from the patient or parent as age appropriate. Specific mentioned proforma will fill using a checklist for each of study participant which included their personal demogragphic details, complaints for which they visit our health facility. Menstrual history, past as well as family history, personal history, medical history and examination finding including height, weight, secondary sexual characteristic, per abdomen or per rectal examination wherever its needed. Appropriate blood tests and investigations are done according to their problems.

### Data analysis

Collected data will be entered into Microsoft Excel spreadsheet and will be presented in the form of tables, figures, graphs, diagrams. Appropriate statistical tests wherever necessary will be applied using suitable statistical software and test of significance considering level of significance as $p<0.05$.

## Observation

**Table 1: Distribution of cases according to Presenting Complains in study population.**

| Complaints | No. of cases | Percentage (%) |
|---|---|---|
| Menstrual Complain | 91 | 65.94 |
| Lower Pain abdomen | 12 | 8.70 |
| White Discharge | 12 | 8.70 |
| Urinary complain | 11 | 7.97 |
| Dysmenorrhea | 7 | 5.07 |
| Primary amenorrhea | 3 | 2.17 |
| Swelling in perineal area | 2 | 1.45 |
| Total | 138 | 100.00 |

Out of 138 cases, maximum number of cases had menstrual complains were found in 91 (65.94%), lower pain abdomen and white discharge 12 (8.70%) respectively and 11 (7.97%) had urinary complains, 7(5.07%), 3(2.17%), 2(1.45%) cases were present with dysmenorrhea, primary amenorrhea, swelling in perineal area respectively.

**Table 2: Distribution of case according to menstrual irregularity**

| Parameter | No. of cases | Percentage (%) |
|---|---|---|
| Heavy menstrual bleeding | 31 | 32.98 |
| oligomenorrhea | 22 | 23.4 |
| Heavy menstrual bleeding and polymenorrhea | 12 | 12.77 |
| oligomenorrhea and hypomenorrhea | 12 | 12.77 |
| Secondary Amenorrhea | 10 | 10.64 |
| oligomenorrhea and dysmenorrhea | 4 | 4.26 |
| Cryptomenorrhea | 3 | 3.19 |
| Total | 94 | 100.00 |

Out of 94 cases, maximum no. of cases had heavy menstrual bleeding i.e. 31 (32.98%), followed by oligomenorrhea 22 (23.4%), 12(12.77%) cases had heavy menstrual bleeding with polymenorrhea, 12 (12.77%) cases had oligomenorrhea with hypomenorrhea, 10 (10.64%) cases had amenorrhea followed by 4(4.26%), 3(3.19%) cases had oligomenorrhea and dysmenorrhea, cryptomenorrhea.

**Table 3: Distribution of cases according to Final Diagnosis.**

| inal Diagnosis | No. of cases | Percentage (%) |
|---|---|---|
| puberty menorrhagia | 42 | 30.43 |
| PCOS | 38 | 27.54 |
| Leucorrhoea | 12 | 8.70 |
| Functional Ovarian cyst | 11 | 7.97 |
| urinary tract infection | 11 | 7.97 |
| Secondary amenorrhea | 10 | 7.25 |
| Primary Dysmenorrhea | 7 | 5.07 |
| primary amenorrhea | 3 | 2.17 |
| Bartholin cyst | 2 | 1.45 |
| dermoid cyst | 1 | 0.72 |
| Oligomenorrhea | 1 | 0.72 |
| Total | 138 | 100.00 |

Out of 138 cases, 42 (30.43%) cases had puberty menorrhagia, 38 (27.54%) had PCOS, 12 (8.70%) had leucorrhoea, 11 (7.97%) had functional ovarian cyst and urinary tract infection respectively, 10 (7.25%) had secondary amenorrhea, 7 (5.07%) had primary dysmenorrhea and 3 (2.17%) had primary amenorrhea, 2 (1.45%) had 20orethist cyst, 1 (0.72%) had dermoid cyst and oligomenorrhea respectively.

**Table 4: Distribution of cases according to treatment modalities**

| Treatment | Age Group ( years) | | |
|---|---|---|---|
| | 10-14 | 15-19 | Total |
| **Hormonal Treatment** | | | |
| 1. Norethiesterone | 16 | 9 | 25 |
| 2. OCP | 7 | 31 | 38 |
| 3. Thyroxine | 3 | 2 | 5 |
| Oral Antibiotics | 8 | 20 | 28 |
| NSAIDs | 1 | 6 | 7 |
| Hematinics and Hemostatics | 11 | 9 | 20 |
| Only Hematinics | 0 | 3 | 3 |
| Reassurance | 1 | 5 | 6 |
| Surgery | 2 | 4 | 6 |
| Total | 49 | 89 | 138 |

Out of 138 cases maximum no. of cases i.e. 68 were on hormonal treatment in which 25 cases, 38 cases, 5 cases were treated by norethiesterone, OCP, thyroxine respectively followed by 28 cases were treated by oral antibiotic 20 cases were treated by hematinics and hemostatics, 7 cases were treated by NSAIDs and 6 cases were treated by reassurance and surgery respectively and 3 cases were treated by only hematinics.

**Discussion**

The present study "Evaluation of gynaecological problem among adolescent girls was conducted on outpatient department of obstetrics and gynaecology at S.P. Medical College and PBM hospital, Bikaner" during July 2021 to June 2022.

The objective of the study was to evaluate the different gynaecological problems in adolescent girls attending the OPD at tertiary care hospital in western Rajasthan and to evaluate the prevalence of severe anaemia requiring indoor admission in adolescent girls with puberty menorrhagia and also to assess the causative factors, investigation required and treatment modalities.

138 were unmarried adolescent female in age group 10-19 yrs, who had visited the Gynae OPD with a gynaecological complaint and were willing to participate.

In our study, maximum number of girls with menstrual complains were 91(65.94%), lower pain abdomen and white discharge 12(8.70%) respectively and 11(7.97%) had urinary complains, 7(5.07%), 3(2.17%), 2(1.45%) cases were present with dysmenorrhea, primary amenorrhea, swelling in perineal area respectively (table 7). S singh et al[6] observed that majority of girls present with menstrual problem 68.36% followed by vaginal discharge (11.04%), pain abdomen (8.36%), urinary complaints (5.08%) and acne/hirsutism (2.68%) girl. Jagannath et al study observed that maximum number of girls present with menstrual complains 76.5% followed by vaginal discharge (13.1%) and ovarian tumor (3.45%). Our study was also comparable with study done by Goswamin Sebanti et al [5] and Rathod et al[7].

In our study, 94 cases of menstrual irregularity, maximum number of cases had heavy menstrual bleeding i.e 31 (32.98%) followed by oligomenorrhea 22 (23.4%), 12 (22.77%) cases had heavy menstrual bleeding with polymenorrhea, 12 (22.77%) cases had oligomenorrhea with hypomenorrhea, 10 (10.64%) cases had amenorrhea followed by 4 (4.26%), 3 (3.19%) cases had oligomenorrhea with dysmenorrhea, cryptomenorrhea

respectively. S singh et al [6] study observed that maximum number of girls (41.04%) were diagnosed with HMB, followed by amenorrhea (19.65%), oligomenorrhea (16.59%), dysmenorrhea (16.59%), hypomenorrhea (2.64%) and irregular cycles in 3.49% girls.

In our study, majority of gynaecological problem was puberty menorrhagia 42 (30.43%), 38 (27.54%) had PCOS, 12 (8.70%) had leucorrhoea, 11 (7.79%) had functional ovarian cyst and urinary tract infection respectively, 10 (7.25%) had secondary amenorrhea, 7 (5.07%) had primary dysmenorrhea and 3 (2.17%) had primary amenorrhea, 2 (1.45%) had bartholin cyst, 1 (0.72%) had dermoid cyst and oligomenorrhea respectively (table 16). This is comparable with S singh et al study found that puberty menorrhegia was the most common disorder seen in 27.16% followed by PCOS (17.01%), dysmenorrhea (11.34%), vaginal discharge (11.04%), ovarian masses (6.56%) and UTI (5.07%) in girls. Similar study done by goswami et al recorded menstrual disorders (60%), leucorrhoea (10.66%), infections (8%), and an ovarian cyst (5.33%). Similarly in study by Bandkhade et al puberty menorrhagia was seen in 30.8% girls. Jagnannath et al recorded in 25.52% girls, Rathod et al recorded in 14.80% of girls had puberty menorrhagia.

In our study, the treatment modalities of participants girls in which maximum number of cases i.e. 68 were on hormonal treatment. Amongst which 25 cases, 38 cases, 5 cases were treated by norethisterone, OCP, thyroxine respectively followed by 28 cases were treated by oral antibiotics, 20 cases were treated by hematinics and hemostatics, 7 cases were treated by NSAIDs and 6 cases were treated by reassurance and surgery respectively and 3 cases were treated by only hematinics.

## Conclusion

Teenage problems need to be dealt with utmost sensitivity. Counseling of teenage girls as well as parents is an integral part of the treatment strategies. Awareness regarding health, nutrition and hygiene should be included in the counselling in order to curtail problems like anaemia, leucorrhoea.

Adapting healthy life style, regular yoga, avoidance of junk food etc. must be encouraged in adolescence girls. It must be a part of school health program.

Prevention is always better so there is urgent need of awareness programs about gynaecological disorders at school and college levels so that these young girls can be made aware and seeks medical advice timely, thus preventing long term complications of gynaecological disorders.

## Reference

1. Jagannath P, Prasad DB, Kumar BM. Evaluation of gynaecological problems among adolescent girls attending gynaecology out- patient department I Gauhati medical college and hospital. Sch. J App Med Sci. 2015; 3(7D):2729-32.
2. Patil SS, Mahanthshetty H, Supriya HM, Mahendra M. Gynecological problems of adolescent girls attending to rural tertiary care centre. Int J Reprod Contracept Obstet Gynecol 2019; 8:2627-30.
3. Patil SS, Mahanthshetty H, Supriya HM, Mahendra M. Gynecological problems of adolescent girls attending to rural tertiary care centre. Int J Reprod Contracept Obstet Gynecol 2019; 8:2627-30.
4. Patil SS, Mahanthshetty H, Supriya HM, Mahendra M. Gynecological problems of adolescent girls attending to rural tertiary care centre. Int J Reprod Contracept Obstet Gynecol 2019; 8:2627-30.
5. Sebanti G, Dutta R, Sebani S. A profile of adolescent girls with gynaecological problems. J Obste Gynaecol Ind. 2005;55(4):353-5.
6. Sri, S., & Jehan, A. (2015). PUBERTAL MENORRHAGIA : EVALUATION AND MANAGEMENT. Journal of Evolution of Medical and Dental Sciences, 4(30), 5198–5203. https://doi.org/10.14260/jemds/2015/759.

**7.** Rathod AD, Chavan RP, Pajai SP, Bhagat V, Thool P. Gynecological Problems of Adolescent Girls Attending Outpatient Department at Tertiary Care Center with Evaluation of Cases of Puberty Menorrhagia Requiring Hospitalization. J Obstet Gynaecol India. 2016 Oct;66(Suppl 1):400-6. doi: 10.1007/s13224-015-0770-1. Epub 2015 Oct 16. PMID: 27651637; PMCID: PMC501