

## **Childhood Benign Surgical Gynaecological Disorders in Ilorin, Nigeria.**

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### **Abstract**

**Context:** Childhood benign gynaecological conditions are rare, yet their recognition and correct management can have a huge impact on the individual's long-term reproductive health.

**Objective:** To describe the experience with benign surgical gynaecological disorders in a tertiary health care institution.

**Study Design, Setting and Subjects:** A descriptive analysis of 93 childhood benign gynaecological disorders that were surgically managed between 1st January 1989 and 31st December 1998 at the Maternity Hospital Wing of University of Ilorin Teaching Hospital, Ilorin, Nigeria.

**Result:** Procedures to treat childhood benign gynaecological conditions accounted for 101 (2.6%) of the 3,919 gynaecological operations performed during the study period. The ages of the patients ranged from 8 months to 16 years. The three leading disorders were clitoridal cyst 26(28.0%), labial adhesion 21 (22.6%) and urethral mucosal prolapse 20 (21.5%). Others include vaginal laceration from rape 9 (9.7%), imperforate hymen 7 (7.5%), Bartholin abscess 5 (5.4%) and ovarian cysts 5 (5.4%).

**Conclusion:** This study showed that childhood benign surgical gynaecological disorders are uncommon in our environment. Female circumcision was implicated as the aetiological factor in most of the patients suffering from the three commonest disorders. Discouraging female circumcision has the potential to significantly reduce the prevalence of paediatric gynaecological problems in Nigeria.

**Key Words:** Paediatric Gynaecology, Congenital, Genital Tract [*Trop J Obstet Gynaecol*, 2003, 20: 37-39]

### **Introduction**

Surgical gynaecological disorders in childhood are rare<sup>1</sup> and the literature on childhood gynaecological disorder, particularly in developing countries, is expectedly scanty. It is however, important that specialist gynaecologists are aware of the spectrum of childhood gynaecological disorders as they may be called upon to manage patients with conditions they are not familiar with. Some of these disorders may present a stressful situation to the parents of affected children as they often entertain fear that some of the disorders may compromise the future fertility of the children, or that the disorder may be life threatening; and if prompt treatment is not offered, the affected child may succumb to the disease. The purpose of this study is to describe the pattern of benign surgical gynaecological disorders as seen at a university teaching hospital in Nigeria.

### **Materials and Methods**

All cases of childhood benign gynaecological disorders from birth to the age of 16 years that were managed surgically between 1<sup>st</sup> January 1989 and 31<sup>st</sup> December 1998 at the University of Ilorin Teaching Hospital, Maternity Wing, Nigeria were included in the study. The case files of the patients were retrieved from the medical records unit and

data about the patients' ages, the types of benign gynaecological disorders, clinical presentation and their management were extracted. During the period, there were 101 cases of childhood benign surgical gynaecological disorders out of which adequate information was available for analysis in 93 cases. They form the subjects of the result and subsequent discussion that follows. For the purpose of this study all patients aged 16 years and below are regarded as children. By the age of 16 years most girls would have achieved menarche and are better classified as adolescent or teenager. All cases of surgical complications resulting from induced abortion are excluded from this study.

### **Results**

Of the 3,919 gynaecological operations performed during the study period, 101 cases (2.6%) were encountered but 93 cases were available for analysis. Table 1 shows the types of disorders and their age distribution in the patients. Clitoridal cyst was the commonest disorder, accounting for 28.0% of cases.

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**Table 1****Age Distribution and the Various Benign Gynaecological Conditions Requiring Surgical Treatment**

Age at Time of Presentation (years)	<i>Type of Gynaecological Disorder</i>							Total ( % ) n (%)
	Clitoridal Cyst n	Labial Adhesion n	Urethral Prolapse n	Vaginal Laceration n	Imperforate Hymen n	Bartholin Abscess n	Ovarian Cyst n	
< 1	0	5	0	0	0	0	0	5 (5.3)
1 – 3	2	6	4	0	0	0	0	12 (12.9)
4 – 7	8	5	14	2	0	0	0	29 (31.0)
8 – 11	11	4	2	3	2	2	1	25 (26.9)
12 – 16	5	1	0	4	5	3	4	22 (23.7)
<b>Total [n (%)]</b>	<b>26(28.0)</b>	<b>21(22.6)</b>	<b>20(21.5)</b>	<b>9(9.7)</b>	<b>7(7.5)</b>	<b>5(5.4)</b>	<b>5(5.4)</b>	<b>93 (100)</b>

Labial adhesion was the next most common accounting for 21(22.6%) of cases. Urethral mucosal prolapse vaginal laceration from alleged rape and imperforate hymen were the other common disorders found. Bartholin's abscess and ovarian cyst occurred only in the age groups between 8 and 16 years. There was a case of a follicular cyst and 4 cases of mature cystic teratoma (dermoid cyst).

**Table 2****Clinical Features in the Patients**

Clinical Feature	Number (%)
Vulval Swelling	39 (41.9)
Vaginal Bleeding	21 (22.6)
Absence/Narrowing of Vagina	21 (22.6)
Vulva Pain	11 (11.8)
Abdominal Pain	8 (8.6)
Vaginal Discharge	8 (8.6)
Abdominal Swelling	5 (5.4)
Urinary Retention	1 (1.1)

Table 2 reveals the clinical presentation of the cases. Many of the patients had multiple symptoms. However, vulval swelling was the commonest presenting symptom.

The types of surgical treatment offered are depicted in Table 3. Excision of clitoridal cyst was the commonest surgical procedure done. Twelve of the patients had antibiotics and two were transfused with blood. The length of hospital stay ranged from one to eight days. Postoperative recovery of the patients was generally uneventful.

**Discussion**

Information on childhood surgical gynaecological disorders in Nigeria is scarce but this does not translate to non-occurrence of the disorders in this environment<sup>1,2</sup>. In this review, they accounted for 2.4% of all gynaecological operations performed during the study period.

Clitoridal cyst was the commonest childhood benign surgical gynaecological condition seen in this series while it was the second commonest disorder in a similar study done in Benin-City, also in Nigeria<sup>2</sup>. It usually complicates female circumcision, which is primarily practised in Africa and by minority groups and African immigrants in other regions of the world<sup>3</sup>.

**Table 3****Surgical Procedures Done on the Patients**

Procedure	Number (%)
Excision of Clitoridal Cyst	26 (28.0)
Separation of Labial Adhesion and Oestrogen Application	21 (22.6)
Excision of Prolapsed Urethral Mucosa	20 (21.5)
Suturing of Vulval or Vaginal Laceration	7 (7.5)
Hymenectomy	7 (7.5)
Marsupialisation	5 (5.4)
Ovarian Cystectomy	5 (5.4)
Application of Pressure on the Vaginal Laceration	2 (2.2)

In this study, all the patients were circumcised. Female circumcision should be discouraged as it violates women's right to good health and often leads to lifetime damage to health<sup>4</sup>

Labial adhesion was next to clitoridal cyst in frequency in this study. It was the commonest disorder in Benin, Nigeria<sup>2</sup>. Some of the cases were sequel to female circumcision. Other causes include vulvo-vaginitis, poor hygiene and low oestrogen level. There was no case of congenital labial fusion. All our patients had oestrogen application after separating the labial adhesion and the success rate was 100% for the 17 patients that came for follow-up. This was higher than 92.9% success rate achieved by Diejomaoh et al<sup>2</sup> using the same treatment modality and 90.0% success rate for oestrogen treatment reported by Khanam<sup>5</sup>.

Urethral prolapse was the third leading surgically treated childhood benign gynaecological disorder in this centre. The age distribution of our patients was in concordance with reports from other centres<sup>6,7</sup>. The aetiology of this condition is poorly understood but the predisposing factors include cough, trauma, urinary tract infection and lack of estrogen<sup>3,4,6</sup>. Excision of the prolapsed urethral mucosa is the treatment of choice<sup>2,6,7,8</sup> and was the method used in our centre. There are other treatment modalities such as application of oestrogen cream, cauterisation of the prolapsed urethral mucosa and prolonged urethral catheterisation<sup>2,7</sup>.

Sexual assault is increasingly becoming an important public health issue that has serious consequences in terms of physical and mental health for the assaulted. It is associated with psychiatric morbidity including depression, anxiety, post-traumatic stress disorder and suicide<sup>3,4,9</sup>. The nine cases of vaginal laceration reported were due to alleged rape. This probably represents the tip of the iceberg since this study dealt with those that needed only surgical intervention. Imperforate hymen is a congenital anomaly that usually manifests at menarche as cryptomenorrhoea<sup>8</sup> as seen in all our cases. Hymenectomy was performed to ease the pent up menstrum.

Ovarian tumours were the only gynaecological tumours encountered in these patients. They are the commonest gynaecological tumours in childhood<sup>9</sup>. Dermoid cyst was the commonest in this study and was in keeping with findings in other reports<sup>9</sup>. This is contrary to findings in adults where epithelial tumours are the norm<sup>10,11</sup>. Ovarian cystectomy was performed in all the cases. Conservation of normal ovarian tissue is vital for normal physiological functions. Early diagnosis is important to improve prognosis for occasional malignant cases and prevent possibility of torsion and loss of the ovary.

Childhood benign surgical gynaecological conditions are not common in our environment but it is important to be aware of them, as they are usually a source of concern to the parents and of morbidity in the affected child.

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