

What is PAG?

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Paediatric & Adolescent Gynaecology (PAG)



Common PAG referrals in pre-pubertal/paediatic patients

➤ Labial adhesions/fusion

➤ Vulval Itch/irritation/redness

➤ Vulval soreness/pain

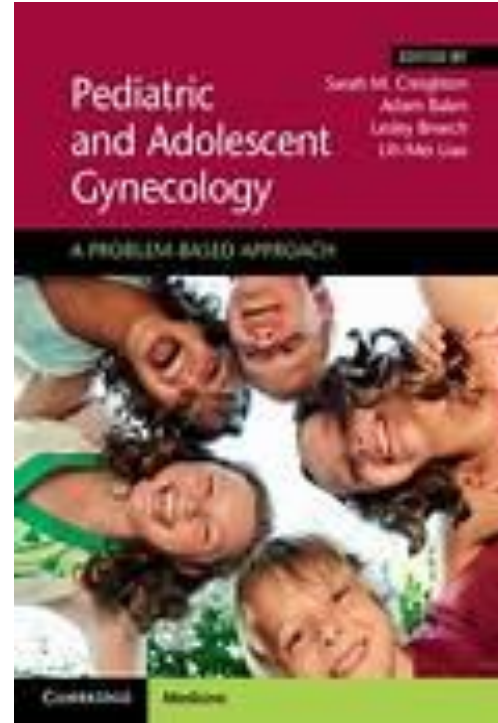
➤ Vulvo-vaginal discharge

➤ Pre-pubertal bleeding

➤ Atypical genitalia

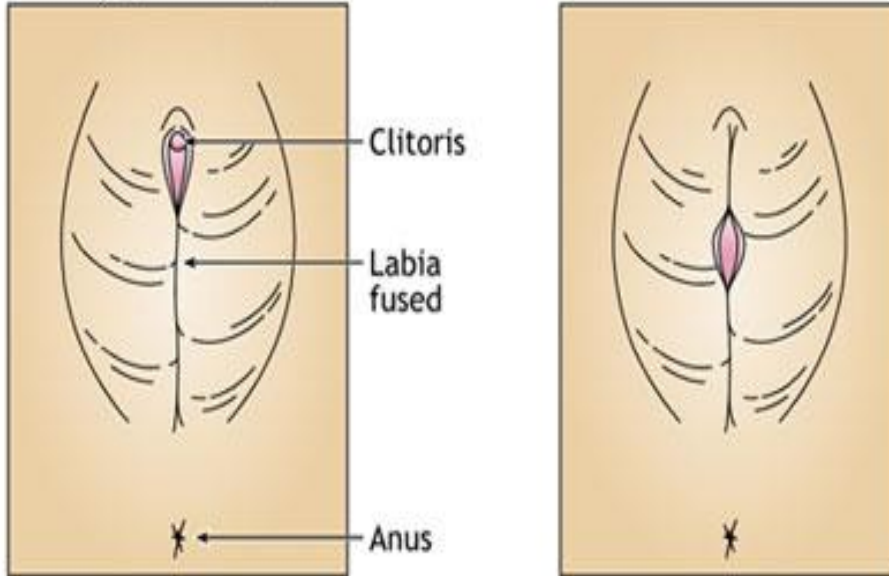


**Always refer on to PAG or
Paediatric Endocrinology**

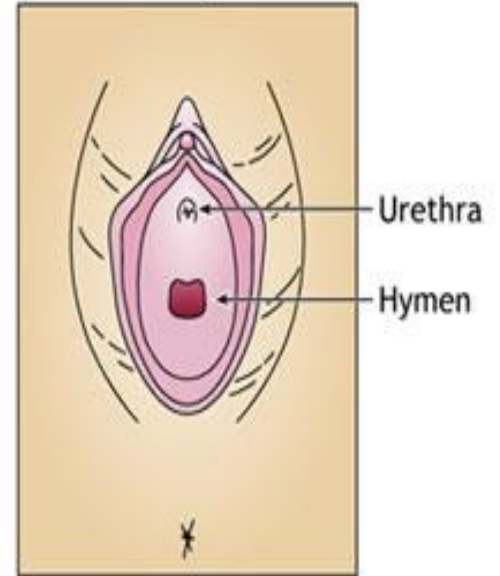


Labial Fusion

Typical picture of labial fusion



Normal picture



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Kids Health Info www.rch.org.au/kidsinfo



Labial Fusion

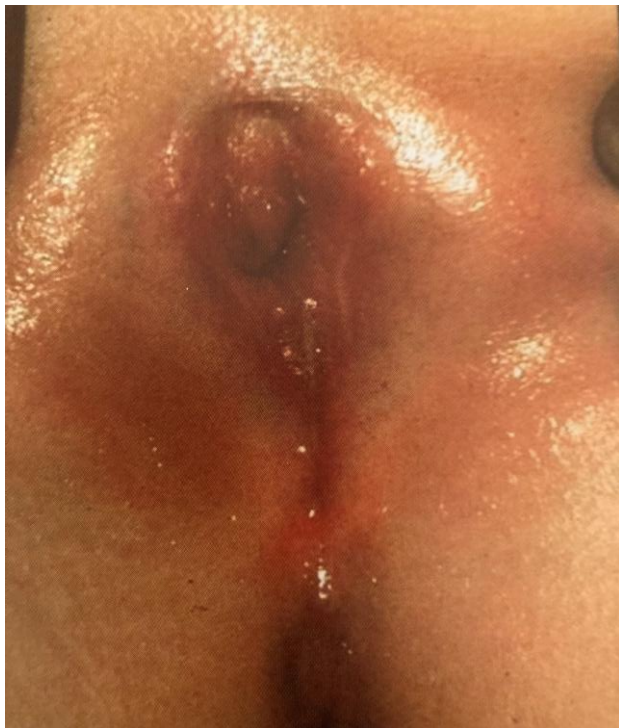
January 2025

About this leaflet

This information leaflet has been developed by BritSPAG and is intended for young people with labial fusion and their families.

Key points:

- Labial fusion is where the lips of the vaginal opening become stuck together
- It is common under the age of 7 years
- There are usually no symptoms
- It usually resolves by itself over time
- Treatments are available



Vulvo-vaginitis



Vulvovaginitis

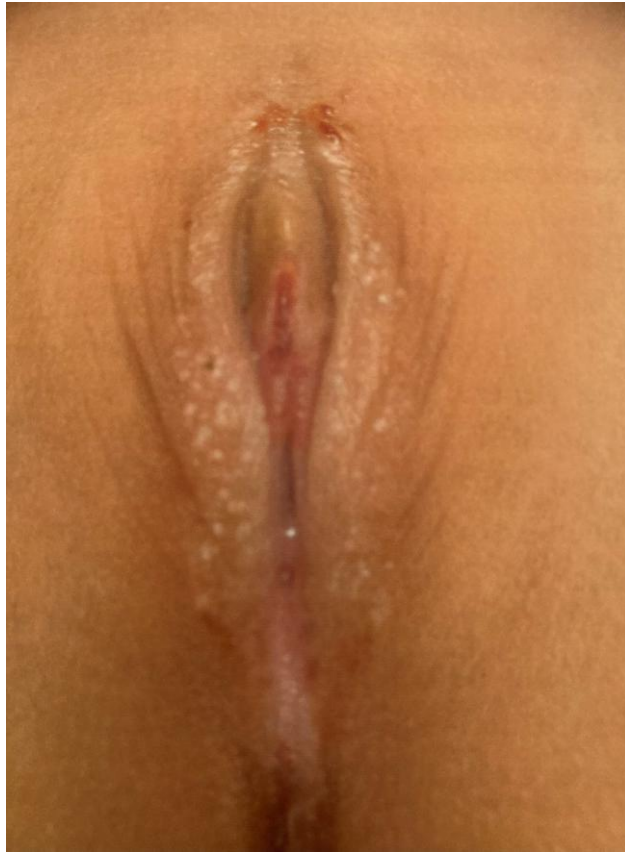
January 2025

About this leaflet

This information leaflet has been developed by BritSPAG and is intended for young people with vulvovaginitis and their families.

Key points:

- Vulvovaginitis is common before puberty
- The main symptoms are discharge and soreness
- There are some simple steps that can be taken to improve symptoms
- It should get better with puberty



Refer onwards to PAG or
Paediatric Dermatology

Pre-pubertal vaginal bleeding

Pre-pubertal vaginal bleeding

Important to differentiate between precocious puberty V isolated prepubertal bleeding



Always refer on to PAG or
Paediatric Endocrinology

Common PAG referrals in post-pubertal/adolescent patients

Problems with periods- painful or bleeding issues or both

Pelvic pain- acute or chronic

No periods- primary or secondary amenorrhea



Always refer on to PAG or
Paediatric Endocrinology

Hirsutism/Acne



May need referral on to PAG or Paediatric Endocrinology

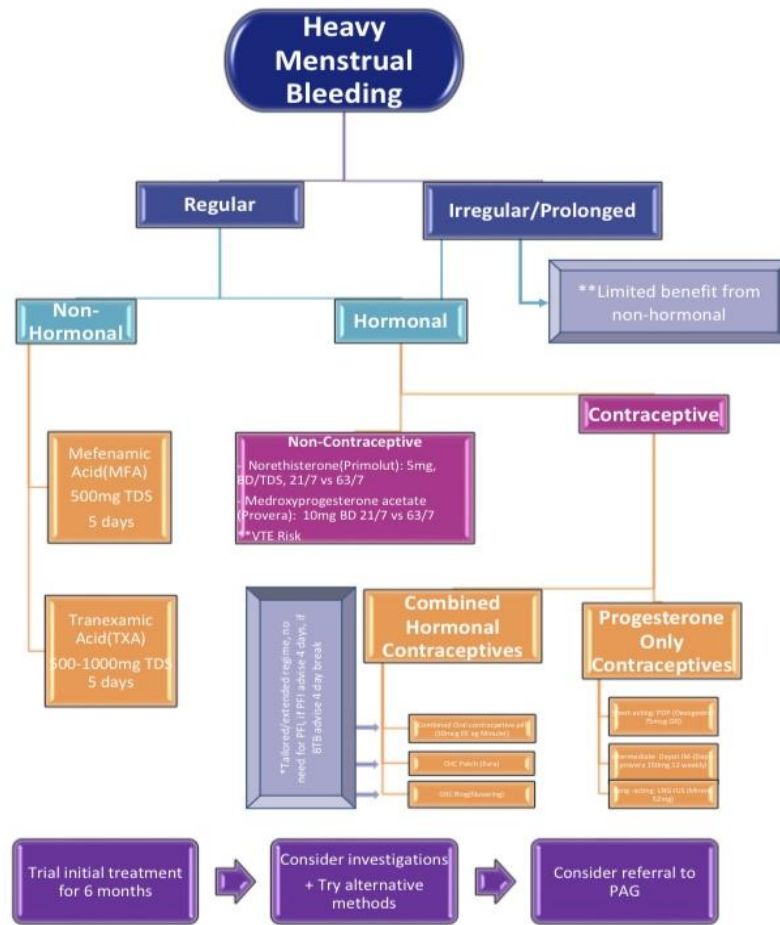
Vulval concerns

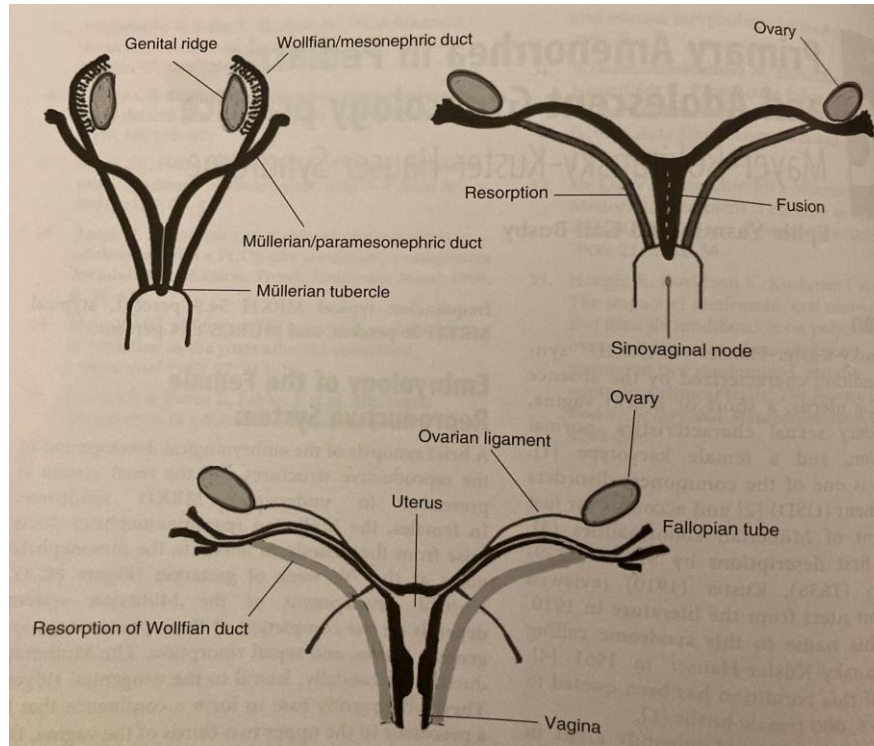
Vaginal concerns



Often need referral on to PAG

Menstrual Dysfunction





***If Pain= Offer USS**

FIGURE 1

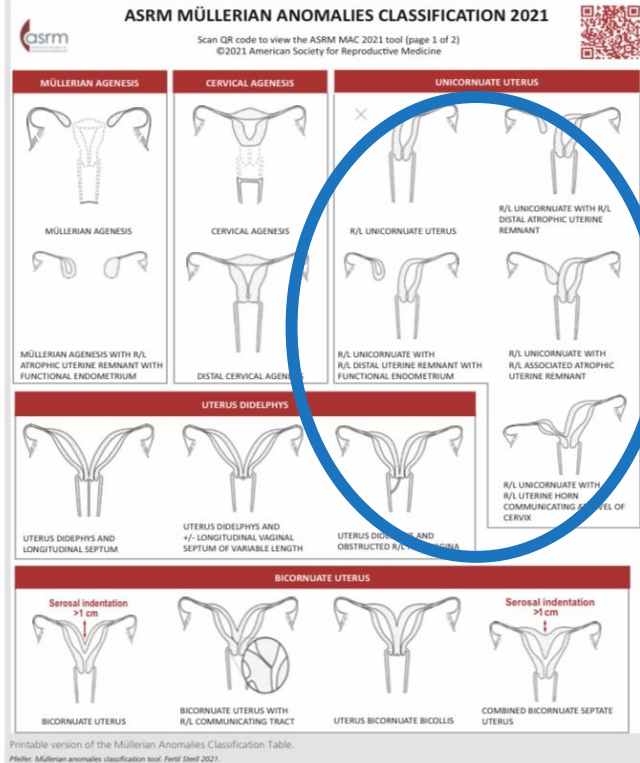
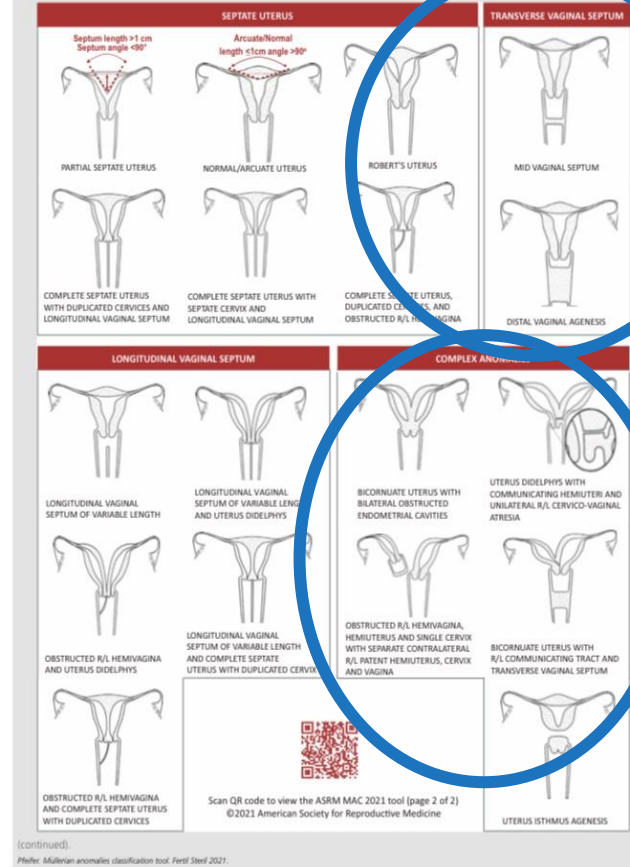
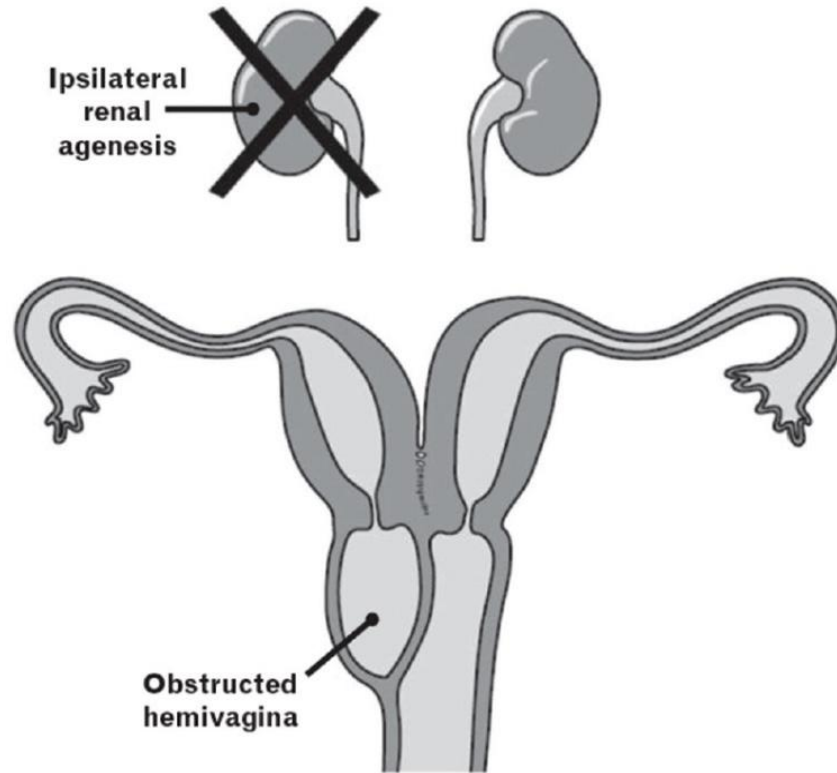


FIGURE 1



*30% have renal tract anomaly- Renal USS



Pelvic pain

Endometriosis/Adenomyosis in Adolescent patients

- It can happen
- Endometriosis more likely if obstructed periods at some stage
- Neither typically cause acute onset of pain
- Menstrual suppression is an option for both, always start presumptive tx
- USS to rule out Adenomyosis/other pathology
- Refer to PAG

*Role of imaging in diagnosis/work-up of endometriosis – PAG do NOT recommend laparoscopy for *diagnosis*



Endometriosis in Teenagers

September 2025

About this leaflet

This leaflet is intended for girls/young women and those assigned female gender at birth who have been or suspected to have endometriosis.

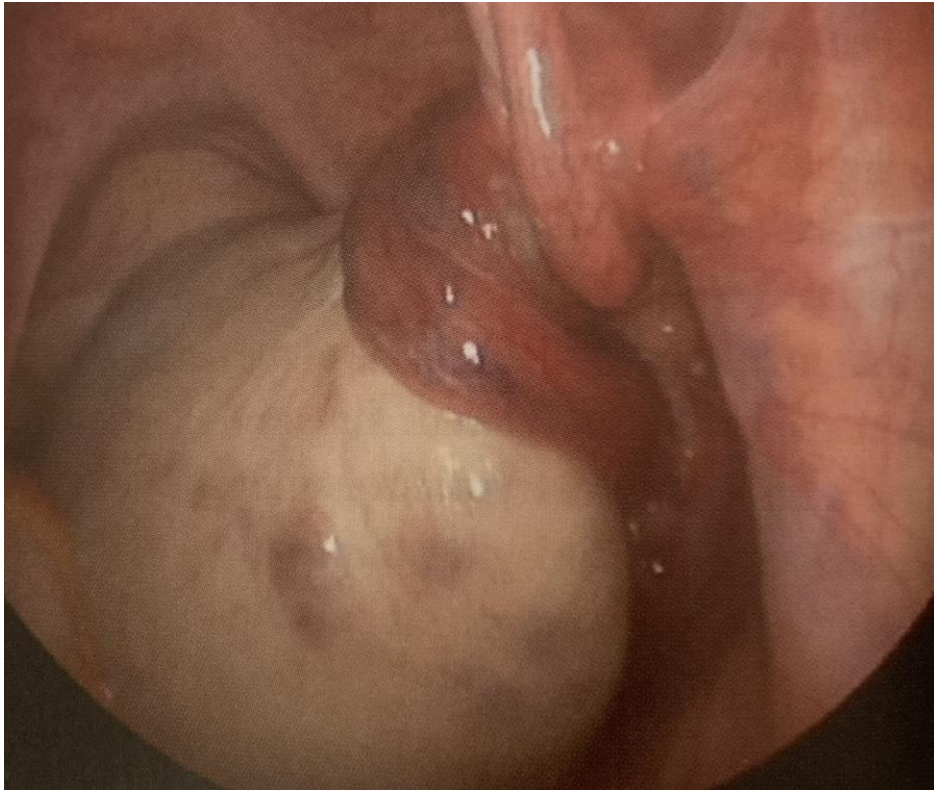
Key points:

- Endometriosis occurs when tissue similar to the lining of the womb (endometrium) is found elsewhere, usually in the pelvis around the womb, ovaries, fallopian tubes and occasionally on bladder or bowel.
- Common symptoms are pelvic pain and period problems such as painful, irregular, or heavy periods, pain associated with passing urine or bowel motion or sometimes pain during sexual intercourse.
- Treatment options include doing nothing, pain killers, hormonal treatment and/or operation.

What is endometriosis?

It is an inflammatory condition that occurs when tissue similar to the inside lining of the uterus is found outside of its normal location. The implants similar to the lining of the womb can be found on the ovaries, fallopian tubes, and ligaments that support the uterus, and they can even implant on top of the bladder and rectum. It is a very common condition, affecting around 1 in 10 of those assigned female gender at birth.

Ovarian Cysts





Ovarian Cysts

Information for patients

www.britspag.org

BritSPAG Patient Information Ovarian cysts dated 14th January 2019 (Review date: 13th January 2022)

What are ovaries?

You have two of these grape-sized organs in your tummy either side of your womb. They contain millions of eggs. When you reach puberty, chemicals from your brain tell the ovaries to ripen and release one egg from a fluid-filled pocket each month.



What are ovarian cysts?

A cyst is a pocket of fluid that can develop on an ovary either as part of the way the ovary normally works (functional), or not (non-functional). They can vary in size from a few centimetres to the size of a melon.

What symptoms can they cause?

Most cysts go unnoticed. However if they are large symptoms can include:

- Sharp or dull, lower or central tummy pain
- Swollen tummy
- Frequent urinating
- Irregular or heavy periods

How common are ovarian cysts?

Cysts are very common in girls and women of all ages. It is normal for newborn baby girls to have cysts, which may be seen on antenatal ultrasounds. One in ten girls who haven't gone through puberty may have a cyst (bigger than 1cm).

What happens if I have a cyst?

You may have an ultrasound scan if you are experiencing any of these symptoms. This is not painful or dangerous. Gel is applied to your skin and a sensor is moved firmly over your tummy. The pictures can tell us the size of any cyst and what it is made up of.

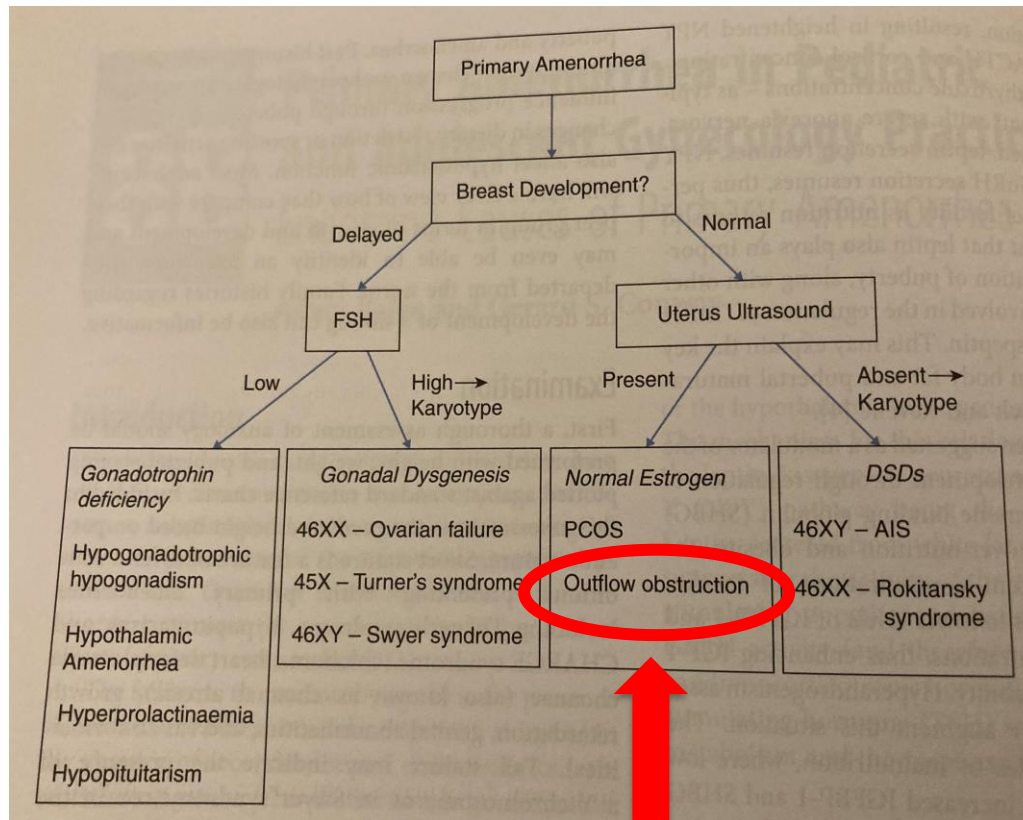
Treatment will depend on your symptoms, the cyst size and its appearance on scan. If it is small and looks functional, no treatment is needed. If it is large, causing pain or appears non-functional, it may need removal. This can usually be done with keyhole surgery. Recovery from this type of operation is usually quick. One in ten women may need surgery for a cyst at some point in their lives.

Can cysts be dangerous?

Occasionally, cysts can twist on themselves (torsion). This can cut off the blood supply to the ovary. If you experience very severe pain you should go to your nearest emergency department immediately so that you can have an operation to save the ovary.

Extremely rarely, a cyst can be a malignant tumour (cancer). If there is any concern that a cyst might be cancerous then the ovary will need to be removed and further treatment may be needed. A doctor would discuss this with you in more detail.

Primary Amenorrhea



*If Primary Amennorhea + Pain= Offer genital inspection and/or USS



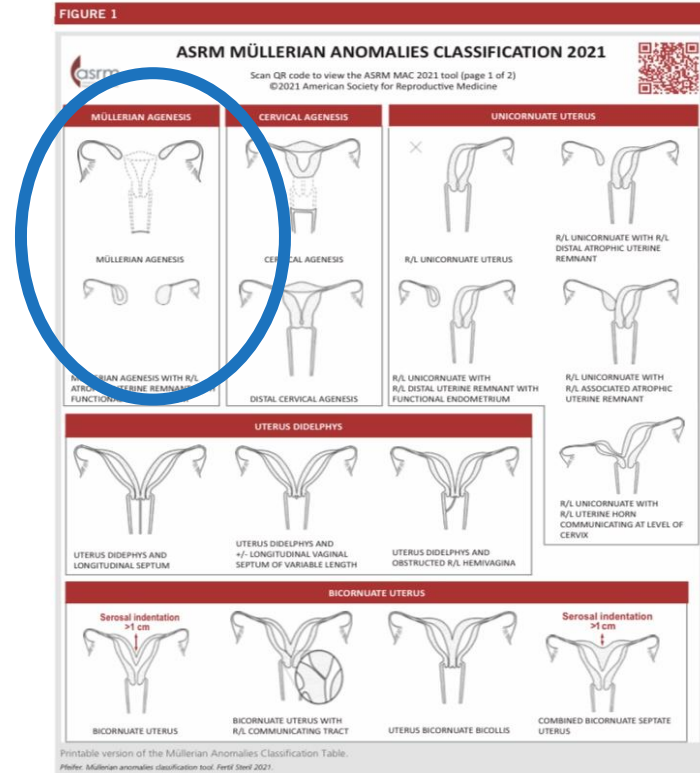
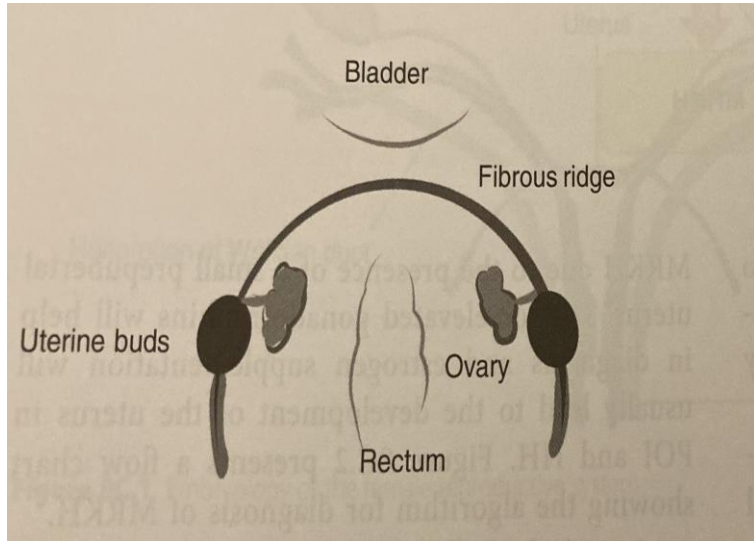
Urgent Referral to PAG or Paediatric ED

*All primary amenorrhea should be referred by age 15 latest, or 13 if no secondary sex characteristics

Premature Ovarian Insufficiency (POI)



Mayer-Rokitansky-Küster-Hauser (MRKH)





MRKH CONNECT
Resources

Differences in Sex Development (DSD's)



Disorder of sex development

Difference in sex development

Innate Variations in Sex characteristics

Intersex

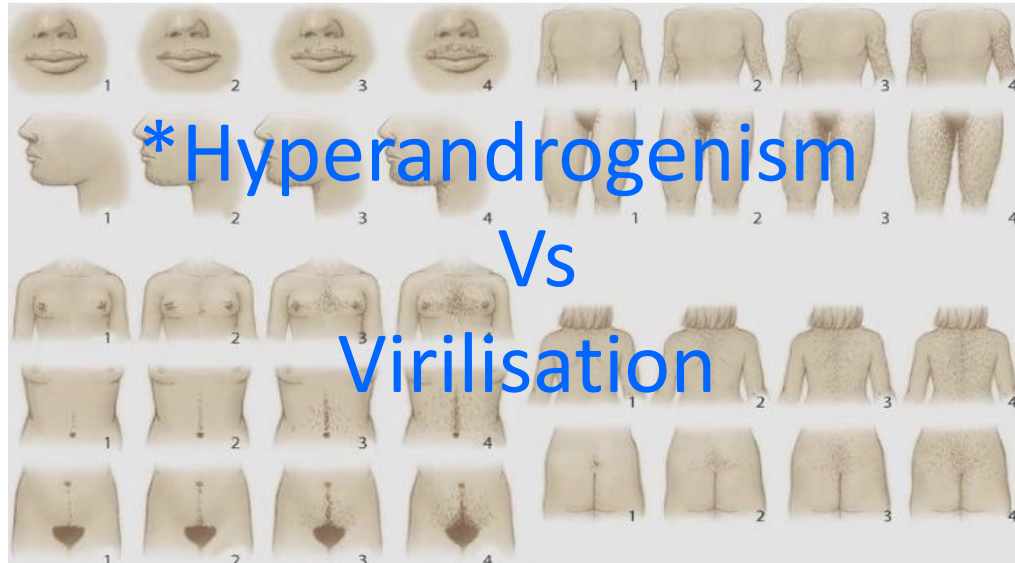
Development of external genitals or internal reproductive tract different from what expected

Can present antenatally; discordance in prenatal screening/USS findings, at birth with atypical genitalia or infancy with inguinal hernia/other

Or later in puberty, adolescence or adulthood; with delayed puberty, primary amenorrhea, hyperandrogenism or virilisation, difficulties with tampons/sex, subfertility, or sibling diagnosis

Secondary Amenorrhea

PCOS in Adolescents



*PCOM on USS should not be used for dx of PCOS in adolescents as PCOM is a normal finding within 8 years of menarche

- Hormone profile and history/clinical hyperandrogenism (**FSH, LH, Oestradiol, Prolactin, Testosterone, SHBG, TFT's, Hba1c/LFT's/U&E/lipids and BP if overweight/obese**)
- **17-OHP to rule out late onset CAH**

Functional Hypothalamic Amenorrhea (FHA)



Premature Ovarian Insufficiency (POI)



Vulval Concerns



the labia LIBRARY

FACTS ABOUT LABIA

PICS OF LABIA

INFO & ADVICE

So what
is a **vulva**
anyway?

BHS&PA&G



What is a vulva?

Your vulva is the part on the outside of your genitals, the clitoris and the labia – which have an inner and outer set of lips.
Vulva doesn't mean anus (bum hole) or your vagina – your vagina is actually inside, leading up to your womb.

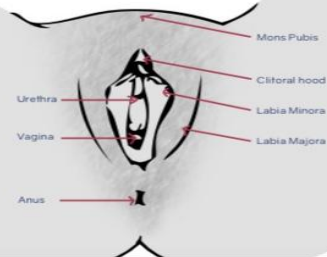
Why pick this booklet up?

This booklet is here to help you to understand your vulva and how puberty can change it.

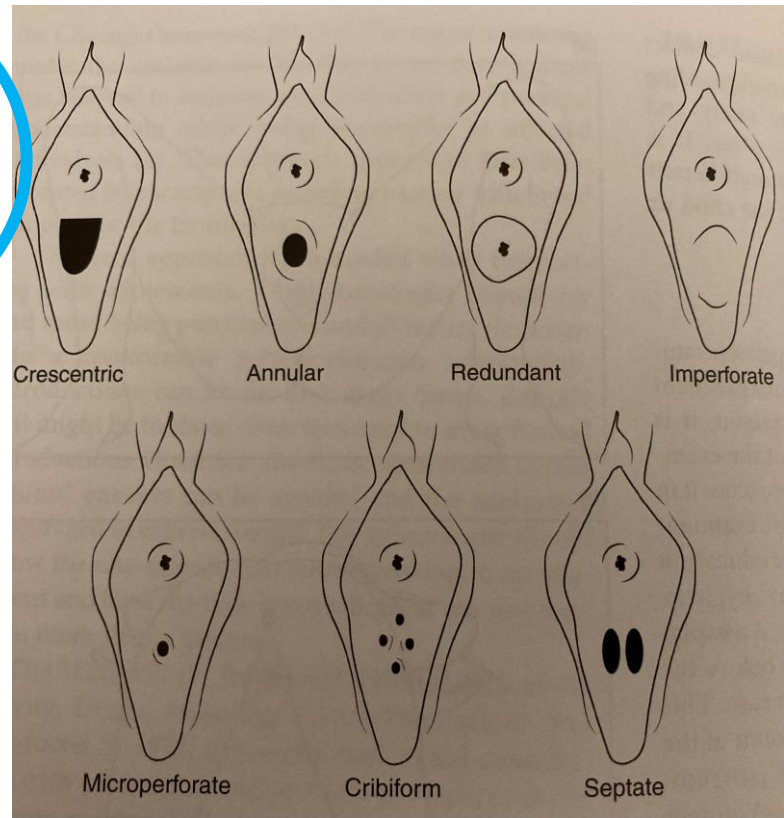
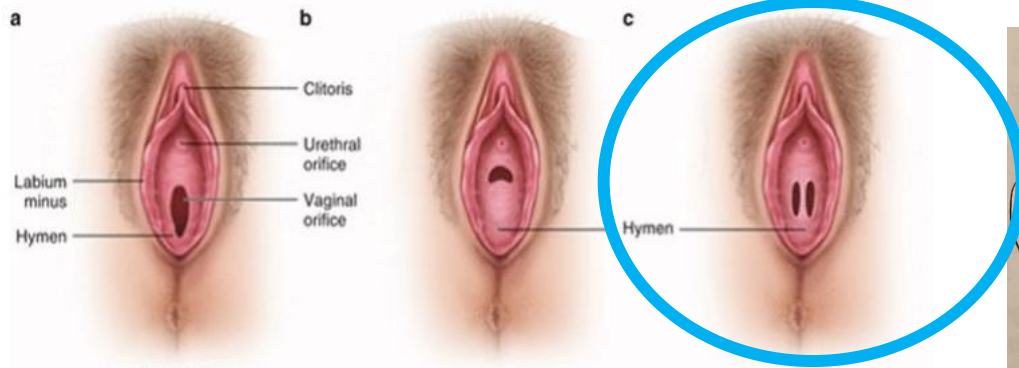
You might be worried about how you look or feel and it can be difficult to know where to turn for advice. Everyone's vulva is unique and will change throughout your life.

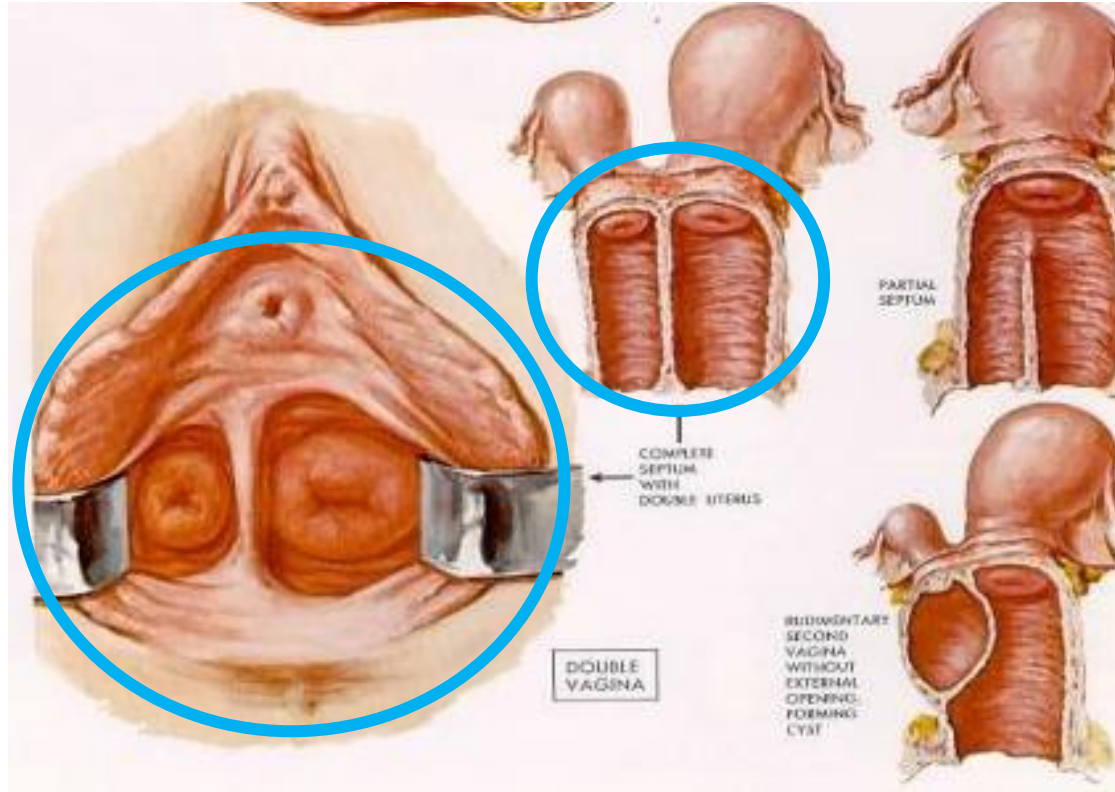
People call vulva lots of different names: fanny, minge, foof, flower...

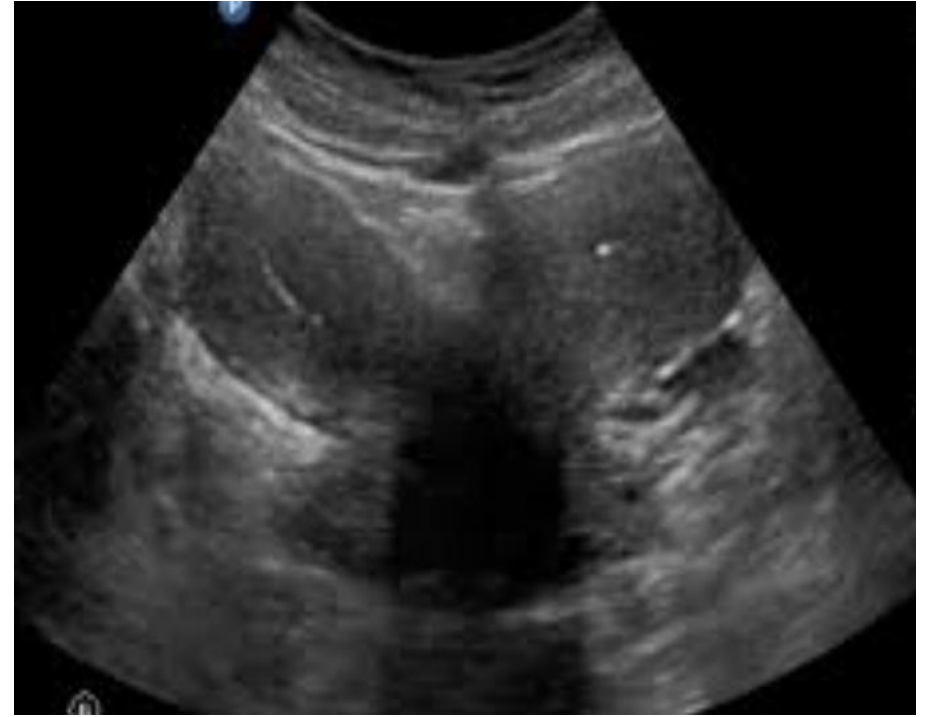
Some people say vagina when they are actually talking about their vulva which is fine, but it's a really good idea to know the proper names to avoid confusion.



Vaginal Concerns







*If VAGINAL anomaly, arrange MRI Pelvis and Renal imaging

Contraception/Sexual health & Wellbeing tips for PAG consult

- Ask adults/anyone accompanying to step out
- Risk assess/safeguarding if disclose having/had sex
- Consider STI's/pregnancy in differential of pain/bleeding/discharge
- Be opportunistic- Emergency contraception?, condoms, free contraception scheme, HPV vaccine, SH24 etc

PAG RESOURCES



PREGNANCY



STIS



SEX



GENDER



ABUSE



RELATIONSHIPS

A large, stylized, light blue 'S' shape is positioned on the left side of the slide, partially overlapping the main text area. The background is a solid, medium blue color.

Thank you



sexualwellbeing.ie

spunout

SH:24

