Connections

WCPAG 19

19th FIGIJ World Congress of Paediatric and Adolescent Gynaecology

30 November – 3 December 2019
Melbourne Convention Centre | Australia

PROGRAM & ABSTRACTS
Welcome Message .................................................... 3
Conference Organising Committee .......................... 4
Hosts, Board Members and Scientific Committee ... 5
Going Green .............................................................. 6
Delegate Information ................................................ 8
Social Functions ....................................................... 10
Wellness Activities .................................................... 11
Keynote Speakers ..................................................... 12
Program
Saturday 30 November 2019 ............................ 14
Sunday 1 December 2019 ................................. 16
Monday 2 December 2019 ............................... 22
Tuesday 3 December 2019 ............................... 28
Poster Listing ......................................................... 32
Rapid Fire Poster Listing - Sunday ........................... 35
Sponsor and Exhibitor Profiles ................................ 37
Venue Maps and Floor Plans ......................... 38
Melbourne City Map .............................................. 39
Melbourne Free Tram Zone Map ...................... 40
Abstracts ............................................................. 41

Thank you to our Sponsors, Supporters and Exhibitors

GOLD SPONSOR

PLENARY SESSION SPONSOR

EDUCATIONAL SESSION SUPPORTER

BREAKFAST SESSION SPONSOR

EXHIBITORS

SUPPORTERS

Follow us

@wcpag2019

Post meeting highlights and share your experiences using the hashtag #WCPAG2019.

WCPAG 2019 Secretariat

ICMS Australasia
Po Box 5005
South Melbourne
VIC 3205
Australia

Ph: (+61 3) 9682 0500
Fax: (+61 3) 9682 0344
Email: info@apps2019.com
Welcome Message

Welcome to the World Congress of Paediatric and Adolescent Gynaecology Melbourne 2019

As president of FIGIJ, as a member of the Australian and New Zealand Society of Paediatric and Adolescent Gynaecology, and as an Australian who lives in Melbourne, it is my great pleasure to welcome you to Melbourne for the World Congress in Paediatric and Adolescent Gynaecology.

The Congress creates the opportunity to meet and share our knowledge and experiences, but most importantly, it is about making a difference for our young patients - ensuring we all have relevant, evidence based knowledge that we can use effectively. It is about learning from our colleagues - what works, how did you make it work, how did you achieve those outcomes? We will be connecting shared knowledge and ideas to our work places.

We all bring our ideas and experiences from different corners and cultures of the world – but much as we may travel from afar to reach each other, many of the issues and challenges are the same - and if they are not the same, that too can be a source of learning. We hope to connect across national barriers, across different languages and across cultures.

This Congress will provide an opportunity to actively participate. You will be connected and interacting with the conference speakers and topics – in debate sessions, with participant polling, in questions and answer sessions, in choosing your own journey through challenging cases. The Congress is an opportunity to help each other learn to maximise each of our capacities with connections through resources that may be people, journals, apps, internet, or online resources.

Most importantly, we want the young women we care for to have a voice at this Congress. We will be creating forums to have their ideas and concerns presented and heard. You will have the opportunity to connect with the young women you serve.

This will be a Congress to challenge you with new ideas, a Congress aiming to be thought provoking. What can we do about child abuse? What can we do about girls and young women in refugee camps, or girls sold into prostitution? How do you provide health care with minimal resources; can you provide care without costly tests? How should we resolve and manage the ethical issues around genital surgery – labioplasty, FGM/C, or genitoplasty? How is your country managing transgendered youth? What is the teen pregnancy rate in your country; how do you manage access to contraception for young people?

Like all previous Congresses this will be a great occasion for connecting with old friends, colleagues, mentors and those that have inspired us whilst making new friends, meeting new colleagues, becoming mentors to others and becoming an inspiration to others.

This will be the 19th world congress in Paediatric and Adolescent Gynaecology, but only the 4th to be held in the southern hemisphere and only the 4th held in Asia/ Oceania. We are looking forward to making you feel welcome!

We hope you take this opportunity to travel and explore Melbourne while you are here.

I look forward to connecting with you,

Prof Sonia Grover
Meet our Organising Committee

Professor Sonia Grover (Chair)

Professor Sonia Grover is current President of FIGIJ and Chair of the organising committee of the 19th World Congress in Paediatric and Adolescent Gynaecology 2019. Sonia is Director of the department of Paediatric and Adolescent Gynaecology at the Royal Children's Hospital, Melbourne but also undertakes adult gynaecology clinical and research work. She is a gynaecologist and also a pain medicine specialist, with clinical and research interests in a broad range of paediatric and adolescent gynaecology issues from PAG surgery including congenital anomalies, differences in sex development, bleeding disorders, period, pelvic and perineal pain problems, menstrual management, and cyclic non-gynaecological problems. She is the author of over 100 peer reviewed articles and has been involved in writing and editing books and book chapters. She has been actively involved in teaching and supporting the development of PAG in Australia and New Zealand as well as other parts of the world. Sonia is looking forward to welcoming you to Melbourne to a stimulating, thought provoking program where you will connect with not only PAG experts but friends, colleagues and most importantly, the opinions and voices of young women themselves.

Dr Rebecca Deans

Dr Rebecca Deans has a special interest in Paediatric and Adolescent Gynaecology, Infertility and Fertility Surgery. Dr Deans is a lecturer at UNSW where she is involved in ongoing medical research and training of medical students. She has completed a PhD in Asherman’s Syndrome from UNSW, she also has a Masters of Medicine (Reproductive Health Sciences & Human Genetics) from Sydney University. Dr Deans holds the Certificate of Reproductive Endocrinology and Infertility. She is gynaecologist, working at Genea, the Royal Hospital for Women, Sydney Children’s Hospital and UNSW. She is a fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists where she is constantly participating in continuous professional development courses and lectures as well as presenting at various conferences.

Dr Charlotte Elder

Dr Charlotte Elder is the Vice President of ANZSPAG, and is an Obstetrician and Gynaecologist with a special interest in Paediatric and Adolescent Gynaecology and Transgender Health. She completed her MBBS (Hons) and BMedSci at The University of Melbourne in 2006 and, after an internship and residency year at the Alfred Hospital, moved on to undertake FRANZCOG training whilst working at Monash Health, The Mercy Hospital for Women and Box Hill Hospital. Charlotte completed a Fellowship in Paediatric and Adolescent Gynaecology at The Royal Children’s Hospital and through this, joined their Gender Team. In 2016, Charlotte became the equal first Australian to achieve the international IFEPAG fellowship in Paediatric and Adolescent Gynaecology. Currently Charlotte has public appointments at The Royal Children’s Hospital, The Mercy Hospital for Women and Austin Health. She is also Chair of the RANZCOG Victorian Regional Committee and has a private practice in both obstetrics and gynaecology. Charlotte is passionate about young people’s health and helping everyone to achieve their potential. In her spare time, she enjoys running, swimming, crafting and cooking and occasionally produces a short film.

Dr Saman Moeed

Saman Moeed is the President of ANZSPAG, and is a paediatric and adolescent gynaecologist at National Women’s Health, Auckland, New Zealand. She completed a PAG fellowship at the Royal Children’s Hospital Melbourne in 2011 and subsequently worked as a specialist at RCH before returning home to New Zealand in 2016. She is the first New Zealander to gain FIGIJ’s IFEPAG qualification. Saman enjoys the challenge of providing advice on the care of paediatric and adolescent patients throughout New Zealand, as well as educating students and specialist trainees.
Our Hosts

ANZSPAG
Australian and New Zealand Society of Paediatric and Adolescent Gynaecology

ANZSPAG is an active and vibrant group of health professionals with a special interest in all areas of girls and young women’s health including gynaecology and sexuality.

International Federation of Infant and Juvenile Gynecology

ANZSPAG is an active and vibrant group of health professionals with a special interest in all areas of girls and young women’s health including gynaecology and sexuality.

FIGIJ Board Members:

President – Prof Sonia Grover, Australia
Vice President – Dr Gabriele Tridenti, Italy
Secretary General – Mr Paul Wood, United Kingdom
Immediate Past President; Treasurer – Prof Ellen Rome, United States
Board Member – Dr Shing Chee Symphorosa Chan, Hong Kong
Board Member – Dr Mireielle Merckx, Belgium
Board Member – Dr Ivonne Bedei, Germany
Board Member – Dr Evelien Roos, Netherlands
Board Member – Dr Dvora Bauman, Israel
Board Member – Dr Juana Serret, Mexico
Board Member – Dr Deborah Lauger, Uruguay

Scientific Committee

Associate Professor Jason Abbott
Dr Jennifer Beale
Dr Shing Chee Symphorosa Chan
Dr Rebecca Deans
Dr Angela Dunford
Professor Sonia Grover
Dr Yasmin Jayasinghe
Associate Professor Sebastian King
Dr Saman Mooed
Dr Alexia Pena
Professor Jose Enrique Pons
Professor Ellen Rome
Dr Eveline Roos
Dr Magdalena Simonis
Dr Lavitha Sivapatham
At WCPAG 2019 we have decided to try and be as environmentally friendly as possible, to help do what we can to minimise our environmental impact and help to save the planet.

Through the various methods below we are doing our bit, so please do you best to assist us in being Green!

Digital Abstract Book
We are excited by the number of abstracts that were submitted for this years’ program. We have published these abstracts at the back of this document, saving thousands of sheets of paper.

No Plastic Bags
Plastic bags take 1000 years to decompose and a lot of them end up in our oceans, strewn amongst our landscape, or in rubbish piles. Because of this WCPAG 2019 will not be offering any plastic bags to delegates, we welcome delegates bringing and using reusable bags where possible.

MCEC
The Melbourne Convention and Exhibition Centre (MCEC) is the first convention centre in the world to be awarded a 6-star Green Rating and have a Gold Accreditation with the world’s sustainability benchmarking organisation, EarthCheck. By partnering with some of Australia’s leading charities across health, housing and food sustainability, MCEC believe they can make a real impact to people in need.

Valuing long-standing relationships with Launch Housing and OzHarvest they are proud to provide ongoing support to kids in need through the Starlight Children’s Foundation, Variety – The Children’s Charity and the Royal Children’s Hospital Good Friday Appeal.

By choosing local produce, MCEC support the growth of small businesses, decrease their food miles and put Victorian producers on the world stage for visitors like you to enjoy. The MCEC sustainability and community approach includes:

- Maximum natural light – 18-metre-tall glass façade
- Energy efficient lighting
- Displacement ventilation
- Solar hot water
- Sustainable use of building materials
- Ongoing community engagement
Test in seconds for common vaginal infections such as thrush

First to market Canesten® Vaginal pH Self Test is a self-diagnosis test to assist women who are experiencing unusual vaginal symptoms and want help to diagnose if it’s thrush or something else.

Normal pH detected. Elevated pH detected.

Available on shelf in pharmacy

Canesten® Vaginal pH Self Test

RRP* | Symbion PDE | API PDE | SIGMA PDE | CHS PDE | CH2 PDE
---|---|---|---|---|---
$14.95 | 596841 | 41620 | 304618 | 373830 | 2426857

Always read the label. Follow the directions for use.

AUSTRALIA’S
NO1
THRUSH TREATMENT BRAND

*IRI $ MAT 14/10/18
Venue
Melbourne Convention and Exhibition Centre (MCEC),
1 Convention Centre Place, South Wharf, 3006, Victoria,
Australia

Registration Desk
The registration desk is located in the Foyer of Level 1 at the
MCEC. Please visit the registration desk to pick up your name
badge and Congress materials. The registration desk will be
open at the following times.
Saturday 08:00 – 17:00
Sunday 08:00 – 17:00
Monday 07:30 – 17:00
Tuesday 07:30 – 12:00

Accessibility
We strive to provide inclusive, safe access for all visitors to
the Congress. All buildings and car parks at the venue are
wheelchair accessible. If you’d like to hire a wheelchair from
the venue, please call the MCEC Customer Service team on
(+61 3) 9235 8000.

Facilities for People with Sensory
Impairment
Braille is provided on all room door signage and fixed
directional signage throughout the venue. MCEC is guide dog
friendly and welcomes any registered assistance dogs into all
areas of the building.

Car Park
MCEC has a car park located within the Exhibition Centre
(open 24/7).

Additionally, there are secure car parks located in and around
South Wharf including; South Wharf Retails Car Park, Siddeley
Street Carpark and Montague Street Carpark.

Transport
Getting around Melbourne is easy.
At https://www.ptv.vic.gov.au/ you’ll find timetables, maps,
Myki ticket information, plus everything you need to know
about catching a bus, train or tram.

The closest tram stop is ‘Casino/ MCEC/ Clarendon Street’
served by the 12, 96 and 109 trams, which is just outside
the Free Tram Zone (see a map on Page 39).

Taxis
For guests arriving or departing the Centre, two taxi ranks are
nearby – at Crown Casino on Clarendon Street, and at DFO
South Wharf on Convention Centre Place.

Emergency Details
In any emergency please notify telephone 000 for Ambulance,
Fire Service or Police.

First Aid
In any medical emergency notify your event security or
first aid provider immediately. You can also report first aid/
medical incidents to the Security Control Centre by calling
6666 from an internal phone.

Security
Please ensure that you take all items of value with you at
all times when leaving a room. Do not leave bags or laptops
unattended.

Wi-Fi
Free Wi-Fi is available throughout the MCEC.
To connect:
1. Select the ‘M Connect’ Wireless Service
2. Open your preferred internet browser (such as Safari or
   Google Chrome)
3. The M Connect log in page will appear – read and agree
to the Terms and Conditions
4. Click the ‘CONNECT NOW’ button and browse away

Cloak Room and Luggage Storage
Visit the Customer Service desk at either Convention Centre
Place or Clarendon Street entrances for storage facilities.

Parents Rooms
Located in both the Convention and Exhibition Centres the
Parents’ Rooms offer a comfortable and private space for
parents and children.

Disclaimer of Liability
The Organising Committee will not accept liability for
damages of any nature sustained by participants or their
accompanying persons or loss of or damage to their personal
property as a result of the meeting or related events.

Lost and Found
Any found item may be turned into the Registration Desk.
Enquiries about lost items can be directed there.

Smoking
Smoking is not permitted indoors at the MCEC. Smokers must
remain at least 4m from any doorway when smoking. Fines
can be imposed for smoking in prohibited places.
Congress Sessions
Plenary Sessions will be located in Meeting Room 105/106 and concurrent sessions will run in Rooms 101 – 106 on Level 1

Exhibition
The Congress Exhibition will be located in the Level 1 foyer within MCEC and will be open at the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday 30 November</td>
<td>10:30 – 18:30</td>
</tr>
<tr>
<td>Sunday 1 December</td>
<td>08:00 – 17:00</td>
</tr>
<tr>
<td>Monday 2 December</td>
<td>07:30 – 17:00</td>
</tr>
<tr>
<td>Tuesday 3 December</td>
<td>07:00 – 13:30</td>
</tr>
</tbody>
</table>

Program
Every endeavour has been made to produce an accurate program. If you are presenting at the Congress, please confirm your presentation times as contained within this program. Please note the Organising Committee reserves the right to change the Congress program at any time without notice.

Speakers
Please ensure that you are available in your presentation room at least 15 minutes prior to the start of the session to meet with the Session Chair. Speakers are requested to report to the Speaker Preparation Room at least 2 hours before their scheduled presentation with their presentation on a USB to allow sufficient time to upload and check their audio-visual presentations with the attending technician.

Speakers’ Preparation Room is in Speakers Room 101.

Abstracts
Abstracts for plenary, parallel and poster sessions are available to view in this book from pages 41 onwards.

Digital Devices
We encourage delegates to use digital devices throughout the conference to access the conference app and tweet. Please use #WCPAG2019 to share your experiences at the Congress.

As a courtesy to speakers and your fellow delegates, please set all of your devices to silent whilst in sessions.

There are various charging stations located throughout the MCEC.

Photography
By attending this event and/or associated events as part of WCPAG 2019, you consent to being filmed or photographed.

Media
Please note that specialist media may be present at the Congress.

Name Badges
For security purposes, delegates, speakers and exhibitors are asked to wear their name badges to all sessions. Entrance into sessions is restricted to registered delegates only. If you misplace your name badge, please see staff at the registration desk to arrange a replacement.
Social Functions

Welcome Reception
Venue: Level 1 Foyer, Melbourne Convention and Exhibition Centre
Time: 17:00 – 18:30
Attire: Congress attire

Congress Gala Dinner
Venue: Royal Melbourne Yacht Squadron
2 Pier Road, St Kilda
Date: Monday 2 December
Time: 18:30 – 22:30
Attire: Dress with a touch of your home country – we look forward to seeing sarees, bowler hats, clogs, kilts and ponchos!

How to get to the Royal Melbourne Yacht Squadron by tram (20 minutes):

Get the route 96 East Brunswick tram from Casino/MCEC/Clarendon Street going southbound and ride 11 stops to Jacka Bvd/Fitzroy St then walk directly straight into Catani Gardens. See map below.

You will need a valid Myki to catch a tram to the Gala Dinner (for information on where to purchase a Myki please visit: https://www.ptv.vic.gov.au/
Yoga with Jasmine

Monday 2 December, 7:00am
Jasmine is an obstetrics & gynaecology resident, who is also an avid yogi. She was introduced to yoga by her sister as a uni student, and quickly began to appreciate the benefits of “healthy mind, healthy body”. Keen to learn and improve as much as possible, Jasmine attended workshops in Bali and Byron Bay, and in 2018 undertook training to teach meditation, pranayama (breathing exercises) and mantra (chanting) with The Light Collective. Early in 2019 she completed her antenatal yoga teacher training with Mindful Pregnancy Yoga Training. Jasmine hopes to use this teaching not only to provide holistic patient care, but also to help her colleagues reap the wellbeing benefits of just a few deep breaths: Inhale. Exhale.

Join the official Yoga session for $10, to be held on Level 1 outside of Room 101 from 7am on Monday 2 December where One Girl CEO Sarah Ireland will make a guest appearance.

Fun Run

Sunday 1 December, 7:00am
Join your fellow delegates for a morning 3km walk, or 5km run, before the Congress schedule begins at 7am. With the lovely summer weather just kicking in, it should be the perfect way to start your Congress day. Please bring $10 with you to participate.

WCPAG is proud to announce that all donations made to the Yoga Session and Fun Run will be donated to the One Girl and Project Karma Charities.

WCPAG 2019 is happy to be working with such wonderful organisations.
Keynote Speakers

Professor Richard Anderson MD PhD FRCOG FRCP(Ed)
AMH: Assessing ovarian reserve

Trained in Obstetrics and Gynaecology in Edinburgh, with a WHO Research Fellow post then Subspecialty training in Reproductive Medicine. After a year at University of California at San Diego, he was appointed to a Consultant post in 1998 in the MRC Reproductive Biology Unit, and to Chair of Clinical Reproductive Science at the University in 2005. He has established a group investigating female reproductive lifespan, with laboratory and clinical aspects particularly related to the adverse effects of cancer treatment on fertility. He has also conducted clinical studies developing our understanding of the novel neuropeptides kisspeptin and neurokinin B in human reproductive function in men and women. He is also Coordinator of the ESHRE Special Interest group in Fertility Preservation, and is an Editor of RBMOnline.

Professor Preeti Dabadghao
PCOS

Preeti Dabadghao is a paediatrician with specialization in endocrinology. She is a Professor of Endocrinology at Sanjay Gandhi Postgraduate Institute, Lucknow India where she looks after both adult and paediatric patients. She also worked as a post-doctoral fellow in Royal Children’s Hospital Melbourne in 1998-1999. She has worked in research projects in Karolinska Institute, Stockholm, Addenbrook’s hospital, Cambridge, Walter and ELIZA Hall Institute and Repromed, Adelaide.

Currently, she is the president of Indian Society for Paediatric and Adolescent Endocrinology. Her areas of interest include PCOS, Type 1 diabetes, Disorders of sexual differentiation and pituitary tumours. She represented the Asia Pacific Paediatric Endocrine Society for formulating the international evidence based guidelines for management of PCOS in women and adolescents. She has to her credit about 45 research papers and 15 chapters in various text books of paediatrics and endocrinology.
Professor Judith Goh

Obstetric fistulas in young women

Prof Judith Goh is a urogynaecologist, practicing in Brisbane, Australia. Since 1995, she has been a self-funded medical volunteer, working mainly in the area of obstetric fistula. She travels to low-income countries in Africa and Asia 2 to 4 times a year. In 2012, Prof Goh was awarded the Officer of the Order of Australia (AO) For distinguished service to gynaecological medicine, particularly in the field of fistula surgery, and to the promotion of the rights of women and children in developing countries.

AMA Woman in Medicine Award 2018

Professor David Isaacs

Children in detention: the accidental activist

David was born in London and has an identical twin brother, Stephen, who is a child psychiatrist. They went to different schools and once swapped schools for a day. David trained in London, Sydney and Oxford. He moved permanently to Sydney in 1989 to head a Department of Immunology and Infectious Diseases at the Children’s Hospital, but was the only member of the Department.

David is Clinical Professor in Paediatric Infectious Diseases at the Children’s Hospital at Westmead and the University of Sydney. His infectious disease interests are neonatal infections, immunisations, respiratory virus infections and child refugee health. He has a post-graduate diploma in bioethics and is interested in many ethical aspects of infectious diseases.

He loves writing and has published over 400 papers, 100 of them on ethics, 33 humorous articles, 12 books on paediatric infectious diseases, neonatal infections and immunisations and a children’s book. He is Editor-in-Chief of the Journal of Paediatrics and Child Health.
THEME OF THE DAY:  
Connecting with the Experts

An exciting opportunity to connect with global experts in all of the key aspects of paediatric and adolescent gynaecology. This day will be of interest to paediatric and adolescent gynaecologists wishing to consolidate their knowledge, as well as paediatricians, general practitioners, family physicians, trainees, nurses, and allied health professionals involved in the care of girls, adolescents and young women.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 – 10:45</td>
<td><strong>Welcome &amp; Plenary 1</strong>&lt;br&gt;Session Chairs: Mikhaila Lazanyi &amp; Sarah Peek</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td>09:00 – 09:15</td>
<td>Welcome</td>
<td></td>
</tr>
<tr>
<td>09:15 – 09:45</td>
<td>Challenges of Talking to Adolescents&lt;br&gt;Michelle Telfer, AUS</td>
<td></td>
</tr>
<tr>
<td>09:45 – 10:15</td>
<td>Dysmenorrhoea and pelvic pain&lt;br&gt;Susan Evans, AUS</td>
<td></td>
</tr>
<tr>
<td>10:15 – 10:45</td>
<td>Massive lifelong impact: identification and management of childhood lichen&lt;br&gt;lichen sclerosus and vulvodynia&lt;br&gt;Tania Day, AUS</td>
<td></td>
</tr>
<tr>
<td>10:45 – 11:15</td>
<td>Morning Break</td>
<td></td>
</tr>
<tr>
<td>11:15 – 12:45</td>
<td><strong>Plenary 2</strong>&lt;br&gt;Session Chairs: Mikhaila Lazanyi &amp; Sarah Peek</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td>11:15 – 11:45</td>
<td>Haematology and hormonal medications&lt;br&gt;Chris Barnes, AUS</td>
<td></td>
</tr>
<tr>
<td>11:45 – 12:15</td>
<td>Surgical aspects of ovarian cysts, malignancy and torsion&lt;br&gt;Lisa Allen, CAN</td>
<td></td>
</tr>
<tr>
<td>12:15 – 12:45</td>
<td>Mullerian anomalies&lt;br&gt;Rebecca Deans, AUS</td>
<td></td>
</tr>
<tr>
<td>12:45 – 13:30</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>13:30 – 15:00</td>
<td><strong>Plenary 3</strong>&lt;br&gt;Session Chairs: Mikhaila Lazanyi &amp; Sarah Peek</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td>13:30 – 14:00</td>
<td>Conversations about sex, relationships and Kardashians&lt;br&gt;Tonia Mezzini, AUS</td>
<td></td>
</tr>
<tr>
<td>14:00 – 14:30</td>
<td>Working with Young Women with Developmental Disabilities&lt;br&gt;Colette Muir, NZ</td>
<td></td>
</tr>
<tr>
<td>14:30 – 15:00</td>
<td>Teen pregnancy/abortion/violence against women&lt;br&gt;Shilpa Nambiar, MYS</td>
<td></td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td>Afternoon Break</td>
<td></td>
</tr>
<tr>
<td>15:30 – 17:00</td>
<td><strong>Plenary 4</strong>&lt;br&gt;Session Chairs: Mikhaila Lazanyi &amp; Sarah Peek</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td>15:30 – 16:00</td>
<td>The cross roads of paediatric endocrinology and paediatric/adolescent gynaecology&lt;br&gt;Charmian Quigley, USA</td>
<td></td>
</tr>
<tr>
<td>16:00 – 16:30</td>
<td>Becoming an adult with gynae-endocrine issues&lt;br&gt;Philippe Touraine, FR</td>
<td></td>
</tr>
<tr>
<td>16:30 – 17:00</td>
<td>Breast concerns and problems in young girls and adolescents&lt;br&gt;Liliane Herter, BRA</td>
<td></td>
</tr>
<tr>
<td>17:00 – 18:30</td>
<td>Welcome Reception</td>
<td>LEVEL 1 FOYER</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Location</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>09:00 - 10:30</td>
<td>Congress Opening</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td>Morning Break and Poster Session - Sponsored by Bayer</td>
<td></td>
</tr>
<tr>
<td>11:00 - 12:20</td>
<td>Does appearance matter?</td>
<td>ROOM 105 &amp; 106</td>
</tr>
<tr>
<td>12:20 - 13:30</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>12:45 – 13:15</td>
<td>Rapid Fire Orals</td>
<td>ROOM 105 &amp; 106</td>
</tr>
<tr>
<td></td>
<td>Surgery in PAG</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Education &amp; Innovation</td>
<td>ROOM 104</td>
</tr>
<tr>
<td></td>
<td>Social Considerations</td>
<td>ROOM 103</td>
</tr>
<tr>
<td></td>
<td>Fertility and POI</td>
<td>ROOMS 101 &amp; 102</td>
</tr>
<tr>
<td></td>
<td>Teenage Pregnancies</td>
<td>ROOM 107</td>
</tr>
<tr>
<td>13:30 - 15:15</td>
<td>Different Bodies: More than connecting the bits</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td>15:15 - 15:45</td>
<td>Afternoon Break and Poster Sessions</td>
<td></td>
</tr>
<tr>
<td>15:45 - 17:00</td>
<td>Different Bodies: Genitoplasty - surgery or not?</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td>17:00 – 18:30</td>
<td>General Assembly of FIGU</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Room</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>09:00 – 09:10</td>
<td>Official Opening</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td></td>
<td>Sonia Grover, AUS</td>
<td></td>
</tr>
<tr>
<td>09:10 – 09:20</td>
<td>Presentation of the new IFEPAG Fellows</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Saman Moeed, NZ</td>
<td></td>
</tr>
<tr>
<td>09:20 – 09:50</td>
<td>Children in detention: the accidental activist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>David Isaacs, AUS</td>
<td></td>
</tr>
<tr>
<td>09:50 – 10:20</td>
<td>The challenges of tackling obstetric fistulas in young women</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Judith Goh, AUS</td>
<td></td>
</tr>
<tr>
<td>10:20 – 10:30</td>
<td>Connecting to the Future: What does the future hold for young people?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Karen Kiang, AUS</td>
<td></td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>Morning Break and Poster Sessions - Sponsored by Bayer</td>
<td></td>
</tr>
<tr>
<td>11:00 – 11:25</td>
<td>Cyber and online bullying</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td></td>
<td>Carly Findlay, AUS</td>
<td></td>
</tr>
<tr>
<td>11:25 – 12:05</td>
<td>Labioplasty – clinical case scenario and discussion. Mediator Chair: Lynn Gillam</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Panellists: Magda Simonis, AUS, Paul Wood, UK, Jill Tomlinson, AUS, Emma Barnard, AUS</td>
<td></td>
</tr>
<tr>
<td>12:05 – 12:20</td>
<td>Q&amp;A</td>
<td></td>
</tr>
<tr>
<td>12:20 – 13:30</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>12:45 – 13:15</td>
<td>Rapid Fire Orals – Surgery in PAG</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td></td>
<td>Session Chairs: Nur Azurah Abdul Ghani and Charleen Cheung</td>
<td></td>
</tr>
<tr>
<td>12:45 – 12:48</td>
<td>#108 Management of Ovarian Torsion: 10 Years Single Unit experience in Hong Kong</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hanan Habeeb K Alshankiti</td>
<td></td>
</tr>
<tr>
<td>12:48 – 12:51</td>
<td>#5 Ball in a box: A case report of a pelvoabdominal mass in a fetus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carla Denise Cristobal-Garcias</td>
<td></td>
</tr>
<tr>
<td>12:51 – 12:54</td>
<td>#12 Oophorectomy Rates for Benign Pathology in Paediatric and Adolescent Patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zanna Franks</td>
<td></td>
</tr>
<tr>
<td>12:54 – 12:57</td>
<td>#97 “Towards ovarian salvage” - Retrospective review of the incidence and management of adnexal torsion cases in the paediatric &amp; adolescent population at Western Australia’s single tertiary children’s hospital over the last 10 years.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shital Juliana</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| 12:57 – 13:00| #62 Effect of the first laparoscopy in an adolescent and young adult population and its association with chronic pelvic pain  
                        Kavita Ravendran                                                     |
| 13:00 – 13:03| #50 Examination about the operation case of adolescent girls in a university hospital 
                        Hideya Sakakibara                                                   |
| 13:03 – 13:06| #151 Primary breast lymphoma in an 8-year-old girl  
                        Qiuxiang Shen                                                       |
| 13:06 – 13:11| Q&A                                                                     |

**12:45 – 13:15**  
**Rapid Fire Orals - Education & Innovation**  
Session Chairs: Socorro Bernardino & Anna Torres  

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 12:45 – 12:48| #91 The only app you’ll ever need, period: The assessment of menstrual tracking apps  
                        Srishti Dhir                                                          |
                        Nicole Todd                                                          |
| 12:41 – 12:54| #40 High-fidelity simulation using hybrid model increased self-perceived competence in PAG examination among OBGYN and pediatrics residents  
                        Anna Torres                                                          |
| 12:54 – 12:57| #11 Video Visits & PAG Telemedicine: PAG Opportunities to Care for Teens in their Own Space  
                        Nichole Tyson                                                        |
| 12:57 – 13:00| #137 Utility of 3D Printed Models of Mullerian Anomalies as a Teaching Tool  
                        Rose Hadden                                                           |
| 13:00 – 13:03| #123 Credentialing in Paediatric Gynaecology Surgery  
                        Zenden Olalekan                                                       |
| 13:03 – 13:08| Q&A                                                                     |

**12:45 – 13:15**  
**Rapid Fire Orals – Social Considerations**  
Session Chairs: Carolina Conejero & Irene Dingeldein  

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 12:45 – 12:48| #125 Utilization of hysterectomies in youth with developmental delay: are we improving?  
                        Julie Strickland                                                      |
| 12:48 – 12:51| #121 Difficulties in Transition of Care from Pediatric to Adult Gynecology Providers. Should we Maintain Care into Adulthood?  
                        Christine Osborne                                                    |
| 12:51 – 12:54| #148 Exploring the association between parenting patterns and vaginal foreign body among girls  
                        Liying Sun                                                            |
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Title</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:54 – 12:57</td>
<td>#35</td>
<td>“We need to talk about hymens”- A paediatric perspective on medical findings in children/young people who have been sexually abused.</td>
<td>Ronda Ticehurst</td>
</tr>
<tr>
<td>12:57 – 13:00</td>
<td>#33</td>
<td>The development of Regional Sexual Assault Referral Centres for children and young people in the United Kingdom</td>
<td>Ian Wall</td>
</tr>
<tr>
<td>13:00 – 13:03</td>
<td>#32</td>
<td>The Missing Uterus, the Missed Diagnosis, and the Missing Care; Mayer-Rokitansky-Küster-Hauser (MRKH) Syndrome in Malaysia</td>
<td>Harizah Hatim</td>
</tr>
<tr>
<td>13:03 – 13:08</td>
<td></td>
<td>Q&amp;A</td>
<td></td>
</tr>
<tr>
<td>12:45 – 13:15</td>
<td>Room 101 &amp; 102</td>
<td>Rapid Fire Orals – Fertility and POI</td>
<td>Session Chair: Elena Uvarova &amp; Zana Bumbliene</td>
</tr>
<tr>
<td>12:45 – 12:48</td>
<td>#38</td>
<td>Self-Esteem, Bone Mass Density and Impact of Diagnosis on Patients with Primary Ovarian Insufficiency (POI) Attending the Paediatrics and Adolescent Gynaecology (PAG), University Kebangsaan Malaysia Medical Centre (UKMMC)</td>
<td>Anizah Ali</td>
</tr>
<tr>
<td>12:48 – 12:51</td>
<td>#43</td>
<td>Exploring the struggles and burden of diagnosis among patients with Primary Ovarian Insufficiency in Paediatric Adolescent Gynaecology (PAG) Unit of a Tertiary Centre in Malaysia</td>
<td>Anizah Ali</td>
</tr>
<tr>
<td>12:51 – 12:54</td>
<td>#130</td>
<td>Features of ovarian reserve in Mayer-Rokitansky-Kuster-Hauser syndrome</td>
<td>Zalina Batyrova</td>
</tr>
<tr>
<td>12:54 – 12:57</td>
<td>#74</td>
<td>Primary Ovarian Insufficiency in Adolescents. Not as rare as supposed?</td>
<td>Ruth Draths</td>
</tr>
<tr>
<td>12:57 – 13:00</td>
<td>#152</td>
<td>A review of the diagnosis and management of patients with premature ovarian insufficiency.</td>
<td>William Farkas</td>
</tr>
<tr>
<td>13:00 – 13:03</td>
<td>#41</td>
<td>Towards true ovarian preservation during cancer therapy: chemotherapy causes infertility by directly damaging primordial follicle oocytes</td>
<td>Quynh-Nhu Nguyen</td>
</tr>
<tr>
<td>13:03 – 13:06</td>
<td>#73</td>
<td>Developing a fertility preservation service for children, adolescent and young adult oncology patients and survivors in Ireland</td>
<td>Venita Broderick</td>
</tr>
<tr>
<td>13:06 – 13:11</td>
<td></td>
<td>Q&amp;A</td>
<td></td>
</tr>
<tr>
<td>12:45 – 13:15</td>
<td>Room 107</td>
<td>Rapid Fire Orals – Teenage pregnancies</td>
<td>Session Chair: Marisa Labovsky &amp; Zoran Stankovic</td>
</tr>
<tr>
<td>12:45 – 12:48</td>
<td>#80</td>
<td>Early contact, connection, and support: Essential components of a breastfeeding program for adolescent and young women</td>
<td>Natalie Fleming</td>
</tr>
</tbody>
</table>
Sunday 1 December 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 12:48 – 12:51 | #78 Overcoming the Stigma of Breastfeeding in Public: Can a Breastfeeding Video Increase Acceptability of Young Mothers Breastfeeding in Public?  
Christina Catin |
| 12:54 – 12:57 | #28 Are regional Australian teenage pregnancies high risk? A five year retrospective cohort study of maternal and neonatal outcomes.  
Natasha Frawley |
| 12:57 – 13:00 | #53 Unscheduled visits to the Obstetrical Triage Assessment Unit by pregnant adolescents in an urban Canadian Center compared to a matched cohort of adult pregnant women.  
Florence Gregoire-Briard |
| 13:00 – 13:03 | #47 Abusive behavior silently increases low self-esteem and depression in teenage pregnancy patients: A Mexican cohort  
Janireth Pineda Serrano |
| 13:03 – 13:08 | Q&A                                                                     |
| 13:30 – 15:15 | Different Bodies: More than connecting the bits  
Session chairs: Symphorosa Chan and Evelien Roos |
| 13:30 – 13:40 | What’s the evidence?  
Debate: Management of labial adhesions  
Jean Norris, AUS  
Julie Strickland, USA |
| 13:40 – 14:10 | Functional urology/ complex bladders  
Caroline Dowling, AUS |
| 14:10 – 14:40 | Laparoscopic peritoneal vaginoplasty (Luohu Procedure) in MRKH syndrome: 20 years’ experience in 1500 patients  
Guangnan Luo, CHN |
| 14:40 – 15:00 | Normalising Differences – Connecting the gap between patient and professional, from the voices of lived experiences  
Alison Hensley and Kristiina Siiankoski, AUS |
| 15:00 – 15:05 | #34 Vaginal dilation therapy in Mayer-Rokitansky-Küster-Hauser (MRKH) patients  
Karen Ng |
| 15:05 – 15:10 | #85 Impact of postoperative care tools and techniques on vaginal reconstructive procedure outcomes  
Julie Strickland |
<p>| 15:10 – 15:15 | Q&amp;A                                                                     |
| 15:15 – 15:45 | Afternoon Break and Meet the FIGIJ Board Candidates                     |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:45 – 17:00</td>
<td><strong>Different Bodies: Genitoplasty – surgery or not?</strong></td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td></td>
<td>Session Chairs: Anastasia Vatopoulou &amp; Judy Simms-Cendan</td>
<td></td>
</tr>
<tr>
<td>15:45 – 16:45</td>
<td>Debate: Genitoplasty – surgery or not?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mediator: <strong>Lynn Gillam</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Panellists: Ani Amelia Zainuddin, MYS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Naomi Crouch, UK</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amanda Morris, CAN</td>
<td></td>
</tr>
<tr>
<td>16:45 – 16:50</td>
<td><strong>#92 Have surgical practices in the paediatric Intersex / DSD population changed in the last 2 decades? A 20-year picture of gonadectomies and feminising genital surgical trends</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ashley Alexander</td>
<td></td>
</tr>
<tr>
<td>16:50 – 17:00</td>
<td>Q&amp;A</td>
<td></td>
</tr>
<tr>
<td>17:00 – 18:30</td>
<td><strong>General Assembly of the FIGU</strong></td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td></td>
<td>Election for next Board</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decisions on site of next World Congress</td>
<td></td>
</tr>
</tbody>
</table>
## Monday 2 December 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:30 - 08:30</td>
<td>PAG Meetings:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ALOGIA</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td></td>
<td>EURAPAG</td>
<td>ROOM 104</td>
</tr>
<tr>
<td></td>
<td>NASPAG</td>
<td>ROOM 103</td>
</tr>
<tr>
<td></td>
<td>AOSPAG</td>
<td>ROOMS 101 &amp; 102</td>
</tr>
<tr>
<td></td>
<td>ANZSPAG</td>
<td>ROOM 107</td>
</tr>
<tr>
<td>08:30 - 10:00</td>
<td>HPV: Past, present and future</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td></td>
<td>Sponsored by Department of Health and Human Services</td>
<td></td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td>Morning Break and Poster Session</td>
<td></td>
</tr>
<tr>
<td>10:30 - 12:10</td>
<td>Uncomfortable truths: Child trafficking, child sexual abuse</td>
<td>ROOM 105 &amp; 106</td>
</tr>
<tr>
<td>12:20 - 13:30</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>12:45 – 13:15</td>
<td>Rapid Fire Orals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Congenital anomalies</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td></td>
<td>Contraception</td>
<td>ROOM 104</td>
</tr>
<tr>
<td></td>
<td>Vulvovaginal &amp; anogenital</td>
<td>ROOM 103</td>
</tr>
<tr>
<td></td>
<td>DSD and transgender health</td>
<td>ROOMS 101 &amp; 102</td>
</tr>
<tr>
<td></td>
<td>Hormones &amp; adolescents</td>
<td>ROOM 107</td>
</tr>
<tr>
<td>13:30 - 15:15</td>
<td>Risky lives: Global adolescent sexual and reproductive health</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td>15:15 - 15:45</td>
<td>Afternoon Break and Poster Sessions - Sponsored by Bayer</td>
<td></td>
</tr>
<tr>
<td>15:45 - 17:00</td>
<td>New Frontiers: The Science of Periods, Pain and the Microbiome</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td>18:30 – 22:30</td>
<td>Congress Gala Dinner</td>
<td>SYDNEY HARBOUR YACHT SQUADRON</td>
</tr>
</tbody>
</table>
07:30 – 08:30  ALOGIA  ROOMS 105 & 106
07:30 – 08:30  EURAPAG  ROOM 104
07:30 – 08:30  NASPAG  ROOM 103
07:30 – 08:30  AOSPAG  ROOMS 101 & 102
07:30 – 08:30  ANZSPAG  ROOM 107

08:30 – 10:00  HPV: Past, present, future
Room Chairs:  Paul Wood and Liying Sun
Sponsored by Department of Health and Human Services

08:30 – 08:55  Australian Experience
David Wrede, AUS

08:55 – 09:25  Challenges of vaccinating and screening in the post vaccination era
Marion Saville, AUS

09:25 – 09:50  HPV: Single dose
Julia Brotherton, AUS

09:50 – 10:00  Q&A

10:00 – 10:30  Morning Break and Poster Sessions

10:30 – 12:10  Uncomfortable truths: Child trafficking, child sexual abuse
Room Chairs: Socorro Bernadino & Ian Wall

10:30 – 11:00  Recognising and managing Child Sexual Abuse
Anne Smith, AUS

11:00 – 11:30  Challenges of establishing services for child sexual abuse
David Wells, AUS

11:30 – 12:00  Combatting child sexual exploitation - A new approach
Glen Hulley, AUS

12:00 – 12:10  Q&A

12:30 – 13:30  Lunch

12:45 – 13:15  Rapid Fire Orals – Congenital anomalies
Room Chairs: Naomi Crouch & Saman Moeed

12:45 – 12:48  #68  Obstructed Hemivagina and Ipsilateral Renal Anomaly (OHVIRA) :
An audit of patients managed at the  PAG unit of a tertiary care hospital in
Kuala Lumpur
Iffat Ahmed

12:48 – 12:51  #26  A Rare case of a large Leiomyoma in Mayer-Rokitansky-Küster-Hauser syndrome
Helena Bartels
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:51 – 12:54</td>
<td>#83 Wharton-Sheares-George-method to create a Neovagina a simple way of making MRKH-Patients happy?</td>
<td>Irene Dingeldein</td>
</tr>
<tr>
<td>12:54 – 12:57</td>
<td>#159 A novel approach to cervical-vaginal reconstruction using sigmoid colon fragment in congenital cervical-vaginal agenesis</td>
<td>Huang Xianghua</td>
</tr>
<tr>
<td>12:57 – 13:00</td>
<td>#60 Congenital uterine anomaly : Pitfalls of MRI based diagnosis</td>
<td>Doyoung Kim</td>
</tr>
<tr>
<td>13:00 – 13:03</td>
<td>#126 10 years experience in women with obstructing vaginal anomalies in a tertiary hospital</td>
<td>Sze Man Tracy Law</td>
</tr>
<tr>
<td>13:06 – 13:09</td>
<td>#16 Uterovaginal anastomosis for cases of MRKH syndrome with rudimentary cavity</td>
<td>Hongxin Pan</td>
</tr>
<tr>
<td>13:09 – 13:14</td>
<td>Q&amp;A</td>
<td></td>
</tr>
</tbody>
</table>

12:45 – 13:15 Rapid Fire Orals – Contraception

**SESSION CHAIRS: Lavitha Sivapatham & Shilpa Nambiar**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:45 – 12:48</td>
<td>#42 Contraceptive practice and prevalence of sexually transmitted infections among adolescents requesting termination of pregnancy in Hong Kong</td>
<td>Charleen Cheung</td>
</tr>
<tr>
<td>12:48 – 12:51</td>
<td>#27 Proactive Contraception Provision to Adolescents in New Zealand: a Concept</td>
<td>Rebecca Duncan</td>
</tr>
<tr>
<td>12:51 – 12:54</td>
<td>#7 “We’re kidding ourselves if we say that contraception is accessible”: A Qualitative Study of General Practitioners’ Attitudes Towards Adolescent LARC use and Proactive LARC Provision</td>
<td>Rebecca Duncan</td>
</tr>
<tr>
<td>12:54 – 12:57</td>
<td>#70 University Students Presenting to a Specialized Contraception Clinic: An Analysis of the University of British Columbia IUD clinic</td>
<td>Aalia Sachedina</td>
</tr>
<tr>
<td>12:57 – 13:00</td>
<td>#55 “No Contraception for the Unmarried”: A Qualitative Study Exploring Sexual and Reproductive Health Care for Adolescents in Eastern Indonesia</td>
<td>Jeany Wattimena</td>
</tr>
<tr>
<td>13:00 – 13:03</td>
<td>#9 Effectiveness of the extract of the plant Vitex Angus castus in elimination of the side effects of OC in adolescents and young women</td>
<td>Elena Uvarova</td>
</tr>
</tbody>
</table>
13:03 – 13:06  #176 Safety and Tolerability of Drospirenone 4.0mg in Female Adolescents over 6 Cycles with a 7-Cycle extension Phase in a multicentre trial
Dan Apter

13:06 – 13:11  Q&A

12:45 – 13:15  Rapid Fire Orals – Vulvovaginal & anogenital conditions
Room 103

Session Chairs: Tonia Day & Evelien Roos

12:48 – 12:51  #81 Latrogenic causes of protracted course of childhood vulvovaginitis
Nadezhda Kokhreidze

12:51 – 12:54  #93 Anogenital findings in adolescents presenting with non-anogenital problems.
Roderic Phillips

12:54 – 12:57  #31 Lichen Sclerosus: An Uncommon but Treatable Cause of Lower Urinary Tract Symptoms in Prepubertal Girls
Alla Vash-Margita

12:57 – 13:00  #124 Vulvovaginitis in young girls
Anastasia Vatapoulou

13:00 – 13:03  #164 Clinical value of combined application of high-risk HPV detection and thinprep cytology test in cervical cancer screening
Song XioJie

13:03 – 13:08  Q&A

12:45 – 13:15  Rapid Fire Orals – DSD & transgender health
Rooms 101 & 102

Session Chairs: Lisa Allen & Ana Vetriana

12:45 – 12:48  #131 Differential diagnosis of sexual differentiation in a patient with Fanconi anemia
Zaira Kumykova

12:48 – 12:51  #150 “I don’t think we can ever have absolute surety that this is the right thing right now”: Navigating patient and clinician uncertainties in fertility counselling for transgender adolescents.
Timothy Lai

12:51 – 12:54  #114 Adolescent Gynaecological Presentations and Outcomes of Patients with Disorders of Sexual Development (DSD) in a Tertiary Paediatric and Adolescent Gynaecology (PAG) Service.
Brooke O’Brien

12:54 – 12:57  #19 The 20 year population incidence of childhood Gonadoblastoma in Turner Syndrome and 46XY Gonadal Dysgenesis in the Republic of Ireland
Susan O’Connell
# Monday 2 December 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
</table>
| 12:45 – 13:15 | **Rapid Fire Orals – Hormones & adolescents**  
**Session Chairs: Philippe Touraine & Preeti Dabadghao** |
| 12:45 – 12:48 | #154 The role of autoimmune ovarian lesion in the pathogenesis of secondary oligomenorrhea in adolescent girls  
**Vera Andreeva** |
| 12:48 – 12:51 | #79 The Prevalence of raised BMI in the adolescent Gynaecology Clinic - a 3 year review  
**Aisling McDonnell** |
| 12:51 – 12:54 | #117 Trends in teen menstruation and menstrual disturbance. What have we learnt from the MDOT (Menstrual Disorder of Teenagers) studies in 2005 and 11 years later in 2016.  
**Melissa Parker** |
| 12:54 – 12:57 | #128 Health information for adolescents with PCOS should be summarized and include fertility facts: results of an adolescent focus group session  
**Alexia Pena** |
| 12:57 – 13:00 | #75 Understanding secondary amenorrhea in adolescence: a large cross-sectional study  
**Pantelis Tsimaris** |
| 13:00 – 13:03 | #129 Results of treatment of central precocious puberty with GnRh analogues.  
**Anastasia Vatopoulou** |
| 13:06 – 13:09 | #29 Engaging in antenatal care: an interview study of pregnant teens  
**Natasha Frawley** |
| 13:09 – 13:14 | Q&A |
| 13:30 – 15:15 | **Risky lives: Global adolescent sexual and reproductive health challenges**  
**Session Chairs: Gabriele Tridente & Shilpa Nambiar** |
| 13:30 – 14:55 | Sexual and reproductive health of young people in Asia and the Pacific: challenges and opportunities  
**Peter Azzopardi, AUS**  
**Elissa Kennedy, AUS**  
**Su Mon Myat, MMR** |
| 14:55 – 15:00 | #120 Youth-led research on adolescent sexual and reproductive health in Poland - POLKA 18 pilot study results  
**Michalina Drejza** |
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:00 – 15:05</td>
<td>#104 Menstrual Practices Among Adolescent Girls in a Semi Urban City, South East Nigeria Chikosolu Okiche</td>
</tr>
<tr>
<td>15:05 – 15:15</td>
<td>Q&amp;A</td>
</tr>
<tr>
<td>15:15 – 15:45</td>
<td>Afternoon Break and Poster Sessions - Sponsored by Bayer</td>
</tr>
<tr>
<td>15:45 – 17:00</td>
<td>New Frontiers: The Science of Periods, Pain and the Microbiome</td>
</tr>
<tr>
<td></td>
<td>ROOMS 105 &amp; 106</td>
</tr>
<tr>
<td></td>
<td>Session Chairs: Hideya Sakakibara &amp; Zuzana Niznanska</td>
</tr>
<tr>
<td>15:45 – 16:15</td>
<td>The science of menstruation and pain</td>
</tr>
<tr>
<td></td>
<td>Jemma Evans, AUS</td>
</tr>
<tr>
<td>16:15 – 16:45</td>
<td>Microbiome, mood, brain and pain: the science and promise of the guy-brain axis</td>
</tr>
<tr>
<td></td>
<td>Amy Loughman, AUS</td>
</tr>
<tr>
<td>16:45 – 16:50</td>
<td>#44 Circulating Adipokine levels in adolescent girls with menstrual irregularities</td>
</tr>
<tr>
<td></td>
<td>Anna Torres</td>
</tr>
<tr>
<td>16:50 – 16:55</td>
<td>#15 Sleep habits and premenstrual syndrome-induced athletic disturbance in Japanese adolescent athletes: a prospective study</td>
</tr>
<tr>
<td></td>
<td>Takashi Takeda</td>
</tr>
<tr>
<td>16:55 – 17:00</td>
<td>Q&amp;A</td>
</tr>
<tr>
<td>18:30 – 22:30</td>
<td>Congress Gala Dinner</td>
</tr>
</tbody>
</table>
### Tuesday 3 December 2019

#### 07:30 - 08:30 Breakfast Sessions

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Room</th>
</tr>
</thead>
</table>
| 07:30 - 08:30 | Transcending borders (transgender medicine)  
**Sponsored by Besins Healthcare**                                                                   | ROOMS 105 & 106 |
|               | Surviving and Thriving: Overcoming reproductive late effects in cancer survivorship                 | ROOM 104    |
|               | Imaging: Now you see it, now you don’t                                                              | ROOM 103    |
|               | IFA - IFEPAG fellows association - Election of next IFA coordinator                                    | ROOM 102    |
|               | LARCS at Dawn - **Sponsored by Bayer**                                                               | ROOM 101    |
|               | Your name in lights (getting published)                                                               | ROOM 107    |

#### 08:45 - 10:00 The Global epidemics of obesity and PCOS

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:45 - 10:00</td>
<td>The Global epidemics of obesity and PCOS</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
</tbody>
</table>

#### 10:00 - 10:30 Morning Break and Poster Session

#### 11:00 – 12:45 Concurrent Sessions

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Room</th>
</tr>
</thead>
</table>
| 11:00 – 12:45 | Oncofertility  
**Sponsored by Department of Health and Human Services**                                      | ROOMS 105 & 106 |
|               | Spanish Session                                                                                     | ROOM 104    |
|               | Chinese Session                                                                                    | ROOM 103    |

#### 12:45 - 13:00 Closing Ceremony

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:45 - 13:00</td>
<td>Closing Ceremony</td>
<td>ROOMS 105 &amp; 106</td>
</tr>
</tbody>
</table>
07:30 – 08:30  Breakfast Session:  
Transcending borders (transgender medicine)  
Charlotte Elder, AUS  
Symphorosa Chan, HK  
Angela Aguilar, PHL

07:30 – 08:30  Breakfast Session:  
Surviving and Thriving: Overcoming reproductive late effects in cancer survivorship  
Antoinette Anazado, AUS  
Yasmin Jayasinghe, AUS  
Richard Anderson, UK  
Leslie Appiah, USA

07:30 – 08:30  Breakfast Session:  
Imaging: Now you see it, now you don’t  
Kate Stone, AUS  
Zoran Stankovic, SRB

07:30 – 08:30  Breakfast Session:  
IFA – IFEPAG fellows association – Election of next IFA coordinator  
Dvora Bauman, ISR

07:30 – 08:30  Breakfast Session:  
LARCS at dawn  
Paddy Moore, AUS  
Lavitha Sivapatham, MYS

07:30 – 08:30  Breakfast Session:  
Your name in lights (getting published)  
Paula Hillard, USA

08:45 – 10:30  The Global epidemics of obesity and PCOS  
Session Chairs: Deborah Laufer & Alexia Pena

08:45 – 09:15  PCOS and adolescents  
Preeti Dabadghao, IND

09:15 – 09:45  “Is PCOS just Obesity or is it more than that?”  
Viviana Cramer, ARG

09:45 – 10:15  The obesity epidemic  
Jane Martin, AUS

10:15 – 10:20  #4  
Mitochondrial Dysfunction, Oxidative Stress and Systemic Inflammation in Adolescent Girls with Polycystic Ovary Syndrome with regard to Excessive BMI and Insulin Resistance  
Elena Khashchenko
Tuesday 3 December 2019

10:20 – 10:25  #153 The role of some proinflammatory cytokines and Toll-like receptors in the pathogenesis of ovarian dysfunction in adolescent girls with obesity
   Vera Andreeva

10:25 – 10:30  Q&A

10:00 – 10:30  Morning Break and Poster Sessions

11:00 – 12:45  Concurrent Session 1 – Oncofertility
   Sponsored by Department of Health and Human Services
   Session Chairs: Rebecca Deans & Dvora Bauman

11:00 – 11:30  Paradigm shifts in healthcare: Bringing fertility into the paediatric setting
   Yasmin Jayasinghe, AUS

11:30 – 12:10  AMH: Assessing ovarian reserve
   Richard Anderson, UK

12:10 – 12:30  A patient’s perspective on the Anti-Mullerian Hormone (AMH) test and its challenges
   Angela Lavoipierre, AUS

12:30 – 12:35  #138 A review of the paediatric and adolescent oncofertility program: uptake of practice and procedures at a single institution
   Emily O’Shea

12:35 – 12:45  Q&A

11:00 – 12:45  Concurrent Session 1 – Spanish Session
   Session Chairs: Deborah Laufer & Alexia Pena

11:00 – 11:20  Violencia en el inicio sexual en la adolescencia
   Jose Enrique Pons, URY

11:20 – 11:40  Derecho a la promocion de anticepcion en adolescentes en Latinoamérica
   Fanny Corrales, PRY

11:40 – 11:55  Despenalizacion des Aborto Terapéutico en Chile. Un logro social
   Andrea Huneeus, CHL

11:55 – 12:10  Barreras profesionales en la atencion de adolescentes y en el respeto de sus derechos sexuales y reproductivos
   Deborah Laufer, URY

12:10 – 12:30  Impacto del dolor pelviano crónico en la calidad de vida de las adolescentes
   Elisabeth Dominguez, ARG

12:30 - 12:45  Q&A
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 – 11:15</td>
<td>Training and developing of PAG in HK, mainland China and Asia</td>
</tr>
<tr>
<td></td>
<td>中国（香港和内地）及亚太小儿、青少年妇科医生的培训和发展</td>
</tr>
<tr>
<td></td>
<td>Symphorosa Chan, HK</td>
</tr>
<tr>
<td>11:15 – 11:30</td>
<td>Application of luohu surgical method and holistic medicine in the diagnosis and treatment of female reproductive tract malformation</td>
</tr>
<tr>
<td></td>
<td>罗湖术式和整体医学在女性生殖道畸形诊治中的应用</td>
</tr>
<tr>
<td></td>
<td>Guangnan Luo, CHN</td>
</tr>
<tr>
<td>11:30 – 11:45</td>
<td>Vulval masses in paediatric and adolescent population</td>
</tr>
<tr>
<td></td>
<td>儿童、青少年阴唇间肿</td>
</tr>
<tr>
<td></td>
<td>Liying Sun, CHN</td>
</tr>
<tr>
<td>11:45 – 12:00</td>
<td>Turner syndrome and Noonan syndrome</td>
</tr>
<tr>
<td></td>
<td>特纳综合征和努南综合征</td>
</tr>
<tr>
<td></td>
<td>Xiumin Wang, CHN</td>
</tr>
<tr>
<td>12:00 – 12:10</td>
<td>Vaginal bleeding in paediatric and adolescent population</td>
</tr>
<tr>
<td></td>
<td>儿童及青少年女性阴道流血</td>
</tr>
<tr>
<td></td>
<td>Yu Hong, CHN</td>
</tr>
<tr>
<td>12:10 – 12:20</td>
<td>PCOS in adolescent population</td>
</tr>
<tr>
<td></td>
<td>青春期的PCOS</td>
</tr>
<tr>
<td></td>
<td>Gang Peng, CHN</td>
</tr>
<tr>
<td>12:20 – 12:30</td>
<td>Ovarian tumours in paediatric and adolescents</td>
</tr>
<tr>
<td></td>
<td>小儿及青少年的卵巢肿瘤</td>
</tr>
<tr>
<td></td>
<td>Jinhua Wang, CHN</td>
</tr>
<tr>
<td>12:30 – 12:45</td>
<td>Teenage pregnancy and STI</td>
</tr>
<tr>
<td></td>
<td>青少年妊娠与性传播疾病</td>
</tr>
<tr>
<td></td>
<td>Charleen Cheung, HK</td>
</tr>
<tr>
<td><strong>12:45 – 13:00</strong></td>
<td><strong>Closing</strong></td>
</tr>
<tr>
<td>12:45 – 12:50</td>
<td>Prizes for best oral and poster presentation</td>
</tr>
<tr>
<td>12:50 – 12:55</td>
<td>Announcement of next FIGIJ Board</td>
</tr>
<tr>
<td>12:55 – 13:00</td>
<td>Closing remarks</td>
</tr>
</tbody>
</table>
### Poster Listing

<table>
<thead>
<tr>
<th>Poster Number</th>
<th>Title</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>P035</td>
<td>Development and pilot of a fertility preservation decision aid for parents of children and adolescents with cancer</td>
<td>Catherine Allingham</td>
</tr>
<tr>
<td>P036</td>
<td>Assessment of Reproductive Late Effects in Adolescent and Young Adult Cancer Survivorship</td>
<td>Leslie Appiah</td>
</tr>
<tr>
<td>P037</td>
<td>Cervical dysgenesis with unicornuate uterus: a case report</td>
<td>Keryl April Baje</td>
</tr>
<tr>
<td>P038</td>
<td>Low-frequency ultrasonic cavitation in the treatment of inflammatory diseases in girls</td>
<td>Zalina Batytova</td>
</tr>
<tr>
<td>P039</td>
<td>FERTILITY PRESERVATION AFTER CANCER DIAGNOSIS: A CHALLENGE FOR MEDICAL TEAM. Three case report</td>
<td>Silvia Alejandro Bonsergent</td>
</tr>
<tr>
<td>P040</td>
<td>MANAGEMENT OF OVARIAN TERATOMAS: 15 YEARS OF EXPERIENCE.</td>
<td>Silvia Alejandro Bonsergent</td>
</tr>
<tr>
<td>P041</td>
<td>Fertility on Ice- the first case of oophorectomy for fertility preservation in Ireland</td>
<td>Venita Broderick</td>
</tr>
<tr>
<td>P042</td>
<td>A twisted tale: A case of bilateral ovarian torsion in a neonate</td>
<td>Kate Burston</td>
</tr>
<tr>
<td>P043</td>
<td>Spontaneous formation of a neovaginal tract in a patient with congenital distal vaginal agenesis</td>
<td>Georgia Chappell</td>
</tr>
<tr>
<td>P044</td>
<td>To do or not to do? Hysteroscopy in an adolescent</td>
<td>Soe-Na Choo</td>
</tr>
<tr>
<td>P045</td>
<td>Histiocytosis of Langerhans – TWO CASES : vulvar involvement</td>
<td>Carolina Conejero</td>
</tr>
<tr>
<td>P046</td>
<td>Complication of dilator use for neovagina creation in adolescent diagnosed with Mayer-Rokitansky-Kuster-Hauser (MRKH) syndrome</td>
<td>Carolina Conejero</td>
</tr>
<tr>
<td>P047</td>
<td>GENITAL VULVAR LICHEN SCLEROSUS IN TWO SIBLINGS</td>
<td>Carolina Conejero</td>
</tr>
<tr>
<td>P048</td>
<td>ACUTE GENITAL ULCERS</td>
<td>Carolina Conejero</td>
</tr>
<tr>
<td>P049</td>
<td>“LEARNING CONNECTIONS: ADOLESCENT AND PAEDIATRIC GYNECOLOGY ARGENTINE SOCIETY (SAGIJ): HUMAN RESOURCE TRAINING, 50 YEARS OF EXPERIENCE”.</td>
<td>Elisabeth Dominguez</td>
</tr>
<tr>
<td>P050</td>
<td>Mayer-Rokitansky-Küster-Hauser (MRKH) type II; MURCS association, a case report</td>
<td>Nikita Deegan</td>
</tr>
<tr>
<td>P051</td>
<td>Body mass index and body composition of adolescent girls with and without premenstrual syndrome.</td>
<td>Michalina Drejza</td>
</tr>
<tr>
<td>P052</td>
<td>Ab ovo – medical and humanistic deliberations on health and fertility in Paediatric and adolescent gynaecology.</td>
<td>Michalina Drejza</td>
</tr>
<tr>
<td>P053</td>
<td>Salmonella gastroenteritis: an uncommon cause of vulval ulceration in a non-sexually active adolescent</td>
<td>Natalie Drever</td>
</tr>
<tr>
<td>P054</td>
<td>First report of a neonate girl with an imperforate hymen and congenital urethrovaginal fistula - A case report and discussion about neonatal management and complications</td>
<td>Sonja Fontana</td>
</tr>
<tr>
<td>P055</td>
<td>Should presumptive Gonorrhea and Chlamydia treatment be standard of care to the highest risk adolescents in the state of Hawaii</td>
<td>Pia Francisco-Natanauan</td>
</tr>
<tr>
<td>P056</td>
<td>Leisure Activities and Widespread Access to Social Media in Mexican Pregnant Adolescents.</td>
<td>Carolina Gomez-Oaxaca</td>
</tr>
<tr>
<td>P057</td>
<td>Effect of overweight and obesity on gestational weight gain in Singaporean Women</td>
<td>Song He</td>
</tr>
<tr>
<td>P058</td>
<td>A rare case of lymphangioma of the breast in a 2-year-old girl</td>
<td>Liliane Herter</td>
</tr>
<tr>
<td>P059</td>
<td>Use of Leuprolide, Cyproterone Acetate and Mammoplasty as a treatment of Juvenile Gigantomastia</td>
<td>Liliane Herter</td>
</tr>
<tr>
<td>P060</td>
<td>Behçet’s disease: adolescent with vulvar ulcer, oral ulcer, encephalic vasculitis and uveitis.</td>
<td>Liliane Herter</td>
</tr>
<tr>
<td>P061</td>
<td>Adnexal pathology-a retrospective study 2005-2015 at the Children’s University Hospital Zürich/Switzerland</td>
<td>Renate Huerlimann</td>
</tr>
</tbody>
</table>
Dysmenorrhea membranacea, a rare cause of secondary dysmenorrhea
Renate Huerlimann

Hyalinized inflammatory myofibroblastic tumour of omentum in adolescent girl
Marina Jakimovska

Inguinal hernia with adnexal twist
Shital Juliana

A CASE SERIES OF CONGENITAL OBSTRUCTIVE CERVICAL ANOMALIES – NOT A SINGLE PROBLEM BUT MANY VARIATIONS
Benita Knox

A case of androgen secreting tumor with hyperandrogenism and elevated 17-hydroxyprogesterone in a young woman with background polycystic ovarian syndrome
Sze Man Tracy Law

Considerations Prior to Pubertal Induction in a Female with Mullibrey Nanism
Karissa Ludwig

Experiences of a MRKH Support Group
Tanya Mahajan

Premature ovarian insufficiency associated with in utero exposure to chemotherapy
Marcela Menéndez

BILATERAL TUBAL ECTOPIC PREGNANCY. CASE REPORT
Elizabeth Miranda-Lopez

Verbal and Non-Verbal Psychotherapeutic (Art Psychotherapy) Intervention and Treatment in Cases of Child Maltreatment
Kaori Tayla Mori

Epidemiology and Burden of Maternal Near Miss of Adolescent Obstetric Patients in North Mexico
Jessica Geovanna Mendoza

A feasibility audit of dietetic services for adolescent gynaecology patients at an Irish tertiary referral centre
Venita Broderick

Enhanced Access to Postnatal Contraception for Adolescents in Hunter New England LHD
Angela Dunford

PUBERTY AND MENSTRUAL PATTERN IN BLOOD TRANSFUSION DEPENDENT THALASSAEMIA MAJOR PATIENTS
Abdul Ghani Nur Azurah

Challenges in the diagnosis and management of a Mullerian malformation, a case report
Paula Oholeguy

Gonadal dysgenesis in 13 year old girl – cooperation between a gynecologist for children and a pediatrician
Dana Ondrova

The Use of Intrauterine Devices (IUDs) for Menstrual Management in Low-Middle Income Countries
Christina Osborne

FINAL RESULTS OF THE PREVALENCE OF SEXUAL TRANSMISSION INFECTIONS (STI) IN YOUNG WOMEN WHO COME TO AN AMBULATORY GYNECOLOGICAL CONSULTATION
Nuria Parera

Effects and reproductive outcomes of uterine artery embolization for treatment of Uterine fibroids
Soyun Park

Variability of residual ovarian reserve after clinical diagnosis of premature ovarian insufficiency
Soyun Park

GONADOTROPHINS INDEPENDENT OVARIAN POLYCYSTOSIS IN A PREMENARCHE ADOLESCENT
Carolina Pastene Saldias

Unexplained vaginal bleeding in children: a retrospective audit at a tertiary Paediatric Gynaecology service
Sarah Peek

Parenting in male adolescents of Nuevo Leon: ratification of masculinity
Janireth Pineda Serrano

Teen male parents, a maternal heritage: A Nuevo León, Mexican cohort
Janireth Pineda Serrano

Are post-partum IUDs actually effective in preventing recurrence of teenage pregnancy? A retrospective case-control study
Janireth Pineda Serrano

Uterus transplantation: Perspectives of Australian women with absolute uterine factor infertility regarding treatment desirability and utility
Jana-Emily Pittman

The Technique for Patients with Congenital Partial Vaginal Atresia Combined Congenital Lesion of the anterior urethra
Chenglu Qin
P089  Primary peritoneal serous borderline tumour in a 15yo female: a case report and review of the literature  
Niveditha Rajadevan

P090  Infantile/capillary hemangioma of the uterine corpus: a rare cause of abnormal genital bleeding during early puberty  
Constanza Ralph

P091  The Psychosocial Impact of Disorders of Sexual Development  
Kavita Ravendran

P092  Are we doing enough for the adolescent female who presents to the emergency department with abdominal pain?  
Dayle Rungle-Thiele

P093  Introducing the National Ovarian and Testicular Tissue Transport and Service (NOTTCS)- the First Centralised Cryopreservation Service in Australia  
Stephanie Sii

P094  Female genital cosmetic surgery: how should GPs address genital anxiety and requests for surgery from teenagers  
Magdalena Simonis

P095  Female genital cosmetic surgery: how to address genital anxiety and requests for surgery from teenagers in general practice  
Magdalena Simonis

P096  3D ultrasound diagnosis and incidence of uterine developmental defects in women with reproductive disorder treated in our IVF centre  
Dagmar Smetanová

P097  FERTILITY-SPARING SURGERY AS THE STANDARD OF THERAPY IN YOUNG GIRLS WITH IMMATURE TERATOMA: A CASE REPORT  
Zoran Stankovic

P098  Torsion of ovarian dermoid cyst in 12 year old girl mimicking bladder anomaly: a case report  
Zoran Stankovic

P099  MANAGEMENT OF OVARIAN MASSES  
Zoran Stankovic

P100  THE EFFECT OF PREMENSTRUAL SYNDROME ON EMOTIONAL REGULATION IN MEDICAL FACULTY STUDENTS OF UNIVERSITAS PELITA HARAPAN  
Aurellia Celesta Sugiarto

P101  Frequency of repeated genital examinations in a tertiary paediatric referral centre for individuals with Differences in Sex Development (DSD) and ambiguous genitalia.  
Stephanie Teague

P102  A Protocol for the Management of Heavy Menstrual Bleeding in Adolescents  
Aalia Sachedina

P103  LGBTQ2SIA+ Health Curriculum in Canadian Obstetrics & Gynecology Residency Programs  
Nicole Todd

P104  Unicornsate uterus with cavitated non-communicating rudimentary uterine horn: Laparoscopic management and pregnancy outcome  
Tateki Tsutsui

P105  DISORDERS OF MENSTRUAL FUNCTION IN ADOLESCENTS WITH AUTONOMIC DYSFUNCTION  
Iryna Tuchkina

P106  DIAGNOSIS AND TREATMENT OF ABNORMAL UTERINE BLEEDING AT PUBERTY  
Iryna Tuchkina

P107  A Novel Mutation in the Insulin Receptor (INSR) Gene in an Adolescent Female with Hyperandrogenism (HA), Insulin Resistance (IR) and Acanthosis Nigricans (AN)  
Alla Vash-Margita

P108  Case Study: Don’t forget Müllerian in Menorrhagia for paediatric presentations  
Rosie Viner

P109  Malignant Ovarian Dysgerminoma in a Young Adolescent: An Atypical Presentation  
Shanika Wijayanayaka

P110  Clinical and molecular genetic characterizations of five patients harboring mutations in the GNAS gene: a case series and literature review  
Yufei Xu

P111  The Phenotypic Spectrum of Kabuki Syndrome in Patients of Chinese Descent  
Yufei Xu

P112  Oblique vaginal septum syndrome in children: a report of two cases and literature review  
Li Zhu

P113  Lipid profile of adolescent girls with Anorexia Nervosa  
Anastasia Vatopoulou

P114  Comparison of Insulin Growth Factor 1 (IGF-1) levels, in adolescent girls with Anorexia Nervosa, who recovered or not their menses, after complete weight restoration  
Anastasia Vatopoulou

P115  Combined 17α-hydroxylase/17,20-lyase deficiency due to c.1459–1467del and c.937T>A mutations in the CYP17 gene in a China patient  
Gao HuiHui
P002 The only app you’ll ever need, period: The assessment of menstrual tracking apps
Srishti Dhir

P003 Credentialing in Paediatric Gynaecology Surgery
Zenden Olalekan

P004 Video Visits & PAG Telemedicine: PAG Opportunities to Care for Teens in their Own Space
Nichole Tyson

P006 Developing a fertility preservation service for children, adolescent and young adult oncology patients and survivors in Ireland
Venita Broderick

P007 A review of the diagnosis and management of patients with premature ovarian insufficiency.
William Farkas

P008 Towards true ovarian preservation during cancer therapy: chemotherapy causes infertility by directly damaging primordial follicle oocytes
Quynh-Nhu Nguyen

P009 Utilization of hysterectomies in youth with developmental delay: are we improving?
Julie Strickland

P010 Difficulties in Transition of Care from Pediatric to Adult Gynecology Providers. Should we Maintain Care into Adulthood?
Christine Osborne

P011 Exploring the association between parenting patterns and vaginal foreign body among girls
Liying Sun

P012 We need to talk about hymens- A paediatric perspective on medical findings in children/young people who have been sexually abused.
Ronda Ticehurst

P013 Ball in a box: A case report of a pelvoabdominal mass in a fetus
Carla Denise Cristobal-Gacias

P014 Oophorectomy Rates for Benign Pathology in Paediatric and Adolescent Patients
Zanna Franks

P015 “Towards ovarian salvage”- Retrospective review of the incidence and management of adnexal torsion cases in the paediatric & adolescent population at Western Australia’s single tertiary children’s hospital over the last 10 years.
Shital Julania

P016 Primary breast lymphoma in an 8-year-old girl
Qiuxiang Shen

P019 Effect of the first laparoscopy in an adolescent and young adult population and its association with chronic pelvic pain
Kavita Ravendran

P020 Overcoming the Stigma of Breastfeeding in Public: Can a Breastfeeding Video Increase Acceptability of Young Mothers Breastfeeding in Public?
Christina Cantin

P021 Early contact, connection, and support: Essential components of a breastfeeding program for adolescent and young women
Nathalie Fleming

P022 Unscheduled visits to the Obstetrical Triage Assessment Unit by pregnant adolescents in an urban Canadian Center compared to a matched cohort of adult pregnant women.
Florence Gregoire-Briard

P023 Abusive behavior silently increases low self-esteem and depression in teenage pregnancy patients: A Mexican cohort
Janireth Paineda Serrano
<table>
<thead>
<tr>
<th>Poster Number</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>P002</td>
<td>Obstructed Hemivagina and Ipsilateral Renal Anomaly (OHVIRA): An audit of patients managed at the PAG unit of a tertiary care hospital in Kuala Lumpur</td>
<td>Iffat Ahmed</td>
</tr>
<tr>
<td>P003</td>
<td>Wharton-Sheares-George-method to create a Neovagina - a simple way of making MRKH-Patients happy?</td>
<td>Irene Dingeldein</td>
</tr>
<tr>
<td>P004</td>
<td>Congenital uterine anomaly: Pitfalls of MRI based diagnosis</td>
<td>Doyoung Kim</td>
</tr>
<tr>
<td>P005</td>
<td>Overview of Mullerian Anomalies and Surgical management of Complex Obstructive Anomalies: An extensive case series of adolescents presenting to the Queensland Paediatric and Adolescent Gynaecology (PAG) Service between 2004 and 2019.</td>
<td>Brooke O'Brien</td>
</tr>
<tr>
<td>P006</td>
<td>10 years experience in women with obstructing vaginal anomalies in a tertiary hospital</td>
<td>Sze Man Tracy Law</td>
</tr>
<tr>
<td>P007</td>
<td>Uterovaginal anastomosis for cases of MRKH syndrome with rudimentary cavity</td>
<td>Hongxin Pan</td>
</tr>
<tr>
<td>P008</td>
<td>Safety and Tolerability of Drospirenone 4.0 mg in Female Adolescents Over 6 Cycles With a 7-Cycle Extension Phase in a multicenter trial</td>
<td>Dan Apter</td>
</tr>
<tr>
<td>P009</td>
<td>Contraceptive practice and prevalence of sexually transmitted infections among adolescents requesting termination of pregnancy in Hong Kong</td>
<td>Charleen Cheung</td>
</tr>
<tr>
<td>P010</td>
<td>Proactive Contraception Provision to Adolescents in New Zealand: a Concept</td>
<td>Rebecca Duncan</td>
</tr>
<tr>
<td>P011</td>
<td>“We’re kidding ourselves if we say that contraception is accessible”: A Qualitative Study of General Practitioners’ Attitudes Towards Adolescent LARC use and Proactive LARC Provision</td>
<td>Rebecca Duncan</td>
</tr>
<tr>
<td>P012</td>
<td>“No Contraception for the Unmarried”: A Qualitative Study Exploring Sexual and Reproductive Health Care for Adolescents in Eastern Indonesia</td>
<td>Jeany Wattimena</td>
</tr>
<tr>
<td>P013</td>
<td>University Students Presenting to a Specialized Contraception Clinic: An Analysis of the University of British Columbia IUD clinic</td>
<td>Aalia Sachedina</td>
</tr>
<tr>
<td>P016</td>
<td>I don’t think we can ever have absolute surety that this is the right thing right now: Navigating patient and clinician uncertainties in fertility counselling for transgender adolescents.</td>
<td>Timothy Lai</td>
</tr>
<tr>
<td>P017</td>
<td>The 20-year population incidence of childhood Gonadoblastoma in Turner Syndrome and 46XY Gonadal Dysgenesis in the Republic of Ireland</td>
<td>Susan O'Connell</td>
</tr>
<tr>
<td>P018</td>
<td>New Insights from Unbiased Panel and Whole-Exome Sequencing in a Large Chinese Cohort with Disorders of Sex Development</td>
<td>Yufei Xu</td>
</tr>
<tr>
<td>P019</td>
<td>Adolescent Gynaecological Presentations and Outcomes of Patients with Disorders of Sexual Development (DSD) in a Tertiary Paediatric and Adolescent Gynaecology (PAG) Service.</td>
<td>Brook O'Brien</td>
</tr>
<tr>
<td>P021</td>
<td>Molecular and phenotypic spectrum of Noonan syndrome in Chinese patients</td>
<td>Li Xin</td>
</tr>
<tr>
<td>P022</td>
<td>The role of autoimmune ovarian lesion in the pathogenesis of secondary oligomenorrhea in adolescent girls</td>
<td>Vera Andreeva</td>
</tr>
<tr>
<td>P023</td>
<td>Trends in teen menstruation and menstrual disturbance. What have we learnt from the MDOT (Menstrual Disorder of Teenagers) studies in 2005 and 11 years later in 2016.</td>
<td>Melissa Parker</td>
</tr>
<tr>
<td>P024</td>
<td>Results of treatment of central precocious puberty with GnRh analogues.</td>
<td>Anastasia Vatopoulo</td>
</tr>
<tr>
<td>P025</td>
<td>The prevalence of raised BMI in the adolescent gynaecology clinic – a 3 year review</td>
<td>Aisling McDonnell</td>
</tr>
<tr>
<td>P026</td>
<td>The genital tract microbiome in adolescent girls: a possible player in gynaecological conditions?</td>
<td>Ebony Gilbee</td>
</tr>
<tr>
<td>P027</td>
<td>Iatrogenic causes of protracted course of childhood vulvovaginitis</td>
<td>Nadezhda Kokhreidze</td>
</tr>
<tr>
<td>P028</td>
<td>Lichen Sclerosus: An Uncommon but Treatable Cause of Lower Urinary Tract Symptoms in Prepubertal Girls</td>
<td>Alla Vash-Margita</td>
</tr>
<tr>
<td>P029</td>
<td>Vulvovaginitis in young girls</td>
<td>Anastasia Vatopoulo</td>
</tr>
</tbody>
</table>
**Bayer Australia Women’s Healthcare**

Bayer Australia Ltd is an affiliate of Bayer AG, (formerly Bayer HealthCare Pharmaceuticals and Schering AG), the world’s leading maker of hormonal contraceptives for women. The company has a long history of innovation in birth control—stretching back almost to the introduction of the Pill itself in 1960.

Today, Bayer Australia’s Women’s Health portfolio includes a long acting reversible contraceptive method, short acting hormonal contraceptives as well as products for menopause and endometriosis.

**Bayer Australia Ltd**

**Booth Number: 05**

Phone Number: +61 2 9391 6000  
Web Address: www.bayer.com.au  
Address: 875 Pacific Highway, Pymble, NSW 2073

**UNSW Sydney – School of Women’s & Children’s Health**

**Table Top: 01**

Contact Name: Marcelle Runkat  
Phone Number: +61 2 9382 6730  
Email: swch-pg@unsw.edu.au  
Web Address: http://wch.med.unsw.edu.au/  
Address: Level 1, Royal Hospital for Women, Barker St, Randwick, NSW 2031

**Avant Mutual**

**Table Top: 02**

Contact Name: Michelle McIntyre  
Phone Number: +61 478 479 974  
Email: Michelle.McIntyre@avant.org.au  
Web Address: www.avant.org.au

**Besins Healthcare Australia**

**Table Top: 03**

Contact Name: Anthony Jackson  
Phone Number: +61 437 317 704  
Email: ajackson@besins-healthcare.com  
Web Address: www.besins-healthcare.com.au  
Address: Suite 3, Level 2, Tower 1, 495 Victoria Avenue, Chatswood NSW 2067
Level 1
Meeting Rooms
(WCPAG 2019 Sessions)

Foyer

Link through to Pan Pacific
Melbourne’s new Free Tram Zone
From 1 January 2015
Fertility on Ice- the first case of oophorectomy for fertility preservation in Ireland

Hartigan L1,2, Glover L2, Martyn F1,2, Cullinane J2, Broderick V1, Wingfield M1,2
1The National Maternity Hospital, 2Merrian Fertility Clinic

Poster

Background: Turner syndrome (TS) is the most established genetic cause of premature ovarian insufficiency (POI). Ovarian tissue cryopreservation (OTC) is still considered experimental but holds promise as a means to preserve fertility for girls with mosaic TS.

Objective: We report the first case of ovarian tissue cryopreservation for future fertility ever performed in Ireland.

Case report: A 14-year old girl with Turner syndrome mosaic and very low ovarian reserve was referred by her paediatric endocrinology team to adolescent gynaecology in the National Maternity Hospital, Dublin. Her options for future fertility were as follows: 1) No treatment: inevitable POI, probably before 18 years. Options for parenting would be via IVF with donor oocytes or adoption. 2) Oocyte cryopreservation: a poor response to stimulation would be predicted with such a low ovarian reserve and the procedure is not appropriate for young patients. 3) Ovarian tissue cryopreservation: although long term success rates are unclear, OTC is offered to suitable girls in the UK and Europe but is currently unavailable in Ireland.

Results: Following meetings with a fertility preservation team in Oxford, U.K. and the patient and her parents, the patient underwent an oophorectomy at the National Maternity Hospital, Dublin. Ovarian tissue was transported to Oxford for cryopreservation. Approval was received in advance from both the Irish and British competent authorities, the HPRA (Health Products Regulatory Authority) and HFEA (Human Fertility and Embryology Authority).

Conclusion: POI in young girls precludes their ability to have biological children. OTC is increasingly being offered to this cohort for fertility preservation. Our goal is to develop such a fertility preservation service in Ireland. This would be particularly of benefit to patients undergoing gonadotoxic cancer treatments. This seminal case represents an important spring board for the development of a national service.
Should presumptive Gonorrhea and Chlamydia treatment be standard of care to the highest risk adolescents in the state of Hawaii

Francisco-Natanuan P1, Leatherman-Arkus N2
1University of Hawaii John A. Burns School of Medicine-Kapiolani Medical Center For Women And Children, Honolulu, Hawaii, USA, 2University of Hawaii John A. Burns School of Medicine University of Texas Southwestern Children’s Medical Center, Dallas Texas, USA

Poster

Half of Sexually Transmitted Infections (STI) affect adolescents 15-24y. STIs are a public health burden and cause economic drain. CDC STD 2015 showed detained youth had higher prevalence of Gonorrhea and Chlamydia vs. non-detained peers. Hawaii ranked 14th in Chlamydia, 34th in Gonorrhea (in 2017, 31st and 42nd, respectively) among the 50 (US) states. Nationally, Native Hawaiians/Other Pacific Islanders (NHOPI) have the 3rd highest annual incidence of Chlamydia and Gonorrhea behind Blacks and American Indians/Alaska Natives. Detained youth in Hawaii, who are predominantly NHOPI, most likely have higher STI rates than the national mean for detained and non-detained youth.

In 2017, young women constitute nearly half of all STIs. A positive test, history of STI and history of detention have been used as screen questions for human sex trafficking. The implication of Gonorrhea and Chlamydia in females can be very serious such that CDC recommended universal screening for Gonorrhea and Chlamydia in women <35y entering juvenile or correctional facilities. This study aims to find out if presumptive treatment warrants benefit beyond the risk.

This is a retrospective chart review in Hawaii’s only detention home for youth ages 13-18 who have had Gonorrhea and Chlamydia screening from January 1st, 2014 through June 30th, 2017. The number of positive test with presumptive treatment was compared with the number of positive test without presumptive treatment. The number of negative test with presumptive treatment was compared with the number of negative test without presumptive treatment. Results reveal n=842; Negative>positive: 84% v. 16%, with 54% of the positive left untreated (RR=1.78). Males>females: 56% v. 44% with 67% of females being positive and only 34% treated (RR=1.68). Results support that females in detention will benefit from presumptive treatment for Gonorrhea and Chlamydia as standard of care. This study was approved by the Hawaii Department of Health IRB.
Parenting in male adolescents of Nuevo Leon: ratification of masculinity

**Pineda Serrano J**

1,2, Hernández-Escobar C1,2, Cisneros-Rivera F1,2, Ramos-Reyes A1,2, Mendoza-Calderón J1, González-Morán D1, Carrete-Corral J

1Tecnologico de Monterrey, 2Secretaria de Salud Nuevo Leon

**Poster**

**BACKGROUND:** Paternity not only a cultural and social expression, nowadays "feeling father" is a requirement related to masculinity. Two ways to prove their masculinity: the beginning of their sexual life and the access to paid work. Therefore, we report the perspective that the Mexican male biological parents of a teenage pregnancy, have about pregnancy and its relation with the search of their masculinity.

**METHODS:** With IRB approval trained medical personnel, to improve fidelity to patient's perception and data collection, did a personalized interview with standardized format to 80 male biological parents of teenage pregnancy from a public secondary referral hospital in Nuevo León, Mexico. Its purpose was to screen for major risk factors in teenage pregnancy.

**RESULTS:** Results show that of the interviewees 64% had an early onset of sexual life and 64% referred to having planned pregnancy. Moreover, 63% of men didn't attend school before pregnancy, but 99% had a job.

**CONCLUSIONS:** Males teen's perspective on pregnancy is little studied. The majority of the interviewed had an early onset of sexual life. More than half didn't attend school before pregnancy and almost all actually have a job. According to our results, it can be related to the early onset of sexual activity, the abandonment of studies in search of a remunerated job and the formation of a family during adolescence as an expression of the search for masculinity.

**BIBLIOGRAPHY:** Botello Lonngi, Luis, 2008, Identidad, masculinidad y violencia de género. Un acercamiento a los varones jóvenes mexicanos, México, IMJUVE.


Premature ovarian insufficiency associated with in utero exposure to chemotherapy

Menéndez M1, Godoy C2, Zajer C1, Cuello M1, Mayerson D1

1Obstetrics and Gynecology Division Pontificia Universidad Católica de Chile, 2Pediatric Endocrinology Unit Pontificia Universidad Católica de Chile

Poster

Background: The diagnosis of cancer during pregnancy reaches 0.02 - 0.1%. Fetal exposure to chemotherapy during the first trimester is associated with abortion and severe malformations, while in the second and third trimester the effects are scarce, being the most frequent intrauterine growth retardation (21-25%). There is insufficient information about the long-term effects in the offspring. So far, no relevant alteration (e.g. neurodevelopment and cognition) has been reported in short and middle term follow-up. However, there is still concern about a higher risk of secondary malignancies, impairment of ovarian reserve and infertility in the progeny.

Clinical Case: A seventeen years-old adolescent presenting secondary amenorrhea was diagnosed at our center. As relevant antecedent, she was exposed in utero to a platinum-based chemotherapy scheme included an alkylating agent (cyclophosphamide) (six-cycles between fourteen and twenty-eight weeks) due to an advanced-stage ovarian cancer of her mother. Perinatal outcomes: preterm delivery (36 weeks) and low weight at birth (2005 grs.). She had normal development, spontaneous puberty and menarche at thirteen-year-old (but only two menses). Relevant findings at physical exam: height 148 cm, no dysmorphias, and signs of hypoestrogenism. Relevant laboratory and imaging findings: FSH 58 mIU/mL, LH 26.2 mIU/ml, estradiol <5 pg/ml, uterus 55 mm long, with ovarian volume 0.8 and 0.9 cc at pelvic ultrasound and normal karyotype. Based on results a premature ovarian insufficiency was diagnosed, and gradual hormone replacement was initiated. Additionally, a closer follow-up was planned as recommended in childhood cancer survivors.

Comments: Given this clinical case and the potential long-term adverse effect in ovarian function of intrauterine exposure to chemotherapy, we recommended to register this antecedent in the child history, the assessment of ovarian function during puberty and a closer follow-up to anticipate and properly offer therapeutic options such as hormone replacement and advising fertility preservation strategies.
Considerations Prior to Pubertal Induction in a Female with Mulibrey Nanism

Ludwig K\textsuperscript{1}, Poon M\textsuperscript{1}, Howard N\textsuperscript{2}, Matthews K\textsuperscript{1,3}
\textsuperscript{1}The Children’s Hospital At Westmead, \textsuperscript{2}Royal North Shore Hospital, \textsuperscript{3}Monash IVF

Poster

We describe a 15-year-old female with ovarian hypoplasia and primary hypogonadism associated with Mulibrey Nanism. We discuss whether gonadectomy is indicated prior to pubertal induction in the setting of heightened risk of ovarian malignancy associated with this condition.

Mulibrey Nanism was diagnosed after genetic testing for severe intrauterine growth restriction found a compound heterozygous mutation in TRIM37. Clinical features included poor catch-up growth (length -5.2 SD at 4 years), interrupted inferior vena cavae and Stage IV Wilms tumour at 18 months of age, treated with nephrectomy, chemotherapy and radiotherapy. Recombinant growth hormone was commenced at age 7 years for ongoing poor growth but was ceased at 13 years due to inadequate response (growth velocity <4cm/y).

By age 13 years, she had established adrenarche (Tanner 3-4 pubarche) but showed no evidence of gonadarche, which likely contributed to her growth deceleration. Bilateral streak ovaries were found incidentally during a laparoscopic appendicectomy and investigations revealed primary hypogonadism (FSH 178.5 IU/L, LH 62.1 IU/L, undetectable oestradiol, progesterone, inhibin B and AMH). Pubertal induction was discussed. Her parents were concerned that oestrogen therapy may potentiate the already increased risk of ovarian malignancy in Mulibrey Nanism and requested bilateral gonadectomy.

The case was discussed at our multidisciplinary disorders of sexual development meeting. The consensus from clinicians with experience in Mulibrey Nanism was that physiological oestrogen would not increase the risk of ovarian malignancy and therefore gonadectomy was not required prior to pubertal induction. The patient is monitored for gynaecological malignancy with twice yearly pelvic ultrasound and yearly inhibin B levels during pubertal induction. Gonadectomy may be discussed again when she is of an age to participate fully in the decision.
Hyalinized inflammatory myofibroblastic tumour of omentum in adolescent girl

Jakimovska M1, Štolfa A1, Andjelić A1, Požlep B1
1Gynecological Clinic, Ukc Ljubljana

Poster

Inflammatory myofibroblastic tumor (IMT) is a very rare and poorly understood neoplasm. It is a type of tumor comprised of differentiated myofibroblastic spindle cells accompanied by large amounts of plasma cells and/or lymphocyte infiltration. It is classified as an intermediate type of tumor due to the potential of recurrence and distant metastasis.

We report a case of a 16-year old girl presented to the gynecology department with acute onset of perianal pain. Transrectal ultrasound was performed and a 78 x 55 mm partially vascularized formation with tortuous pedunculum behind the uterus was seen. It was not possible ultrasonographically to determine origin of pedunculum. Uterus and both ovaries were seen normal with structure and size. No free fluid was seen in rectouterine pouch. We preformed urgent laparoscopy and visualized 8 cm tumour mass in pouch of Douglas tortuous and originated from omentum. Tumour mass was thick and in soft adhesions with surrounding tissue (uterus, bowel). Tumour with part of omentum was removed from the abdominal cavity in endo bag via mini suprapubic laparotomy. The diagnosis of hyalinized inflammatory myofibroblastic tumor was made.

Patient was presented on gynecologic-oncologic counsel where we decided for regular check-ups. One year after the operation the patient is in good condition with no signs of recurrence. Further check-ups are planned.
Case Study: Don’t forget Müllerian in Menorrhagia for paediatric presentations

Viner R1, Atkinson A2
1Fiona Stanley Hospital, 2King Edward Memorial Hospital

Poster

Background: Mullerian duct anomalies (MDAs) are congenital arising from abnormal embryological development of the Müllerian ducts. These occur in utero between 6-22 weeks and include failure of development, fusion, canalization, or reabsorption. The estimated incidence sits between 0.5-5% in the general population. Awareness of MDAs and familiarity of female genital tract embryology is essential to early and efficient diagnosis.

Case: 14y/o female virgo intacta, menarche at 13, presented to emergency with 10 days of menorrhagia and a sudden collapse. She has regular but painful menses which has become heavier with clots, soaking through 7 pads in the hours previous. She has collapsed before and misses school due to fatigue. She has no history of abnormal bruising and denies tampon use, sexual intercourse, or abuse.

Her observations were; RR 28, Temp 38.2, HR 143, BP 105/60.

On investigation her Haemoglobin (Hb) was 24 and she required 4 units of blood. She had a negative bHCG, normal inflammatory markers but low Vitamin D (24) and Ferritin (4). A haemoglobinopathy and thalassaemia screen came back clear.

An urgent abdominal USS was suspicious for uterine didelphys and possible obstructed hemi-vagina. She commenced on antibiotics, Norethisterone and Tranexamic Acid. She was discharged after 4 days with an Hb 93.

Treatment: Follow-up ultrasound confirmed a septate uterus with no vaginal obstruction. She remains on menstrual suppressive therapy, requiring high dose Norethisterone and iron replacement. She will require an MRI in the future for pregnancy planning.

Discussion: Menarche is often plagued by irregular menses and it can be difficult to determine truly abnormal uterine bleeding. We present this case as a reminder to broaden your differentials for presentations of menorrhagia and particularly collapse in young women. We conclude by discussing current literature and the multi-disciplinary follow-up required into the future for patients with MDAs.
Assessment of Reproductive Late Effects in Adolescent and Young Adult Cancer Survivorship

Appiah L1, Ntukidem O2, Klemanski D3, Jenkins L4, Bhatnagar B5, Lustberg M3

1Division of Obstetrics & Gynecology, Ohio State University Wexner Medical Center, 2Ohio State University Comprehensive Cancer Center, 3Division of Medical Oncology, Ohio State University Wexner Medical Center, 4Division of Urological Surgery Ohio State University Wexner Medical Center, 5Division of Hematology & Oncology Ohio State University Wexner

Poster

Introduction:
Gonadotoxicity and radiation injury are common adverse effects affecting 62% of adolescent and young adult (AYA) cancer survivors (Anderson, 2018). Implications include ovarian and testicular failure, uterine injury, increased risk of breast cancer, and genital graft-versus-host disease (Nieman et al, 2006), collectively termed reproductive late effects. We aimed to determine the percentage of AYA survivors referred to the Fertility Preservation and Reproductive Health (FPRH) clinics to assess reproductive late effects in survivorship.

Methods:
We performed a retrospective chart review to identify cancer survivors ages 18 to 39 who completed treatment in an AYA program at a high volume adult cancer center between January 2017 and April 2019. Demographic and programmatic data were collected.

Results:
Between 2017 and 2019, 1,917 AYA survivors were seen at The Ohio State University Comprehensive Cancer Center - James Cancer Hospital. Predominant diagnoses were hematologic (n=944), thyroid (n=490), brain (n=451) breast (n=414) and male genitourinary (n=169). A total of 1,434 survivors received chemotherapy. Of those, 273 (19%) underwent oophorectomy, orchiectomy, hysterectomy, and/or retroperitoneal lymph node dissection. A total of 105 (7%) patients were referred for consultative assessment and ongoing management of reproductive late effects in survivorship.

Conclusions:
Despite knowledge of reproductive late effects in cancer survivorship, few patients are referred for assessment. Referral patterns may improve with enhanced tracking of new AYA diagnoses and automated follow-up consultation in survivorship. An evidence-based, expert consensus AYA database will allow evaluation of reproductive late effects in survivorship, assessment of treatment interventions, and facilitate multi-site AYA protocols.

Reference:
FERTILITY-SPARING SURGERY AS THE STANDARD OF THERAPY IN YOUNG GIRLS WITH IMMATURE TERATOMA: A CASE REPORT

Stankovic Z1, Tomic B1, Sedlecky K2, Mazibrada I2, Perovic S2

1Private Specialist Practice AKUGIN, Belgrade, 2Department of Pediatric and Adolescent Gynecology, Mother and Child Health Care Institute of Serbia “Dr Vukan Cupic”, Belgrade, Serbia

Poster

Management of young patients with immature teratoma is a true challenge. Immature teratoma principally manifests in girls and young women, for whom the preservation of fertility is extremely important. The treatment of immature teratomas has gone through an evolution from aggressive treatment with surgery followed by multidrug chemotherapy to conservative surgical approaches with no adjuvant therapy.

A case of a 12-year-old girl presenting with foci of immature teratoma of the right ovary, three years after laparoscopic extirpation of mature teratoma of the left ovary. Postoperative hematoma in the right ovary after laparoscopic cistectomy caused diagnostic dilemma among adult gynecologists, leading to final removal of the right ovary. Timely diagnosis, proper patient monitoring, and treatment by protocol reduce the risk of ovarian loss. When choosing the optimal treatment of adnexal masses we rely on the predictive value of the Ueland’s Morphology Index [MI] and the ovarian crescent sign [OCS] as the most useful ultrasonographic characteristics. Gynecologists who deal with child and adolescent gynecology have a greater success in preserving the ovarian tissue in surgery compared to other operators who can come in contact with small patients.
A rare case of lymphangioma of the breast in a 2-year-old girl

HERTER L1, PASQUALI V2, FRANÇA N3, ROLIM R3, PASE P3, ANDRADE C3
1Universidade Federal de Ciências da Saúde de Porto Alegre, 2Faculdade Católica de Medicina, 3Hospital Santa Casa de Porto Alegre

Poster

Background: Lymphangiomas are benign tumors of lymphatic vessels. They often affect children and are mostly located in the neck and axilla. Breast lymphangioma is very rare. We found 36 cases of lymphangioma of the breast reported in the literature. Of these, only 5 cases involved children (4 cystic lymphangiomas and 1 cavernous lymphangioma), but none of them occurred in girls.

Case: We report a rare case of a 2-year-old girl who presented with a tumor with soft and elastic consistency in the right breast measuring 5cm in diameter. Ultrasound and magnetic resonance imaging showed a multiseptated cystic mass compatible with lymphangioma. During further investigation, in two different times, the breast increased and patient had fever and phlogistic hardening of the tumor compatible with infectious process. Treatment with 14-day cephalosporin was effective in both episodes. After discussion with the family, the girl underwent mastectomy with preservation of the nipple-areola complex. The histopathological examination confirmed the diagnosis of lymphangioma in fibroadipose tissue. The patient is now 5 years of age, and no recurrence has been observed to date.

Summary and Conclusion: We could not find in the literature any other case of lymphangioma of the breast in a girl. The treatment was the complete excision of the tumor, with preservation of the nipple-areola complex. No recurrence has been observed until now.
Enhanced Access to Postnatal Contraception for Adolescents in Hunter New England LHD

Best E\textsuperscript{1}, Dunford A\textsuperscript{1}

\textsuperscript{1}Maternity and Gynaecology Department, John Hunter Hospital, Hunter New England Local Health District

Introduction: In Australia, it is estimated that 30% of pregnancies are unintended and 25% of pregnancies end in termination. Unintended pregnancies can be particularly problematic for adolescents, who may have additional difficulty gaining access to termination services. This is a particular issue in NSW where public termination services do not exist. Long acting reversible contraception (LARC), including progesterone implants and intrauterine devices (IUD), are safe, affordable and extremely effective in decreasing rates of unintended pregnancy.

Objectives: The aim of this audit is to determine the current rate of unintended pregnancy, contraception counselling and postpartum LARC use in adolescent women birthing in the Hunter region of NSW with identified social issues. We hypothesise that there is an unmet need for contraception, and if confirmed, we purport to enhance the access to contraception and LARC uptake in order to decrease the rate of unintended pregnancy.

Methods: We conducted a retrospective audit of all adolescent women with social issues identified in antenatal care, who birthed in John Hunter Hospital in 2018. In these 14 women, we examined the rate of unintended pregnancy, the occurrence of antenatal and postnatal contraception counselling and the rate of immediate postpartum LARC uptake.

Results: We found an unintended pregnancy rate in this population of 100%. Only 3 women received antenatal contraception counselling and 4 received postnatal contraception counselling. In the postnatal period, 1 woman received a method of long acting contraception prior to discharge.

Conclusion: It is clear that there is a high unintended pregnancy rate and an unmet need for contraception in this population of socially disadvantaged adolescent women. This highlights the importance of future efforts to improve contraception education, planning and implementation.
Adnexal pathology-a retrospective study 2005-2015 at the Children`s University Hospital Zürich/Switzerland

Huerlimann R, Xue A, Gobet R, Forster I

Poster

Background and aims: The University Children`s Hospital in Zürich has over 40000 visits at the emergency department per year. We had the impression of increasing numbers of adnexal pathologies and wanted to differenciate them.

Methods: Chart review of 195 patients, aged 0-20 with 220 diagnosis of adnexal diseases: Adnexal torsion (AT), benign or malign neoplasm, cysts (neonatal >2cm, prepubertal >1 cm, postmenarchal > 3 cm), PID excluded.

Results:
Two age peaks occurred at neonatal age and at the age of 11 to 17 years. During 11 years was a rising number from 10 cases in 2005 to 40 cases in 2015. 155 ovarian cysts were found in 146 girls, most of them simple or hemorrhagic cysts. 17 cysts presented in the neonatal period, 16 antenatally diagnosed. 6/17 neonatal cysts were hemorrhagic, 6 cysts (> 4.6 cm) had sonographic punction, 3 laparascopic surgery (dd torsion). In 6/17 neonatal cysts later ultrasound showed no detectable ovary. Adnexal torsion occurred in 32 patients, 16 premenarchal, 13 postmenarchal ( 3 without information about menarche). Median age was 10,7 years. 17 AT occurred on the right, 15 on the left side. Vomiting (50%) was a leading symptom of torsion. In 24 patients (75%) an ovarian/adnexal cyst or tumor (6 mature cystic teratomas!) was found. In 50% AT was sonographically suspected. 8 (25%) girls with AT showed no leading point of torsion!
Neoplasm were found in 27/195 patients, 20 benign, 7 malign tumors. All had a size> 10 cm. Conclusion: Adnexal pathologies are rare in childhood, but must be included in differential diagnosis in pelvic pain. Neonatal cysts are challenging, probably some had intrauterine AT with subsequent vanishing ovary.
“LEARNING CONNECTIONS: ADOLESCENT AND PAEDIATRIC GYNECOLOGY ARGENTINE SOCIETY (SAGIJ): HUMAN RESOURCE TRAINING, 50 YEARS OF EXPERIENCE”.

Cramer V1, **Dominguez E**2, Bonsergent S3, Salvo M4, Katabian L5, Mendez Ribas J6, Magirena S7, Trumper E8

1SAGIJ, 2SAGIJ, 3SAGIJ, 4SAGIJ, 5SAGIJ, 6SAGIJ, 7SAGIJ, 8SAGIJ

Poster

SAGIJ was founded in 1972 by gynecologist, pediatrician and endocrinologist who understood that children and adolescent issues have been faced with an interdisciplinary approach. SAGIJ was born because Prof. E. Bagnatti was already a founding member of FIGIJ and brought to Argentina the SAGIJ founding idea (1972) following the WHO’s guidelines. Our objective is to show the importance of human resource training to improve the quality and make more friendly medical services in this special group of patients.

In 1973 Argentina was the first Latino American FIGIJ Member country.
In 1993 Argentina was Founder Member of ALOGIA.
In 2001 SAGIJ was the Congress venue of the XIII FIJIG World Congress in Buenos Aires and VII ALOGIA Congress with 1200 attendants and 14 latin-american participant countries.
More than 20 SAGIJ biannual congress were made in Buenos Aires, with participation of important national and international guests.
SAGIJ account 600 national and international members and 20 delegations in other states of Argentina. Our Web is visited by more than 300.000 users annually.
SAGIJ scientific Journal has been published from 1994 with more than 10.000 copies, currently in digital format.

More than 100 professionals were certificated in Pediatric and Adolescent Gynecology by SAGIJ in Argentina through the Training Program with theory and practice capacitation, and our annual online courses. SAGIJ has for its teaching activities the endorsement of the National University of La Plata
We have 30 international FIGIJ fellows.

Actually we are able to affirm that we are the country with the most training centers, specialized in Adolescence and Paediatric Gynecology and pioneers in the subject within the Spanish-speaking Americas, for which we want to show our experience in Human Resources Trainers in this area.
Menstrual management can provide several challenges to girls in low-middle income countries. The biggest concern is of school absenteeism among adolescent girls, which can prevent them from success in the school environment and in life. Barriers include: lack of access and ability to change absorbents, lack of privacy, and presence of taboos regarding bleeding. Challenges for girls include heavy bleeding, pelvic pain, and lack of privacy. Progestin intrauterine devices (IUDs), are among the most efficacious and cost-effective means of family planning, and also help with pelvic pain and menstrual management, often leading to amenorrhea in adolescents. However, in developing countries, IUDs remain largely underutilized. In this review, we look at the use of intrauterine devices in developing countries: successes, barriers, and patient/physician opinions. With this knowledge, the next step will be to create an education program in Southwestern Uganda directed towards healthcare providers.
Female genital cosmetic surgery: how should GPs address genital anxiety and requests for surgery from teenagers

Simonis M1
1University Of Melbourne, 2RACGP Expert Committee Quality Care

Poster

The increase in the requests for female genital cosmetic surgery (FGCS) over the preceding fifteen year period, has been identified as a ‘new dilemma for general practitioners’ (Liao, Creighton, 2011). Research shows that nearly all general practitioners (GPs) with a women’s health interest, have been asked about genital normality in women of all ages (Simonis, Manocha, Ong, 2016). Of the same GPs surveyed, thirty-five percent had been asked about FGCS by girls under the age of eighteen years (Simonis, et al 2016).

Doctors have received little education around female genital diversity, the constellation of procedures under the banner of FGCS, the associated risks and management of such requests (Harding, Simonis, Hayes, Temple-Smith 2015; Simonis et. al., 2016). The only existing guide entitled, 'Female genital cosmetic surgery: a resource for general practitioners and other health professionals', (RACGP, 2015), aims to address this gap.

Medicare statistics indicate that there is a rising number of young girls who experience genital anatomy anxiety and have requested FGCS. The completion of genital anatomy maturity is not achieved until at least eighteen years of age, and GPs require an awareness of the joint Royal College of Obstetricians and Gynaecologists and British Society of Paediatric and Adolescent Gynaecologists (RCOG & BritSPAG, 2013) statement which recommends delaying surgery for optimal health outcomes. The current Medical Board of Australia guidelines (2016), do not fully align with the UK recommendations and this presentation will discuss the management of such requests by teenagers, based upon a case study. The discussion will include how to make a waiting room ‘teenager friendly’, how to take a psychosocial history, explore for mental health issues, conduct an examination and identify ‘red flags’ for severe mental health disease including body dysmorphic disorder. Management recommendations and referral pathways will be provided.
Mayer-Rokitansky-Küster-Hauser (MRKH) type II; MURCS association, a case report

Deegan N1, Broderick V1
1National Maternity Hospital, Holles Street, Dublin.

Poster

A 35 year old female was referred to the Paediatric and Adolescent Gynaecology (PAG) services at our unit. She had been diagnosed with Klippel-Feil (KF) syndrome and scoliosis as a child. The patient reported a history of primary amenorrhoea which had been investigated in another unit in the past, but she was unclear of the results of these investigations. She did recall medications being prescribed to induce periods which failed. She had a diagnosis of osteoporosis for which she was on treatment. At the age of 34 the patient was referred to a reproductive endocrinologist regarding reproductive options, whom subsequently referred onto our PAG service.

A thorough history revealed normal development of secondary sexual characteristics with the exception of congenital unilateral breast agenesis for which our patient underwent reconstructive surgery. The patient had never attempted sexual intercourse. There was no family history of note.

Examination revealed short stature, normal BMI and classical features of KF syndrome with short neck, restricted movement of the head and neck, and a low hairline at the back of the head. Vulval inspection revealed normal external genitalia and pubic hair, but pelvic examination revealed a 1cm blind ending vagina. An MRI scan was performed to assess pelvic anatomy. The MRI revealed an absent uterus, absent vagina and unilateral ovary and unilateral kidney, consistent with a variant of Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome, which in conjunction with the history of KF led to a diagnosis of MRKH type II; or MURCS association (MÜllerian duct aplasia, Renal dysplasia, Cervical Somite anomalies). This case highlights the potential delay in diagnosis of these complex conditions due to lack of centralisation of services and the importance of MDT input with involvement of PAG in the setting of primary amenorrhoea on a background of multiple congenital/developmental abnormalities.
Verbal and Non-Verbal Psychotherapeutic (Art Psychotherapy) Intervention and Treatment in Cases of Child Maltreatment

Mori K1, Yokota M1, Kishimoto K1, Kinoshita A1, Fukuda I1, Maeda K1, Yokota I1, Nakadoi Y1

1NHO Shikoku Medical Center For Children And Adults

Poster

Our medical center is a general hospital for children and adults, located in a rural area. As a UK registered Art Psychotherapist, we offer verbal and non-verbal psychotherapy for children and adolescence who have difficulty expressing their emotions and their experiences.

Our Childcare Support Unit (CSU) deals with a range of concerns related to children including teenage pregnancy and child abuse. It provides medical care through childcare outpatient support and offers art psychotherapy (APT) and/or psychotherapy for children and or young mothers.

When CSU suspects a child is being sexually abused, it will send a patient to our Perinatal Medical Center (PMC) where a patient will be checked and the information will be shared. PMC also plays an important role that it can offer young patients the sex education. In some cases, young patients have Developmental Disability and the sex education will be difficult. Our Child and Adolescent Psychiatry Unit will run a test and diagnose patients and the team will discuss how we can educate them.

Our Medical Genetics Center (MGC) has its role as an advice center for patients with hereditary diseases such as Turner Syndrome and Primary Hypogonadism. These patients may have difficulty accepting their body and may suffer from identity crisis. The Center also provides APT and hereditary testing through collaboration between the expert, doctors and childcare workers.

Depends on the age and or the situation but it is always difficult for these children to realize the facts and accept themselves. Sometimes, it is about their bodies, sexualities or identities. Medical intervention could be too invasive for some people. However, non-verbal psychotherapy approach are very helpful for these cases. It takes some time but they can start re-creating their images or their Identities by using art materials.
A feasibility audit of dietetic services for adolescent gynaecology patients at an Irish tertiary referral centre

O’Brien E, Broderick V, Curran S

National Maternity Hospital, Dublin, Ireland

Poster

Diet, physical activity and lifestyle modifications are required to manage underweight, overweight and obesity among adolescents who attend tertiary gynaecology services. Recently, a new dietetic service was established to run concurrently with the multidisciplinary team at the National Maternity Hospital, Dublin, Ireland, however a feasibility of this service has not been evaluated to date.

A review of adolescent gynaecology patients attending the dietitian was conducted from October 2018 to July 2019. Dietary and lifestyle management includes: education on healthy eating, setting patient-centred goals, improving self-efficacy in preparing meals, increasing physical activity and reducing sedentary activity and screen time. Data relating to reason for referral, number of review appointments, initial weight and BMI, review weight and BMI, and compliance with lifestyle goals were collected.

During the review period, 18 girls (age range 16–25 years) were referred to the dietitian, of which the majority (n=16), related to high BMI. Attendance at the initial assessment with the dietitian was 15 (83%). A follow-up appointment was scheduled for all girls who attended the initial assessment, but two did not attend and were subsequently discharged. Of the 13 girls who engaged with the service, 8 completed their care and were discharged while 5 remain under dietetic services. All patients who completed their care were compliant with some aspects of the lifestyle advice and 5 (62.5%) achieved their weight management goals (high BMI referral and significant weight loss (n=4); low BMI referral and appropriate weight (n=1)).

While attendance was moderate and compliance with dietetic advice was good, the primary treatment outcome of weight management was not achieved by all patients. Exploring novel methods of engagement with adolescents, ensuring patient consent to referral and the potential to broaden the service to include psychology are all avenues worth exploring to promote healthy lifestyle behaviours among this group.
Almost 95% of ectopic pregnancies are implanted in the various segments of the fallopian tube and can lead to either fimbrial, ampullary, isthmic or interstitial pregnancies. Sometimes, a multiple pregnancy includes a product of conception with normal uterine implantation and one with ectopic implantation. The natural incidence of these heterotopic pregnancies is about one in 30,000 pregnancies. However, due to Assisted Reproductive Technologies (ART), its incidence has increased to 1 in 7000 pregnancies.

CASE REPORT: A 26 years old female patient was admitted to the Obstetrics and Gynecology Department in our hospital. 6 hours before her admittance, she developed a sharp, intense pain in the left iliac fossa, and she reported 7 weeks amenorrhea and no birth control method. Vaginal examination and bimanual exploration of pelvis revealed pain when the left fornix was examined. The urine test for pregnancy was positive. A transvaginal ecosonography reported endometrium 8 mm thick, and a small amount of liquid in the pelvic area and cul de sac, with a heterogeneous image in the left annex; right annex could not be observed. Therefore, we decided to perform an exploratory laparotomy. During the surgery, we found approximately 50 ccs of hemoperitoneum, with rupture of the left salpinx. The evaluation of the right annex revealed also a tumor of approximately 3 x 3 x 2 cm, in the ampullary region, and the surgeon decided to perform a bilateral salpingectomy, suspecting a bilateral ectopic pregnancy. The histopathological study confirmed a bilateral ectopic pregnancy, with rupture only in the left pregnancy.

DISCUSSION: Ectopic bilateral spontaneous pregnancy is very uncommon. The definitive diagnosis of ectopic pregnancy, whether unilateral or bilateral, is obtained only after visualizing chorionic villi in the histopathological sample of the fallopian tubes. During surgery, both tubes should be examined carefully and preferably the entire pelvic area.
To do or not to do? Hysteroscopy in an adolescent

Choo S1, Li S1, Logan S1
1National University Hospital

Poster

Introduction
Abnormal uterine bleeding (AUB) is a common problem in adolescents. Usually due to an immature hypothalamic-pituitary-ovarian (HPO) axis/anovulation, rarer conditions can present.

Case presentation
A 16 year old girl, virgo intacta, with menarche at 11, presented to emergency department following a syncopal episode. Haemoglobin was 7.2g/dl. She reported monthly menstrual bleeds lasting for 7 days, associated with large clots and flooding. A pelvic ultrasound did not reveal any abnormalities other than a vagina distended with blood. Her platelet counts, thyroid screen, coagulation screen and Von Willebrand screen were normal.
Due to symptoms of anaemia, she was admitted. Despite a variety of hormonal treatments including high dose intra-muscular & oral progestogens, high dose oral combined hormones, GnRH analogues and tranexamic acid, her vaginal bleeding remained refractory. Eight units of blood were transfused.

On day 9 of admission, she underwent EUA, hysteroscopy & D & C. A 2cm x 1cm prolapsed endocervical polyp distending the cervical os was found to be actively bleeding. Her uterine cavity was otherwise normal with no bleeding. No other structural abnormalities were noted. Her bleeding resolved post op. The polyp and uterine curettings were sent for histology which reported complex hyperplasia without cellular atypia. This is currently managed by oral progestogens, with IUS insertion planned at next endometrial sampling in 6 months.

Conclusion
There was an initial hesitancy to perform a diagnostic hysteroscopy, due to her age. However, should bleeding be refractory to hormonal methods, surgery should be performed sooner rather than later, to reduce length of hospitalization, quantity of transfusion and secure a diagnosis. The acronym PALM COEIN is applicable for adolescents.
Inguinal hernia with adnexal twist

Chown I\textsuperscript{1}, Julania S\textsuperscript{2}, Hunter T\textsuperscript{1,3}, Barker A\textsuperscript{3}

\textsuperscript{1}University of Western Australia, \textsuperscript{2}King Edward Memorial Hospital, \textsuperscript{3}Perth Children’s Hospital

Poster

We report two cases of inguinal hernia with adnexal torsion from Western Australia’s single tertiary children’s hospital over the last 10 years.

The first case is of a 6.5-month old girl who presented with an inguinal swelling and vomiting. On examination, an irreducible inguinal hernia was noted. The patient underwent a bilateral inguinal hernia repair and intraoperatively a left sided adnexal torsion was diagnosed. An inguinal herniotomy, detorsion and ovarian reduction was performed.

The second case is a 12-year-old girl who presented with a left inguinal lump and abdominal pain. Outpatient ultrasound suggested a strangulated inguinal hernia. On examination there was an irreducible inguinal hernia which was tender to palpate. Intraoperatively, during inguinal herniotomy, torsion of the left ovary and fimbrial appendage was noted. The torted fimbrial appendage was removed as it was necrotic.

The presence of an irreducible inguinal hernia containing a tender mass should raise the possibility of a strangulated viscus, with an ovary the most likely in a young female.\textsuperscript{1} It is well documented that that ovaries in inguinal hernias not only have the chance to strangulate but also to tort, leading to ovarian damage.\textsuperscript{1,2}

Awareness amongst gynecologists of ovarian torsion within irreducible inguinal hernias is important as the ovarian torsion may have an impact on future reproductive outcomes. Both patients discussed have not received follow-up ultrasounds to assess their ovarian function. This highlights a possible gap in our knowledge regarding on-going management and follow-up of such patients. We suggest a multidisciplinary discussion, involving both the surgeons and paediatric gynaecologists, is needed to ensure optimal surgical and reproductive outcomes.

Uterus transplantation: Perspectives of Australian women with absolute uterine factor infertility regarding treatment desirability and utility

Pittman J¹, Morrison N¹, Chan W¹, Mogensen L¹, Brannstrom M², Hanafy A³
¹Western Sydney University, School of Medicine, ²Sahlgrenska Academy, University of Gothenburg, ³Bond University

Poster

Background: Uterus transplantation is an emerging surgical innovation offering the option of both genetic and gestational motherhood to women with absolute uterine factor infertility. More than fifteen centers world-wide have now commenced clinical trials, with thirteen live births reported in the literature, but the procedure has not been performed in Australia.

Aim: To explore the awareness, attitudes and perceptions of uterus transplantation amongst Australian women with absolute uterine infertility.

Materials and Methods: A survey targeting Australian women with absolute uterine factor infertility was distributed online. The participants completed a 66-item survey, which included demographic data, infertility circumstances, prior options considered for motherhood and current wellbeing. Followed by specific questions regarding knowledge and views on uterus transplantation, the participants also completed the validated Fertility Quality of Life Measure (FertiQoL).

Results: All 57 respondents (90% response rate) indicated awareness of uterus transplantation. More than two thirds of the women indicated a strong desire to carry their own child, with an even higher number (80%) endorsing the need for the procedure to be an option in Australia. Donor model options require further exploration, as the majority of responding women did not have an available donor. FertiQoL scores varied depending upon the individuals’ uterine factor infertility sub-grouping. Women diagnosed with Mayer-R Mayer–Rokitansky–Küster–Hauser syndrome were found to have higher quality of life scores, than other women going through infertility.

Conclusions: This study indicates that uterus transplantation is desired by the majority of Australian women with absolute uterine factor infertility. The FertiQoL scores suggest that some infertility sub-groups psychologically may be stronger candidates for uterus transplantation than others. The clinical successes shown in other countries, and the strong desire indicated by women in this study suggest that clinical introduction of uterus transplantation in Australia should be considered and explored further with trials.
A CASE SERIES OF CONGENITAL OBSTRUCTIVE CERVICAL ANOMALIES – NOT A SINGLE PROBLEM BUT MANY VARIATIONS

Knox B1, Moeed S2, Moore P3,4, Jayasinghe Y4, Grover S3,4
1Royal Women’s Hospital, 2National Women’s Health, Auckland City Hospital, 3The Royal Children’s Hospital Melbourne, 4The University of Melbourne

Poster

Objective: To report a case series of congenital obstructive cervical anomalies (commonly called ‘cervical agenesis’), the spectrum of these anomalies and their diagnostic challenge.

Methods:
Description of cases of obstructive cervical anomalies, their investigations and management in a Paediatric and adolescent gynaecology service at a tertiary hospital.

Results:
17 cases of congenital obstructive cervical anomalies were identified. Dysmenorrhea(n=6) or pelvic pain (n=10) was the presentation for all but one case, who presented with primary amenorrhea without pain. Vaginal agenesis was present in 10. Of those with a unilateral intact mullerian tract with an obstructed system on the contralateral side, the obstructed side was fused in 4 of 6 cases; all had an absent kidney on the obstructed side. Uterine shape in those with amenorrhea was normal in 4; bicornporeal uterus (n=1); hemiuterus (n=4); septate in 1; bicornuate in 1. Three women had syndromic conditions and two had multicystic renal disease.

Eleven young women underwent utero-vaginal anastomosis aiming to preserve future reproductive potential and 6 had removal of a uterine horn in their duplicated and partially fused system. Successful anastamosis and subsequent menses in 10 of 11 cases with followup between 2 and >10 years, and resolution of the dysmenorrhea in all cases where a unicornuate hysterectomy was undertaken.

Conclusion:
Congenital obstructive cervical anomalies may consist of complete absence of the cervix (agenesis), partial absence or dysplasia of the cervix, with all forms resulting in cervical obstruction. The cervical anomaly may occur with an otherwise structurally normal uterus and tubes or with duplicated (non-fused/fused) systems, and with/without associated vaginal agenesis. Management of these cervical anomalies varies widely, with some surgical procedures rendering the young woman infertile by undertaking a hysterectomy, and others preserving fertility with procedures such as utero-vaginal canalization, anastomosis, or hemi-hysterectomy in the presence of a duplication where one system is intact.
Objectives: The objectives of our study were: (1) to review the cases of adolescents presenting to a tertiary level pediatric hospital over a 12-month period, (2) to develop, via a multidisciplinary team, a protocol for the management of acute heavy menstrual bleeding in an emergency department setting, and (3) to conduct a review of the use of the protocol for the purpose of quality improvement.

Methods: A retrospective chart review was first conducted over a 12-month period. All cases of patients presenting to the British Columbia Children’s Hospital (BCCH) with an ICD code for “heavy menstrual bleeding” were identified. 34 cases were identified, of which 17 were reviewed in detail. Following this a multidisciplinary focus group was created with input from pediatric gynaecology, hematology, emergency medicine, and pharmacy, and a protocol for management of heavy menstrual bleeding was developed and implemented.

Results: In the initial chart review, the average age of presentation for heavy menstrual bleeding was 14 years old, and patients had an average age of menarche of 14. 30% reported irregular cycles. 15% were found to have mild anemia, and a further 15% were found to have moderate anemia. 15% were tachycardic on initial presentation, and 10% had hypotension. The majority of patients were treated with tranexamic acid and combined oral-contraceptive pills, and there was an 82% rate of referral to pediatric gynaecology. A protocol was then developed for management of patients presenting with acute heavy menstrual bleeding. Patients were stratified by severity of bleeding (determined by level of anemia and abnormal vital signs), and a separate management pathway was developed for each group. The results of the QI portion of this study were pending at the time of submission of this abstract, but will be available prior to presentation.
Histiocytosis of Langerhans – TWO CASES: vulvar involvement

**CONCEJERO C**, SCHULIN - ZEUTHEN C, PASTENE C, PARTARRIEU 2 S

1Clinica Las Condes, 2Hospital Roberto Del Rio

Poster

Langerhans cell Histiocitosis (LCH), is a rare disease, characterized by proliferation of this cell type, which can be locally or sistemic. Involvement of genital tract is rare, being the vulva the most frequently site affected. Five year survival is 84%, with a recurrence of 27% at five years (1). We report two cases of vulvar LCH in young girls.

Case 1: 6 y.o , with a history of probable LCH with thoracic spine compromise, (biopsy differed due to difficult approach). Was referred to gynecology with a history of one year of evolution of asymptomatic vulvar lesions that were increasing. The genital exam showed three vulvar lesions, that were biopsied. Anatomopathological findings were compatible with LCH. The oncology committee decided to start chemotherapy given multisistemic disease (spine and genitalia).

Case 2: Infant of 11 months with a history of multisystemic LCH, in chemotherapy by protocol. Presented with four months of progression of asymptomatic vulvar lesions that were increasing during the last months, was referred to gynecology service. The examination reveals two vulvar lesions, with irregular edge and depressed center highly suspicious of LCH, given primary diagnosis of multisystemic LCH and the appereance of the lesions biopsy was not performed. The patient started with a new chemotherapy protocol. The team evaluate the response of vulvar lesions to treatment, follow up at one month showed completely resolution of vulvar lesions.

Comments: Genital involvement in LCH is less frequent. The clinical suspicion and biopsy is vital for the diagnosis a procedure that is rarely performed in girls. Knowledge and familiarization with the genital LCH by gynecologist is very important in order to not delay diagnosis and treatment in this condition with multisistemic compromise.

1.-Jorgensen EM J Pediatr Adolesc Gynecol. 2018 Apr;31(2)
Teen male parents, a maternal heritage: A Nuevo León, Mexican cohort

Pineda-Serrano J1,2, Hernandez-Escobar C1,2, Nava-Guerrero E1,2, Ramos-Reyes A1,2, Mendoza-Calderón J1, González-Morán D1, Carrete-Corral J1

1Tecnologico de Monterrey, 2Secretaria de Salud de Nuevo Leon

Poster

BACKGROUND: There is a predisposition in the daughters of adolescent mothers that puts them at risk of becoming adolescent mothers (East, 2007), however, there are not enough studies about the linking of male children of adolescent mothers. Our study analyzes the connection between a history of adolescent mothers and teen male parents, moreover the association with teen pregnancy and a positive screening for adverse social conditions. METHODS: With IRB approval trained medical personnel, to improve fidelity to patient’s perception and data collection, did a personalized interview with standardized format to 80 male biological parents of teenage pregnancy from a public secondary referral hospital in Nuevo León, Mexico. Its purpose was to screen for major risk factors in teenage pregnancy. RESULTS: The study analyzed the association between the age of the first pregnancy of the mothers, socioeconomic factors and adolescent pregnancy in Nuevo Leon, Mexico. The results show a clear relationship between being a son of a teenage mother and a future pregnancy during adolescence. CONCLUSIONS: Results show that 54% of the interviewees were teenage parents and 54% of the mothers of the male couples interviewed reported having had their first pregnancy during their adolescence, the average being 17 and 18 years. Finally, 36% reported the use of drugs in their local community, likewise, 33% reported alcoholism, 31% violence and only 5% prostitution.

The Phenotypic Spectrum of Kabuki Syndrome in Patients of Chinese Descent

Wang Y1, Li N1, Su Z1, Xu Y2, Liu S1, Chen Y1, Li X1, Shen Y, Wag J1, Wang X1, Bodamer O3,4
1Shanghai Children’s Medical Center affiliated to Shanghai Jiao Tong University School of Medicine, 2Shenzhen Children’s Hospital, 3Boston Children’s Hospital, 4Broad Institute of MIT and Harvard University

Poster

Background: Kabuki syndrome (KS) is a rare dominant disorder of transcriptional regulation with a complex phenotype including cranio-facial dysmorphism, intellectual disability, developmental delay, hypotonia, failure to thrive, short stature and variable cardiac and renal anomalies. Mutations in either KMT2D or KDM6A cause KS. While the phenotype of KS has been reported in many ethnicities, little is known about the phenotypic spectrum of KS in China.

Methods: Fourteen Chinese patients with genetically confirmed KS from 2 different hospitals were evaluated in detail in addition to eleven Chinese patients who were identified from the medical literature. The phenotype of these 25 Chinese patients was compared to that of 449 patients with KS from other ethnicities, published in the medical literature. In addition, we explored the utility of Face2Gene, a commercially available facial recognition software in recognizing KS as the underlying diagnosis based on facial gestalt.

Results: All 25 patients with KS carried de novo, heterozygous likely pathogenic or pathogenic variants in either KMT2D or KDM6A. Three out fourteen patients were female, the mean age of genetic diagnosis was 4 years 1 month (3m-10.7y). Aspects of the facial gestalt including arched and broad eyebrows (25/25 100%), lateral eyebrows sparse or notched at one third of the distal end (18/18 100%), short columella with a concave nasal tip (24/25 96%) and large, prominent ears (24/24 100%) were more frequent in Chinese compared to non-Chinese patients (P<0.01). In contrast, the reported frequencies of microcephaly (2/25 8%), cleft lip/palate (2/25 8%) and cardiac defects (10/25 40%) were lower in Chinese compared to non-Chinese patients. All patients in our cohort were recognized by F2G as KS.

Conclusion: The phenotypic spectrum in Chinese patients with KS may be different, although larger population studies in China are needed to confirm these preliminary findings.
Complication of dilator use for neovagina creation in adolescent diagnosed with Mayer-Rokitansky-Kuster-Hauser (MRKH) syndrome

**CASE:**
19-year-old with the diagnosis of MRKHS, who started 3 weeks before the visit with vaginal dilators use by her own. The patient presented with genital pain. On exam she exhibited normal secondary sexual characteristics, absence of the vagina with a central fluctuating mass of 6 cm, direct pressure revealed purulent drainage. The fluid was sent for cultures. MRI reported a right skene gland abscess. The patient underwent surgery for drainage and marsupialization.

**CONCLUSION:**
To prevent neovagina complications with vaginal dilator use among adolescent girls affected by MRKH, the education is an integral part of improving compliance and risks reduction. The complications identified in this case provide new insights to inform and give educational material for clinical management.

Spontaneous formation of a neovaginal tract in a patient with congenital distal vaginal agenesis

Chappell G, Morris A
1University Of Manitoba

Poster

Introduction: Congenital distal vaginal agenesis is a rare anomaly characterized by a congenitally absent distal vagina in the presence of a normal cervix, uterus, and upper vagina. Due to the rarity of this condition, a limited body of literature surrounds its natural history, sequelae, and treatment.

Case Description: We present a case in which an 11-year-old female presented with cyclic pelvic pain occurring monthly over the previous three months and a history of chronic urinary tract infections. Upon examination, she was found to have complete agenesis of the distal vagina with normal Mullerian structures; imaging revealed significant hematometrocolpos as the cause of her pain. The patient was placed on menstrual suppression and improved somewhat over the subsequent four months.

She then re-presented with copious old blood draining from her perineum in the context of two weeks of worsening pelvic and perineal pain. Examination under anesthesia and cystoscopy showed that the source of the bleeding was a new tract connecting the distal uterus to a small epithelialized opening on the vulvar vestibule inferior to the urethra, without evidence of vesicouterine fistulization. This tract was dilated and cannulated for one week.

At the time of writing, the patient’s pain had resolved completely. She has been menstruating functionally through this neovaginal tract, although she has had some intermenstrual spotting. She will trial a cyclic oral contraceptive pill with the intent to regulate her bleeding and may consider further neovaginal dilation in the future.

Discussion: This case, in which a neo-vaginal tract formed spontaneously in a pediatric patient with chronic abdominal pain secondary to hematometrorcolpos and congenital vaginal agenesis, is the first such case that has been described in the literature. This case serves to improve understanding of the natural history of congenital vaginal agenesis and exemplifies a novel sequelae of this rare condition.
Oblique vaginal septum syndrome in children: a report of two cases and literature review

Zhu L¹, Sun L¹, Shen Q¹, Chen D¹, Jin L¹
¹The Children's Hospital, Zhejiang University School Of Medicine

[Abstract] Oblique vaginal septum syndrome is a congenital malformation of reproductive tract, which often presents clinical symptoms after menarche. The main clinical symptoms of adolescent girls are secondary, progressive dysmenorrhea or hydro- or pyocolpos. However, few symptoms are presented in infants or children, which makes this syndrome rarely recognized. Two little girls (aged of 21 months and 4 years separately) of oblique vaginal septum syndrome which were represented as massive vaginal discharge were discovered in our department. Through these two cases of oblique vaginal septum syndrome were reported, this paper discusses the clinical manifestations, diagnosis and treatment of oblique vaginal septum syndrome in infants and children, so as to improve the recognition of oblique vaginal septum syndrome in young girls and to prevent missed diagnosis and misdiagnosis.

[Key words] oblique vaginal septum syndrome; children; vaginal discharge; renal agenesis
FINAL RESULTS OF THE PREVALENCE OF SEXUAL TRANSMISSION INFECTIONS (STI) IN YOUNG WOMEN WHO COME TO AN AMBULATORY GYNECOLOGICAL CONSULTATION

Parera N, Aguilar C, Martínez-Vargas L, Suárez M, Adserà M, Rodríguez N, García S, Tressera F, Martínez F

Poster

Introduction: There is an increase in STIs among sexually active young people. Some official organisms (ACOG) recommend screening in this group. In Catalonia (Spain), the prevalence of Chlamydia is about 5.8%.

Objectives: To know the prevalence of Chlamydia, Gonococcus and Human Papilloma Virus (HPV) infection in our population to establish whether a screening program is advisable and its relationship with contraception and other factors.

Methods: Women between 18 and 24 years old who have been attended in our clinic and agreed to participate in the study have been included. Samples for cervicovaginal cytology, Chlamydia and Gonococcal tests were obtained by cervical swabs for PCR (chromatographic immunoassay) and a questionnaire including personal data, sexual behavior and contraception was answered.

Results: Data from 516 patients have been analyzed. Sexual orientation: heterosexual 90.1% (465), homosexual 1.2% (6), bisexual 8.7% (45). Average of sexual partners was 4.3±3.9, 1.8±1.4 in the last year, and 26.2% (134) with a new sexual partner in the last 3 months. Contraceptive methods(%): condom 66.8, pill 31.6, ring 5.7, patch 0.8, implant 0.4, IUD 0.8, withdrawal 3.5, no method 1.6. Chlamydia infection was detected in 23 women (4.5% [95% CI: 2.9%-6.6%]), a lower prevalence than that one reported for the general population. Positive HPV was detected in 51 women (9.9%) and there was no single case of Gonococcus.

No relationship was observed between STIs and sexual orientation, age of first sexual intercourse or type of contraception. Chlamydia infection was associated significantly with a greater number of sexual partners (7.3±5.5 VS 4.2±3.7), number of partners in last year (1.8±1.3 VS 2.7±1.8) and VPH infection (15.7 VS 3.2).

Conclusions: Prevalence of Chlamydia in our population is 4.5 % and HPV 9.9%. Chlamydia infection increase with the number of sexual partners, the number of partners in last year, and VPH infection.
1

Body mass index and body composition of adolescent girls with and without premenstrual syndrome.

Mizgier M¹, Jarząbek-Bielecka G², Drejza M², Kędzia W²
¹Department of Morphological and Health Sciences, Dietetic Division, Faculty of Physical Culture in Gorzów Wlkp., Poznan University of Physical Education, ²Department of Gynaecology, Faculty of Perinatology and Gynaecology, Teaching Hospital of Obstetrics and Gynaecology

Poster

Background:
Premenstrual syndrome (PMS) is reported by up to 85% of women in reproductive age. No studies have demonstrated the associations between PMS, BMI (body mass index) and body composition.

Objectives:
The objective of this study was to compare BMI and body composition between patients, who were girls in reproductive age, with and without PMS.

Material and Methods:
Body mass index and body composition, included fat mass (FM), fat free mass (FFM) and total body water (TBW) were compared between 233 women with PMS and 243 healthy controls selected among 18-year-old girls, who were patients of the Gynecology and Obstetrics Clinic of the Gynecology and Obstetrics Training Hospital, Poznan University of Medical Sciences. P values<0.05 were considered significant. Body mass index was calculated using body mass and body height (BMI=kg/m²) and body composition was measured using bioelectrical impedance analysis.

Results:
The result of this study showed that more than twice as many women with PMS were observed in the group with BMI <25.
Significantly higher values of FM (%) and FM (kg) were observed in women without PMS (p=0.0010 and p=0.0001 respectively). In contrast, significantly higher values of FFM (%) and TBW (%) were observed in girls with PMS, p=0.0001 and p=0.0001 respectively.

Conclusion:
Women with BMI <25, higher values of FFM and TBW are more likely to have PMS.
Further studies are required to confirm and validate the relationships between body mass index, body composition and PMS.
A previously healthy 15 year old presented with painful vulval ulcers followed by the onset of profuse watery diarrhoea and low-grade fever. The ulcers appeared approximately 36 hours prior to diarrhoea, which was greater than 10 episodes per day, watery, with no blood or mucous. She had no vomiting. No previous history of bowel problems or genital ulcers. Past medical history included iron deficiency, migraines, and she was on the oral contraceptive pill for heavy menstrual bleeding but had never been sexually active. She had no recent travel history and no known sick contacts.

On examination, she had a low-grade temperature of 37.8 degrees, she had bilateral purulent labial ulcers with necrotic base on the labia minora, surrounding mild oedema and evidence of cellulitis. White cell count 6.2, C-reactive protein 60, swabs for herpes simplex and culture returned negative. Her stool culture was positive for Salmonella typhimurium. Blood cultures had not been taken as she was not septic during admission.

She was admitted for intravenous (IV) fluid replacement, analgesia and IV metronidazole and flucloxacillin for suspected bacterial superimposed infection while awaiting swab and culture results, and was discharged the following day on amoxicillin/clavulanate with a plan for follow-up. She had good clinical resolution of symptoms.

Salmonella gastroenteritis is an uncommon cause of genital ulcers and there have been case reports in the literature. All identified published cases have been typhoid or paratyphoid, and this is the first known publication of a case of Salmonella typhimurium causing genital ulceration. Salmonella-related ulcers have been described as punched out, and often purulent and necrotic[1]. In non-sexually active adolescents differentials include Crohn’s disease, Epstein-Barr virus, apthous ulcers and Behcet’s disease[2].


Disorders of sexual development (DSD) consist of ‘congenital conditions with atypical development of chromosomal, gonadal, or anatomic sex’. They cause significant psychological impact upon patients and their families. A search of MEDLINE, EMBASE and Clinical trials USA and Australia was conducted using MESH terms ‘disorders of sexual development,’ ‘psychology’ and ‘quality of life.’ Four themes emerged from the literature search; psychological support and treatment for parents and patients, the need for holistic management, quality of life assessment and identification of sociocultural factors that impact psychological health in DSD patients. Educating medical and paramedical staff is crucial to ensure adequate early assessment, diagnosis, counselling, and where appropriate management. Caution should be exercised in early genital surgery to ease parental distress, rather this should be a team-based decision at an appropriate age where the individual can be involved in the consent process. Psychological input should be specialised to the individual and more readily accessible.
Introducing the National Ovarian and Testicular Tissue Transport and Service (NOTTCS)- the First Centralised Cryopreservation Service in Australia

Sii S1
1Royal Women's Hospital

Poster

Fertility preservation is a topical issue and a recognised health need for young patients who face the risk of subfertility after cancer or other life threatening medical treatment. Both international and national guidelines recommend that fertility preservation be offered as an essential part of cancer management. Ovarian tissue and oocyte preservation provides an opportunity for young cancer patients to restore fertility and the expectation of having a normal life and own children in adult life. It is no longer considered experimental. To date, over 140 births are being reported as a result of ovarian tissue cryopreservation.

The Fertility Preservation Service provided at the Royal Women’s Hospital, Melbourne began in 1991. Through this, approximately 200 patients in need of fertility preservation are seen per year and cared for by a multidisciplinary team. The commonest cancers in adolescents and young women are haematological cancers, followed by breast cancers and sarcomas, with the average age at referral being 21.4 years. Approximately 90% of young cancer patients have a close to normal life expectancy after treatment. Currently, the RWH stores tissue from over 1000 patients and receives approximately 100 testicular and ovarian tissue transport referrals and 10 grafting requests annually.

Access to egg and embryo freezing is available around Australia but there is an urgent, unmet need for gonadal tissue cryopreservation. Gonadal tissue cryopreservation is the only option for pre-pubertal girls and boys, in whom gamete cryopreservation is not possible. The establishment of the National Ovarian and Testicular Tissue Transportation and Cryopreservation Service (NOTTCS) will be the first centralised transport and storage service in Australia. Our program will allow equitable access for highly specialised ovarian or testicular tissue harvesting, storage, transport and subsequently grafting, allowing restoration of endocrine and reproductive function in young cancer patients and making a life-changing difference to their future.
THE EFFECT OF PREMENSTRUAL SYNDROME ON EMOTIONAL REGULATION IN MEDICAL FACULTY STUDENTS OF UNIVERSITAS PELITA HARAPAN

Sugiarto A

University Of Pelita Harapan

Poster

Background: Premenstrual syndrome (PMS) usually occurs during premenstrual phase and affect 70-90% of young women. Previous studies have mentioned the involvement of progesteron level during lutheal phase as one of PMS etiology, but the condition is poorly diagnosed. PMS with untreated symptoms can lead to serious psychological problem. Premenstrual Dysphoric Disorder (PMDD) is described by DSM-V as a psychiatric disorder that occurs during premenstrual period. PMS and PMDD are often associated with mood instability and poor emotional regulation.

Aim: The aim of this study is to determine the effect of PMS on emotional regulation.

Method: This is a cross-sectional study on students in medical faculty. Data were collected using Premenstrual Symptoms Severity Test (PSST) and Difficulty in Emotion Regulation Scale (DERS) questionnaire during April-May 2018. Data were analyzed using ANOVA statistic test and Spearman correlation.

Result: we collected data from 89 respondents that show that 71 (72,5%) did not experiencing PMS, 23 (23,5%) had PMS, and 4 (4,1%) had PMDD. ANOVA test shows that respondents without PMS and those who had significantly have better emotional dysregulation (p=<0.001 and 0.017 respectively). Correlation analysis result shows increased risk of poor emotional regulation for respondents with PMDD (r = 0.386 and p=<0,001).

Conclusion: Severity of premenstrual syndrome increased risk of poor emotional regulation during premenstrual periods.
Experiences of a MRKH Support Group

Mahajan T1, Morrisey J1, Juan Y1, Deans R1,2

1The Royal Hospital For Women, 2The University of New South Wales

Poster

Introduction:
Women with Mayer-Rokitansky-Kuster-Hauser (MRKH) syndrome suffer high rates of psychosocial distress. Group programmes and group cognitive behavioural therapy (CBT) have been shown to be effective in addressing this.
A MRKH support group was established at the Royal Hospital for Women (NSW, Australia) in 2014. The aim was to bring together women with MRKH syndrome for meetings. Sessions included current research in MRKH, developments in treatment, fertility and family planning, personal experiences and psychological support. Female supports were also invited.

Aim:
To review the experiences of women and their support people who attended the MRKH support group.

Methods:
Feedback forms were distributed in the 7 meetings from April 2014 - September 2018.

A Likert scale was used for attendees to evaluate the quality, presenters, interest in future meetings and the appropriateness of male supports attending. They were also asked to comment on their experience.

A retrospective analysis of these forms was performed.

Results:
A mean of 30 people (22 - 38) attended each meeting and a total of 127 feedback forms were completed. Of these, 115 (90.6%) responded “very good” when asked about the overall organisation of the meeting. 127 (100%) respondents agreed that presenters at these meetings were “good” or “very good”. Most also agreed that the schedule and time allocated to each session was appropriate.

41 (32.3%) respondents said that they would not attend if male support people were invited. 73 (57.5%) agreed that they wanted separate group sessions with female supports.

Comments showed that women were grateful to meet others with the condition and felt less isolated.

Discussion:
The MRKH support group is a unique initiative that has been well received and effective in offering psychosocial support for women with MRKH.

There should be widespread availability of these groups as they provide valuable information and psychosocial supports.
Ab ovo – medical and humanistic deliberations on health and fertility in Paediatric and adolescent gynaecology.

Jarząbek-Bielecka G1, Mizgier M2, Drejza M1, Kędzia W1
1Department of Gynaecology, Faculty of Perinatology and Gynaecology, Teaching Hospital of Obstetrics and Gynaecology, Poznan University of Medical Sciences, 2Department of Morphological and Health Sciences, Dietetic Division, Faculty of Physical Culture in Gorzów Wlkp, University of Physical Education

Poster

Background:
Paediatric and adolescent gynaecology, is a field that was separated out of general gynaecology because of the differences in physiology and pathology of the female genital system during its development. Many problems in sexology and gynecology, including pediatric and adolescent sexology and gynecology are connected. The meaning of the Latin term Ab ovo is ‘from the egg’ or ‘from the very beginning’, and it originates from the proverb Ab ovo ad mala, literally ‘from the egg to apples’, i.e. ‘from the beginning to the end’; Within this perspective, the authors have now addressed key aspects of health right from the very beginnings of a human’s life.

Objectives
To promote both physical and mental health taking into account healthy lifestyle, physical activity, but above all else, diet (by literally promoting the nutritional value of eggs). The egg concept also embraces aspects of fertility and sexuality, includes medical issues of concern to the sciences of the reproductive system.

Materials and methods
An analysis of the literature on health.

Discussion
A healthy lifestyle means rational nutrition, appropriate physical activity, coping with stress, sufficient sleeping time, absence of harmful addictions. According to the WHO and Ab ovo, egg protein is the gold standard of nutrition, because of the high biological value. In ancient times, the egg was significant in three respects: as a symbol of the world, symbols of the aforementioned fertility and life renewal, along with being a cult object.

Conclusions
Thus summarizing, the greatest significance and influence on health (including sexual health) is through adopting a pro-healthy lifestyle, i.e. when conscious efforts are made to maintain and protect health right from the very start... ‘Ab ovo’.
A Novel Mutation in the Insulin Receptor (INSR) Gene in an Adolescent Female with Hyperandrogenism (HA), Insulin Resistance (IR) and Acanthosis Nigricans (AN)

Joseph K1, Boulware S1, Caprio S1, Vash-Margita A1

Yale University

Poster

Background: Type A IR syndrome is a genetic disorder caused by mutations in the INSR. These mutations result in a constellation of signs and symptoms including hyperglycemia, IR, severe AN and HA. This condition leads to early onset of complications of diabetes and profound negative health effects related to HA. We present a case of an adolescent female with the phenotypic features of type A IR syndrome and a novel missense variant in the INSR gene.

Case: A 9 yo African-American female presented with polyuria and polydipsia and a fingerstick glucose 298mg/dL. Exam was notable for severe AN; glucose 124mg/dL; urinalysis 3+ glucosuria. Impaired glucose tolerance progressed to type 2 diabetes mellitus. Patient was started on metformin. At 15 y/o she remains premenarchal with BMI of 26.3kg/m2 (92nd %ile), Tanner stage 3 breast, severe facial and body hirsutism, deepened voice, cystic acne and clitoromegaly. Total testosterone 287ng/dL (ref range: <34ng/dL), free testosterone 63.1pg/mL (<3.7pg/mL); karyotype 46,XX; leptin 2.9ng/mL (1.4-16.5ng/mL); HgbA1c 11.5%. Pelvic imaging: prepubertal uterus, endometrial stripe 3mm, mildly enlarged ovaries (9.7mL and 11.0mL) with multiple tiny follicles. Abdominal MRI: normal adrenal glands. Extended genetics panel: heterozygous missense variant of uncertain significance (VUS) in the INSR gene (exon20:c.T3604C:p.Q1202R). Treatment includes metformin, insulin, GLP-1 analogue, transdermal estradiol and spironolactone.

Comments: We present a rare case of an adolescent female with severe IR, poorly-controlled T2DM, AN and virilization due to significant HA. Our patient has the phenotypic features of type A IR syndrome and it is likely that the identified VUS is pathogenic. Parental genetic studies will help to further characterize this VUS. Currently there are no treatment guidelines for this condition; management decisions are based on case reports. Our case report describes a novel variant of the INSR gene thus aiding in the diagnosis and clinical care of this rare condition.
DISORDERS OF MENSTRUAL FUNCTION IN ADOLESCENTS WITH AUTONOMIC DYSFUNCTION

Tuchkina I, Tuchkina M, Merenkova I, Gnatenko O, Dobrovolskaya L

1Kharkiv National Medical University

Objectives. In recent years, in gynecological patients of adolescent age of the Kharkiv region, the frequency of extragenital pathology reaches 75-80%. Her significant part is neurological disorders. The purpose of the present work was to study peculiarities of the clinical symptoms and optimize the treatment of menstrual disorders in adolescents with autonomic dysfunction (AD).

Methods. The study involved examination of 118 patients 14-17 years old with menstrual and autonomic nervous system (ANS) disorders in puberty. They were examined at the Kharkiv National Medical University in 2012-2018. Among them: 36 girls with abnormal uterine pubertal bleeding (AUPB), dysmenorrhoea (DM) was diagnosed in 44 cases, - amenorrhea in 38 patients. The methods included clinical and laboratory examination, ultrasonography, computer and magnetic resonance imaging (MRI), consultation of neurologist.

Results. It was revealed that puberty genesis in the examined patients was against a background of marked deviations in their physical and sexual development, disruptions in the menstrual function, and was accompanied by AD in 96 cases (84.2 %). Tumors of the brain were excluded by MRI. The sympathicotonic, vagotonic and mixed types of AD were found out; their character depended upon peculiarities in the hormonal status and pathological changes in the menstrual function. In adolescents with AUPB in the background of posthemorrhagic anemia (27 of 36 patients), the most pronounced signs of neurologic changes (with more often sympathetic adrenal crises) were observed. In 16 of them, the hyperestrogenic form of AUPB was diagnosed. Among 44 patients with vagotonic form of DM in 8 girls expressed pain syndrome accompanied by a sympathetic adrenal crisis on the eve or during menstruation.

Conclusions. The appointment of treatment of the pathology of menstrual function in puberty, taking into account the autonomic status, contributes to the normalization of the gynecological and somatic state of health of adolescent girls.
Are we doing enough for the adolescent female who presents to the emergency department with abdominal pain?

Rundle-thiele D¹
¹Gold Coast Hospital and Health Service

Introduction: Acute pelvic pain in the adolescent female is a common presentation in the emergency department (ED) and can represent a wide range of diagnoses. The average age of menarche in Australia is 12-13. Up to 23% of females in year 10 (aged 15-16), 34% in year 11 (aged 16-17) and 50% in year 12 (aged 17-18) report being sexually active. Given the early age of menarche and the high percentage of sexually active adolescent females it is important to always consider an obstetric or gynaecological cause of pain in the adolescent population.

Methods: A retrospective audit was conducted at the Gold Coast University Hospital, a major tertiary centre in Queensland. All females aged between 12 and 18 presenting to ED between October 2018 and March 2019 with the presenting complaint of ‘abdominal pain’ were included in the data collection.

Results: In total there were 140 presentations by 113 females to ED over the six-month period. Beta hcg testing was performed in 82.5% of cases. Two females aged 16 and 18 were found to have a positive beta hcg and were both diagnosed with an intra-uterine pregnancy. A menstrual history was taken in 78% of cases; where a menstrual history was taken 89% of females aged between 12-18 had experienced menarche. A sexual history was taken in 63% of presentations; where a sexual history was documented 52% of females aged between 12-18 reported being sexually active.

Conclusion: The current audit suggests there may be some areas in which we can improve our assessment of the adolescent female presenting to ED. It is imperative that we continue to educate all medical practitioners regarding the possible obstetric and gynaecological causes of pelvic pain in the adolescent female and the key history and examination findings that point towards these diagnoses.
Development and pilot of a fertility preservation decision aid for parents of children and adolescents with cancer

Allingham C1,2, Peate M1, Waters G1,2, Gillam L3,4, McCarthy M4,5, Zacharin M6,7, Helloury Y8, Orme L9, Sullivan M10, Anderson R10, Anazodo A11, Jones G12, Sengupta P1,2, Jayasinghe Y1,2,6

1Department of Obstetrics & Gynaecology, The Royal Women’s Hospital, University of Melbourne, 2Department of Gynaecology, The Royal Children’s Hospital, 3Melbourne School of Population and Global Health, University of Melbourne, 4Children’s Bioethics Centre, The Royal Children’s Hospital, 5Department of Psychology, The Royal Children’s Hospital, 6Murdoch Children’s Research Institute, 7Department of Endocrinology, The Royal Children’s Hospital, 8Department of Urology, The Royal Children’s Hospital, 9Children’s Cancer Centre, The Royal Children’s Hospital, 10MRC Centre for Reproductive Health, The University of Edinburgh, 11Kids Cancer Centre, Sydney Children’s Hospital, 12School of Social Sciences, Leeds Beckett University

Poster

Infertility is a significant concern for survivors of childhood cancers. Children can undergo fertility preservation (FP) procedures prior to cancer treatment. An uninformed decision may result in decision regret.

Objective: To design and pilot a FP decision aid (DA) for parents of children with cancer, and to assess the feasibility of evaluation.

Methods: Part one (Feb-Oct 2016): International Patient Decision Aid Standards governed DA development. Parents of children with cancer (who had already made a FP decision) and clinicians at The Royal Children’s Hospital (RCH) were recruited. Decision Regret, fertility knowledge and satisfaction were collected to assess DA acceptance. Clinicians were also invited to review.

Part two (Mar-Sep 2018): Parents of newly diagnosed patients were recruited. Parents chose to review the DA in addition to normal fertility care. Compliance reviewing the DA and completion of surveys (Decisional Conflict pre-DA and Preparation for Decision Making Scales; Fertility knowledge and Satisfaction with information) were evaluated pre- and post-review.

Results: Part one: 34 parents, 11 clinicians enrolled. Participants who reviewed the DA (15 parents and 11 clinicians) expressed satisfaction with content and functionality. Parents reported improved understanding of cancer treatments, infertility, and FP procedures after review. Most parents recommended the DA. All clinicians reported the DA as a valid and relevant information source for fertility care.

Part two: 17 families were invited, 13 consented (76.5%). Seven participants did not review the DA.

Conclusion: This DA (the first for parents of children with cancer) was relevant and acceptable, however in those parents whose children were newly diagnosed uptake was not uniform. Coordinated fertility care to increase fertility discussion, multicenter recruitment, and clear guidelines on DA use will improve feasibility for a future RCT. Research is needed to assess whether DAs are the gold standard of information support for high pressure paediatric oncofertility decisions.
The Technique for Patients with Congenital Partial Vaginal Atresia Combined Congenital Lesion of the anterior urethra

Qin C¹
¹Shenzhen Luohu Hospital

Poster

Objective: To evaluate the feasibility of the technique (Urethral lengthening and colpotomy) for patient with partial congenital vaginal atresia combined congenital lesion of the anterior urethra

Methods: We treated one patient who had partial congenital vaginal atresia combined with congenital lesion of the anterior urethra in April 2019. During the operation, we reconstructed the anterior urethra with perineum mucous firstly to elongate the anterior urethra, and opened the hyphema cyst wall below the uterus to fix the anterior and the posterior wall of the vagina.

Results: The operations were completed successfully. The operation time was 70 mins. The intraoperative blood loss was 100 ml. The menstruation recovered at first postoperative month. Follow-up for 3 months found regular menstruation without recurrent abdominal pain and urination is normal.

Conclusion: The technique of Urethral lengthening and colpotomy is an effective and minimally invasive treatment option for patient who had with Congenital Partial Vaginal Atresia Combined congenital lesion of the anterior urethra. Proper flap vaginoplasty and neovagina dilation post-operation are keys to a successful fertility preserving procedure.
Torsion of ovarian dermoid cyst in 12 year old girl mimicking bladder anomaly: a case report

Stankovic Z1, Tomic B1, Sedlecky K2, Mazibrada I2, Perovic S2
1Private Specialist Practice AKUGIN, Belgrade, 2Department of Pediatric and Adolescent Gynecology, Mother and Child Health Care Institute of Serbia “Dr Vukan Cupic”, Belgrade, Serbia

Poster

The patient presenting with abdomino-pelvic pain during pubertal development requires a gynecological evaluation. Ovarian cysts during infancy and adolescence are mostly non neoplastic and hormonally dependent as follicular or corpus luteum cysts. Most of the cases that have huge cysts present with pressure symptoms over the genitourinary system leading to urinary complaints. Dermoid cysts are the most common ovarian cysts in adolescents (1). They are usually indolent tumors with very slow rate of growth (2). The incidence of torsion in a case of dermoid cysts is approximately 15%. Ovarian torsion is the fifth most common gynecological emergency condition and delayed diagnosis is not uncommon leading to ovarian infarction and necrosis (3).

A case of huge dermoid cyst in 12-year old girl presenting with a severe abdominal pain which was, after various diagnostic dilemmas, including bladder anomaly, diagnosed as torsion of ovarian dermoid cyst and underwent laparoscopy and cystectomy. It is necessary to improve diagnostic criteria and awareness about ovarian torsion among physicians working with adolescent girls. Correct diagnosis should be as early as possible to avoid extensive infarction of the adnexa and potential decrease in the patient’s future fertility (4).

References:
3. L.T. Hibbard. Adnexal torsion
4. Zoran B. Stanković PhD, Katarina Sedlecky PhD, Ilijana Mažibrada MD, MSc,. Ovarian Preservation from Tumors and Torsions in Girls: Prospective Diagnostic Study. Journal of Pediatric and Adolescent Gynecology 30 (2017) 405-412
Are post-partum IUDs actually effective in preventing reincidence of teenage pregnancy? A retrospective case-control study


1ITESM, 2Hospital Metropolitano Bernardo Sepúlveda

Poster

BACKGROUND: Teenage pregnancy is a major problem in Mexico. The IUD low cost and long makes it a good option in developing countries. The objective of this study was to assess if postpartum IUD insertion prolongs intergenesis period in adolescents.

METHODS: With IRB approval, we performed a retrospective case-control study, of 268 multiparous adolescents who presented at Hospital Metropolitano from January to December 2016. All had had a previous obstetric event. Of the patients included in this study 33% (89) were discharged without an IUD and 66% (179) had a postpartum IUD insertion. We used a multivariate regression analysis, to compare the means of the intergenesis period between the two groups, adjusting for age, admission date, place of residence, number of past obstetric events, marital status, and enrollment to National public health insurance. Potential cofounders between IUD insertion and the duration of the intergenesis period were tested too. The data was collected from the hospital’s Medical Records and analyzed using STATA14®.

RESULTS: For our entire sample, the mean intergenesis interval was 670 days. We did not find statistical significance in the intergenesis period between adolescents who had post-partum IUD insertion and those who left the hospital without an IUD (95% CI -29.06 -131.4, p=0.21.). Additionally, in the multivariate regression analysis, adjusting for potential cofounders we did not find any statistical relationship between intergenesis interval and post-partum IUD insertion.

CONCLUSIONS: Our study shows that postpartum IUD insertion is not extending teenagers intergensic interval; this could be due to several factors: 1) Adolescents want to get pregnant, 2) lack of experience inserting postpartum IUDs in addition to its own risk of post-partum expulsion, 3) Annual and postpartum visits are not a regular practice in Mexican adolescent girls, therefore the absence of counseling and response to concerns regarding IUD could influence its continuation.
Effects and reproductive outcomes of uterine artery embolization for treatment of Uterine fibroids

Park S1, Kim D2, Lee S2, Lee M3, Jeon G4, Park E5, Chung H6, Kang B2
1Department of Obstetrics and Gynecology, Jeju National University School of Medicine, 2Department of Obstetrics and Gynecology, University of Ulsan, College of Medicine, Asan Medical Center, 3Department of Obstetrics and Gynecology, CHA Bundang Medical Center, School of Medicine, CHA University, 4Department of Obstetrics and Gynecology, Inje University, College of Medicine, Haeundae Paik Hospital, 5Department of Obstetrics and Gynecology, Eulji Medical Center, Eulji University, 6Department of Obstetrics and Gynecology, College of Medicine, Ewha Womans University

Poster

OBJECTIVE:
To evaluate efficacy, reproductive outcomes, safety and complications of uterine artery embolization(UAE) for treatment of Uterine fibroids.

MATERIALS AND METHODS:
Patients with symptomatic uterine fibroids (n=179) were treated by bilateral UAE using 350-500 micron polyvinyl alcohol particles. Baseline measures of clinical symptoms and magnetic resonance imaging(MRI) were taken before the procedure were compared to those taken 6,12 months after UAE. Also, complications and outcomes were analyzed after procedure.

RESULTS:
The dominant fibroid volume was significantly decreased after 6 months of UAE (261±272 cm3 vs. 150±121 cm3, p<0.01) as well as in the total uterine volume (527±367 cm3 vs. 297±221 cm3, p<0.01). The decrease rate of intramural fibroid volume was greatest, followed by the intramural and subserosal fibroid volume (88.33 ±17.10% vs. 51.02 ±22.78% vs. 44.72 ±35.62%, p<0.001). Five cases of fibroid resolution was observed by MRI during follow up. Most patients complained of mild to moderate pain right after the procedure, but six months after the UAE, they showed positive signs. However, moderate to severe pain (VAS 4-10) were remained in 11 patients (6.1%) after UAE. The hospitalization period of four patients was extended due to fever after procedure. Anti-Müllerian hormone ( AMH ) and estradiol level was measured during follow-up when 6 months after UAE(n=18). We found that no significant difference was found in estradiol level (88.75 ± 12.03 pg/ml vs. 89.15 ± 17.45, p=0.975) whereas AMH level was significantly decreased after procedure (4.92 ± 1.16 ng/ml vs. 3.06 ± 0.68, p=0.005).

CONCLUSIONS:
These findings in this study provide evidence for uterine artery embolization is successful, minimal invasive treatment of uterine fibroids that preserve the uterus, had minimal complications and short hospitalization and recovery. However, ovarian function will be considerable for reproductive age women.
Use of Leuprolide, Cyproterone Acetate and Mammoplasty as a treatment of Juvenile Gigantomastia

HERTER L1, PRZYBYLSKI L1, TARRAGÔ E1, FRANÇA N2, ROLIM R2, PASE P2
1Universidade Federal de Ciências da Saúde de Porto Alegre, 2Hospital Santa Casa de Porto Alegre

Poster

Background: Juvenile gigantomastia is a rare disease characterized by fast breast growth in adolescence. Its treatment isn’t still well established. The aim of this case report is to disclose an innovative treatment option for juvenile macromastia.

Case: A 14-year-old girl consulted for a significant breast increase after menarche. The patient’s pubarche and telarche was at 12 years old. Physical examination showed bulky breasts, hyperemic, engorged and with increased local temperature, with a mammary circumference of 112cm. As a complementary exam, it was performed an ultrasonography, which showed bilateral gigantomastia associated with fibrocystic changes in the retroareolar region. To alleviate the inflammatory appearance of the breasts and prevent additional breast enlargement, it was prescribed leuprolide 3,75 mg each 30 days for 3 months. One month after the application, there was no more breast augmentation and there was clear improvement of the hyperemia, engorgement and local heat. After 3 months and to maintain longer suppression time, we started with cyproterone acetate 50 mg daily for 6 months. After 9 months of total treatment, due to the excellent clinical control, the 15-year-old girl was submitted to reductive mammoplasty, with no complications in the trans- or post-operative period. The anatomopathological analysis revealed that the portion resected from the right breast weighted 1280g, whereas the one from the left breast weighted 700g. It also revealed ductal and stromal hyperplasia, ductal dilatation and interstitial and periductal edema. After more than 2-year follow-up, she remains stable and asymptomatic.

Summary and Conclusion: Leuprolide and cyproterone acetate were effective to block the process of macromastia and may be used as an alternative for other therapies already available.
Leisure Activities and Widespread Access to Social Media in Mexican Pregnant Adolescents.

Jimenez-Peña A¹, Hernández-Escobar C¹, Pantaleón-García J¹, Gomez-Oaxaca C¹, Nava-Guerrero E², Ramos-Reyes A³, Mendez-Calderón J¹
¹ITESM, ²Hospital Materno Infantil

BACKGROUND: In Mexico, 73% of adolescents between 12 and 17 years of age use the internet. Adolescents can create online personalities and participate in social groups. Internet accessibility and social media have made it easier to be exposed to sexual content without parental supervision. Many television shows and movies revolve around sex, but contraceptive use and the financial, social, and psychological aspects of a teenage pregnancy and STIs rarely seem to be discussed.

METHODS: A questionnaire, approved by the IRB and conducted by medical staff, was applied to 230 pregnant teenagers at a reference hospital in northern Mexico. The study evaluated the social determinants of health with the objective of having a better understanding of adolescent pregnancy in our population. Questions regarding social media use and leisure activities were included.

RESULTS: The study illustrates that 90% of the patients reported to use social media, particularly Facebook and WhatsApp. Although the patient’s socioeconomic status was classified as low or medium low according to the family’s monthly income, 72% of the patients owned a smartphone and 53% claimed to have regular access to a computer or tablet. Furthermore, almost all patients (91%) stated that they did not participate in any extracurricular activity. Their main leisure activity was watching television (30%) between 1 and 3 hours a day (92%), with the main content being soap operas (70%).

CONCLUSIONS: According to the results, our population spends a significant amount of hours watching television and using internet-based social networking. An analysis in non-pregnant teenagers is needed to identify social media and television use or content as a risk factor for teenage pregnancies in Mexico. Based on the fact that nearly all patients have access to a social media, these platforms could be used to provide useful information and establish widespread interventions to prevent teenage pregnancy.
Epidemiology and Burden of Maternal Near Miss of Adolescent Obstetric Patients in Northern Mexico

Puerto M¹, Zamora T¹, Cisneros F¹, Pantaleón J¹, Mendoza J¹, Ramírez Y¹, Valdez S¹, Apodaca I¹
¹Instituto Tecnológico y de Estudios Superiores de Monterrey

Poster

Background:
Maternal mortality is an important indicator of healthcare quality and economics. Nevertheless, the prevalence of maternal near miss (MNM) is increasing rapidly. Particularly, adolescent obstetric patients are at higher risk of demise than adult mothers. The objective is to report the prevalence and burden of disease by age of MNM of adolescent obstetric patients in northern Mexico.

Methods:
A retrospective observational study was conducted at a secondary maternal and children referral hospital that has ~15,000 births/year (34% from adolescents approximately). 4615 adolescent obstetric cases from May 2017 to May 2018 were collected and subjected to statistical analysis with SPSS Statistics software by means of Pearson's Chi square, P-rank, cross-tabulation tests, and determination of dispersion measures to delimit this study's range of acceptability.

Results:
Prevalence of MNM in pregnant teenagers (86% primigravida) was 3.87% (n=179). Of the total number of patients admitted to the ICU (734) during the study and who met criteria for MNM, only 24.38% (179 cases) corresponded to teenagers. These patients admitted to the ICU had preeclampsia with severe features as the predominant morbidity (81%) across all ages. The burden of MNM by ages of 14, 15, 16, 17 and 18 was 3.35%, 9.49%, 24.0%, 32.4% and 30.2% respectively. Interestingly, prevalence of MNM was higher in patients with prenatal control (66%) than those without attention during pregnancy (34%). The main contributing disorders to MNM were: severe preeclampsia (81%) and eclampsia (13.4%).

Conclusions:
The incidence of adolescent pregnancy is not a determinant for MNM, but results show that hypertensive spectrum diseases were the most common cause of morbidity. This study revealed a high prevalence of MNM in adolescent obstetric patients, especially among 17 years old. Means that adolescent obstetric patients are an underrepresented group contributing to MNM. Subsequent maternal mortality studies should include adolescents to improve patient care and healthcare quality.
DIAGNOSIS AND TREATMENT OF ABNORMAL UTERINE BLEEDING AT PUBERTY

Tuchkina I¹, Piontkovskaya O¹, Merenkova I¹, Novikova A¹
²Kharkiv National Medical University

Poster

Diagnosis and treatment of patients with abnormal pubertal uterine bleeding (APUB) are relevant is an important social and economic problem.

Objective: To study the role of hemostatic disorders in the diagnosis and treatment of abnormal uterine bleeding in girls at puberty.

Methods. The study involved a two-year supervision of 80 girls with APUB at the age from 11 to 18. The patients were divided into two clinical groups: 50 girls with first bleeding (Group 1) and 30 patients with a recurrent disease (Group 2). Standard clinical and laboratory examination was supplemented by the determination of the levels of D-dimer and Soluble fibrin-monomer complexes (SFMC).

Results: 32% of Group 1 patients and 48% Group 2 patients had post-hemorrhagic iron deficiency anemia. Younger patients (11-14 years) rapidly developed anemia which reached moderate severity more frequently than in older patients. A reduction in the number of platelets was detected in Group 1 - 22%, Group 2 - 18%. One-third of Group 1 girls were found to have thrombocytopenia in bleeding lasting to 2 weeks. Thrombocytopenia in Group 2 was due to the frequent recurrence of the disease. Comparison of the number of platelets in groups according to age established that girls of Group 1 had a significantly lower incidence of their levels in the older patients of 15-18 years (22.7% versus 11.8% in the younger age group). Levels of D-dimer and SFMC were in the normal range in both groups. In 90% of patients the bleeding was anovulatory. Comprehensive treatment included symptomatic (with Tranexam) and hormonal therapy. Due to profuse bleeding, 3 teenage girls underwent curettage of the uterine cavity.

Conclusion: At a younger age, the adaptive capacities are not able to provide a quick response to negative events of APUB, so these girls have thrombocytopenia mostly in longer bleeding (more than 4-6 weeks).
Inflammatory diseases of the vulva and vagina occupy one of the leading places in the structure of the incidence among young girls. Most often, small patients complain of discomfort in the genital area, pain when urinating, the appearance of discharge on the clothes. Many local and systemic drugs often do not allow for a persistent clinical effect, which requires the search for alternative methods one of these can be considered low-frequency ultrasonic cavitation (LFUC) of the affected area.

Aim: To evaluate the effectiveness of complex treatment of acute bacterial vulvovaginitis.

Material and methods: The study included 45 girls 3 to 8 y with acute bacterial vulvovaginitis who underwent treatment from 2016 to 2017.

The main group - 23 girls who received standard therapy in combination with LFUC of an antiseptic solution
The comparison group - 22 girls who were given standard therapy with the same drugs, but without LFUC.

The complaints, the results of the gynecological examination, the smear data at the time of admission to the hospital and 3 months after were analyzed.

Results: Girls were disturbed by discharge - 44 (97.7%), Redness of the skin of the perineum - 42 (93.3%), burning and itching in 31, 38 have poor sleep and anxiety.

Microbiological data revealed the growth of microorganisms in 96.2% samples. The main groups of microorganisms were Streptococcus spp.- in 15 (33.3%), Corynebacterium in 5 (11.1%), Enterobacterium in 20 (44.4%), H. Influenzae in 5 (11.1%).

After 3 months all girls were subjected to a control examination. It turned out that vulvovaginitis recurred only in 8.6% girls in the main group versus 31.8% in the comparison group.

Thus, the use of solutions cavitated by low-frequency ultrasound is safe and highly effective in the treatment of inflammatory diseases of the vulva in girls.
Validation is needed for a decision tree system (DTS), developed for the management of adnexal masses in prepubertal and adolescent girls1.

Design: A prospective study using clinical and ultrasound data collected for all patients under 19 years of age with adnexal masses managed between June 2018 and June 2019 in Gynecology Departments from three centers.

Main Outcome Measures: DTS is based on ultrasonographic characteristics of the mass (Ueland’s morphology index (MI) and the presence or absence of normal ovarian tissue surrounding the mass – the ovarian crescent sign (OCS)). Decision tree system (DTS) developed three rules. Rule 1: asymptomatic patients having a mass with MI ≤4 and OCS present, were managed expectantly. Rule 2 (emergency, suspicious for torsion): malignancy was suspected if the MI ≥7 and no edema of the OCS was present. Rule 3 (non-emergency): malignancy was suspected if the OCS was absent and MI ≥5.

Participants: 167 patients with adnexal masses, of which 54 surgically treated (46 by laparoscopy).

Results: No malignancy was found in the group of 113 patients selected according to the DTS rule 1. Torsion was confirmed in 34% of surgically treated masses (n=18), all were benign. The OCS was present in 97% of benign masses in the non-emergency group (n = 29) and in two with microscopic malignancy. Affected ovarian tissue was preserved from benign (n = 34, 92%) masses and in two of five ovaries with malignant tumors. Only one (3%) uncomplicated ovarian cysts were surgically treated.

Conclusions: The DTS rule 1 reduces the number of surgical procedures on functional cysts, rules 2 and 3 are very useful in choosing the optimal treatment of adnexal masses, whether twisted or not.
GONADOTROPHINS INDEPENDENT OVARIAN POLYCYSTOSIS IN A PREMENARCHE ADOLESCENT

Muñoz O. M1, Ladrón de Guevara A2, Lara P H2, Romero F. P1, Pastene Saldias C1, Vega M1
1Unidad de Ginecologia Pediatrica y de la Adolescente Hospital De Niños Dr. Luis Calvo Mackenna, 2Universidad de Chile

Poster

A large non-tumoral ovary, independent of gonadotropins is a rare entity. The objective is to show a premenarcheal teen with high ovarian volume (OV) and the suspect of an elevated sympathetic tone as the main etiology.

The pelvic US of an 11yo girl revealed a bilateral high OV (R: 15cc; L: 19,8cc). Physical exam: breast Tanner 3; during last 18months she grew up 5cm. A control pelvic US show a LOV: 33cc. FSH <0.7 mUI/ml; LH <0.2 mUI /ml; AMH: 81.70ng/ml, Inhibina B: 300pg/ml; estradiol: 80 pg/ml; AFP: 1.0 ng/ml; bHCG: 1.1UI/ml; Ca125: 5.5ng/ml; LDH: 471U/L Testosterone 72ng/dl; Androstenodione: 3.5; 17OHP: 1.8 ng/ml. The Karyotype: 46XX. Fragile X testing and chromosomal microarray were normal.

A left oophorectomy was performed. The pathology study concluded benign multifolicular cysts. The plasma norepinephrines (NE) levels before and after the surgery were 6.107ng/ml and 4.52 ng/ml, respectively. For this reason we started an empirical treatment with a betablocker (propanolol). The patient presented her menarche 3 months later. The gonadotrophins and the androgenic profile were normalized. The ROV was reduced from 41.7 to 23.9 cc

DISCUSSION: In those premenarchal teens with delayed puberty and high OV, we suggest suspect a sympathetic polycystic ovary. The betablocker treatment has a satisfactory response.
Unexplained vaginal bleeding in children: a retrospective audit at a tertiary Paediatric Gynaecology service

Peek S¹, Drever N¹, Grover S¹
¹Royal Children’s Hospital

Poster

Objective: To review presentations, investigation and management of unexplained vaginal bleeding in children at a tertiary paediatric hospital.

Method: Retrospective audit of presentations of children under 10 with vaginal bleeding (2018-2019). Patients were identified using electronic medical records and analysed for: age, presenting symptoms, imaging, pathology, diagnosis, management and outcomes. Cases were excluded if they were not referred to gynaecology, or if bleeding was in the context of a straddle injury.

Results: There were 32 identified cases of vaginal bleeding in children. On presentation 65.6% of patients were discussed with a paediatric gynaecologist and 84.4% were reviewed in clinic within three weeks of initial presentation. Mean age 5.6 years (range 5 days-9.6 years). Vulvovaginitis was diagnosed in 12/32 (37.5%), and was significantly associated with scant bleeding (P=0.0005) and vulval itch (P=0.0007). Only two patients had the presence of vulval itch without vulvovaginitis, in whom the diagnoses were lichen sclerosis and gonorrhoea. Secondary sexual characteristics were present in 9 girls, prompting blood tests, bone age, ultrasound and in 2 cases brain imaging. Precocious puberty was diagnosed in six girls, all of whom had secondary sexual characteristics (P=<0.0001) and fresh (as opposed to scant) bleeding (P=0.002). Uncommon but serious causes were vaginal rhabdomyosarcoma(1) and non-accidental injury(1), both cases had other diagnostic clues including: protruding vaginal lump and heavy bleeding. Examination under anaesthesia (EUA) was not required in 68.8% and paper foreign body was identified in 2 girls undergoing EUA.

Conclusion: Common differentials for vaginal bleeding in children include vulvovaginitis and precocious puberty. This paper identifies features suggestive of these diagnoses. Sinister causes must be considered and include malignancy, injury, and sexual assault. If diagnosis of vulvovaginitis is clear, EUA and further investigations may not be necessary. This study will assist in much-needed guideline development for children presenting with vaginal bleeding.
Clinical and molecular genetic characterizations of five patients harboring mutations in the GNAS gene: a case series and literature review

Li Q¹, Chang G¹, Wang Y¹, Xu Y¹, Li G¹, Li X¹, Li J¹, Ding Y¹, Chen Y¹, Wang J¹, Wang X¹
¹Shanghai Children’s Medical Center affiliated to Shanghai Jiaotong University School of Medicine

Poster

Objective Inactivating mutations in the gene encoding the alpha-subunit of Gs (GNAS) gene, which consists of exons 1-13 and encodes the alpha-subunit of the stimulatory G protein (Gsa), are associated with several clinical syndromes, including pseudohypoparathyroidism (PHP), pseudopseudohypoparathyroidism (PPHP), and progressive osseous heteroplasia (POH).

Method We documented patient clinical characteristics and performed targeted next-generation sequencing and Sanger sequencing. The standards and guidelines of the American College of Medical Genetics and Genomics were used to classify and interpret the pathogenicity of each genetic mutation detected.

Results The current study presents 5 patients with different mutations within exons 1-13 of the GNAS gene and distinct clinical phenotypes (3 PHP1a, 1 PPHP, and 1 POH). These 5 patients harbored pathogenic mutations, including an intronic mutation (c.212+3_212+6delAAGT), two missense mutations (c.314C>T and c.308T>C), and a deletion (c.565_568delGACT), which included one missense (c.314C>T) and one splicing (c.721+2 G>A) mutation which were never reported previously.

Conclusions This study conducted a phenotypic and molecular assessment of patients, with diagnoses of PHP, PPHP, or POH. PHP can be difficult to diagnose because its clinical phenotype is highly variable and Gsa activity is not routinely assessed or available. Therefore, sequence of the GNAS gene serve as a method of confirming the diagnosis of PHP. In addition, it is necessary for clinicians to distinguish heterotopic ossification in POH from the AHO phenotype.
Behçet's disease: adolescent with vulvar ulcer, oral ulcer, encephalic vasculitis and uveitis.

HERTER L1,2, Bertoncello F2, França N2, Brenner T2
1Universidade Federal de Ciências da Saúde de Porto Alegre, 2Hospital Santa Casa de Porto Alegre

Introduction: Behçet's disease (BD) is a rare and recurrent multisystemic vasculitis characterized by the appearance of oral or genital ulcers, cutaneous lesions, gastrointestinal and central nervous system involvement.

Case Report: A 12-year-girl sought treatment for ulcerated and painful lesion in the vulva with 10 days of evolution. She reported two other similar episodes and recurrent oral ulcers. She was twice admitted in another hospital for aseptic meningitis. During examination, she was in good general condition with no fever. She had oral ulcers in healing and an ulcer about 1 cm in diameter in the large left lip with fibrin and well delimited edges. She had no inguinal lymphadenopathy and the hymen was intact. The infectious serologies were negative. A cerebral angio-resonance confirmed findings related to vasculitis and confirmed the BD. She was treated with endovenous corticosteroids in pulse and cyclophosphamide. She reentered after a month with panuveitis in the right eye. She received treatment with methylprednisolone pulse therapy, as well as topical therapy with dexamethasone and tropicamide eye drops, with good response.

Discussion and Conclusion: The neurological involvement in BD is a rare manifestation. Any neurologic structure can be affected. Aseptic meningitis may occur in the initial phase of BD. Venous sinus thrombosis leading to headache may occur, as well as localized neurological deficits and neuropsychiatric symptoms.

References:
Female genital cosmetic surgery: how to address genital anxiety and requests for surgery from teenagers in general practice

Simonis M1
1University of Melbourne, 2Royal Australian College of General Practitioners

Poster

The increase in the requests for female genital cosmetic surgery (FGCS) over the preceding fifteen-year period, has been identified as a ‘new dilemma for general practitioners’ (Liao, Creighton, 2011). Research shows that nearly all general practitioners (GPs) with a women’s health interest, have been asked about genital normality in women of all ages (Simonis, Manocha, Ong, 2016). Of the same GPs surveyed, thirty-five percent had been asked about FGCS by girls under the age of eighteen years (Simonis, et al 2016).

Doctors have received little education around female genital diversity, the constellation of procedures under the banner of FGCS, the associated risks and management of such requests (Harding, Simonis, Hayes, Temple-Smith 2015; Simonis et. al., 2016). The current guide entitled, 'Female genital cosmetic surgery: a resource for general practitioners and other health professionals', (RACGP, 2015), aims to address this gap.

Medicare statistics indicate that there is a rising number of young girls who experience genital anatomy anxiety and have requested FGCS. The completion of genital anatomy maturity is not achieved until at least eighteen years of age, and GPs require an awareness of the joint Royal College of Obstetricians and Gynaecologists and British Society of Paediatric and Adolescent Gynaecologists (RCOG & BritSPAG, 2013) statement which recommends delaying surgery for optimal health outcomes. The current Medical Board of Australia guidelines (2016), do not fully align with the UK recommendations and this presentation will discuss the management of such requests by teenagers, based upon a case study. The discussion will include how to make a waiting room ‘teenager friendly’, how to take a psychosocial history, explore for mental health issues, conduct an examination and identify ‘red flags’ for severe mental health disease including body dysmorphic disorder. Management recommendations and referral pathways will be provided.
Malignant Ovarian Dysgerminoma in a Young Adolescent: An Atypical Presentation

Wijayanayaka S1, Bhadange S1
1Ipswich Hospital

Poster

Ovarian dysgerminomas are relatively uncommon, accounting for only about 2% of all malignant ovarian neoplasms.¹ Dysgerminomas can occur at any age, although the majority of cases (75%) occur in adolescent girls and young women. Most dysgerminomas (75%) can be diagnosed in Stage 1, and the typical symptoms are abdominal pain, distension, menstrual irregularities, and abdominopelvic mass.² We had a case of a healthy sixteen year old girl, brought in by her mother, with symptoms of a urinary tract infection and suprapubic pain; although urine microscopy was negative. On clinical examination, a pelvic mass was noted, which was confirmed on ultrasound scan as a 16 x 9 x 12.5cm mass with both solid and cystic components. A CT scan confirmed no lateral spread, while ovarian tumour markers HCG, LDH and CA-125 were raised at levels of 41, 2161 and 52 respectively. After appropriate counselling, she was referred to Gynaecology Oncology where she underwent a staging laparotomy with unilateral salpingo-oophorectomy, peritoneal washings and frozen section. Histopathology revealed a Dysgerminoma with spread to paraovarian soft tissue. She was diagnosed with stage IIB left ovarian dysgerminoma and is currently undergoing chemotherapy.

This was an atypical presentation of dysgerminomas as classical symptoms were not present. With a high index of clinical suspicion and appropriate investigations, a timely diagnosis was made, which allowed the patient to have a fertility sparing surgery.

1. A L Husaini H; Soudy H; El Din Darwish A; Ahmed M; Eltigani A; A L Mubarak M; Sabaa AA; Edesa W; A L-Tweigeri T; Al-Badawi IA, Medical Oncology (Northwood, London, England) [Med Oncol], ISSN: 1559-131X, 2012 Dec; Vol. 29 (4), pp. 2944-8; Publisher: Springer; PMID: 22407668

Combined 17α-hydroxylase/17,20-lyase deficiency due to c.1459-1467del and c.937T > A mutations in the CYP17 gene in a China patient

Huihui G
12Zhejiang University School of Medicine, Pediatric and Adolescent Gynecology Department

Poster

Congenital adrenal hyperplasia (CAH) resulting from 17α-hydroxylase/17,20-lyase deficiency is a rare autosomal recessive disease. We describe the case of a China patient, which raised as a normal female, sought medical care for lack of pubertal signs and primary amenorrhea at the age of 15 years. Case Report

A phenotypically female Chinese patient sought medical attention at 15 years of age with lack of pubertal signs and with primary amenorrhea. The patient was 152cm tall and 39kg, lacked pubertal development, hypoplastic breasts, absent pubic and axillary hair, and with an infantile female external genitalia. Recumbent blood pressure was elevated at 117 * 79 mmHg. Routine lab results showed normal sodium levels, normal BUN and creatinine, low serum potassium (especially in the stress conditions, such as inflammation). Serum levels of 17α-OHP, estrogen, progesterone, and cortisol were low, whereas ACTH, LH and FSH were elevated. Her bone age was delayed (11 years), while the chronological age was 15 years/1 month-old (SD = 9.23 mo). Ultrasonography showed uterus was 1.5cm*1.1cm*0.4cm and ovaries were not visualized. Chromosome study showed that Karyotype was 46,XX. Her father, mother, sister and brother had normal pubertal histories. The clinical feature, biochemical and hormonal findings were led to the clinical diagnosis of 17OHD. Oral prednisolone therapy was administered immediately after diagnosis. Serum potassium level gradually became normal after treatment. Subsequently, the patient was started estrogen, resulting breast development, pubic and axillary hair growth, menstrual bleeding. Mutation analysis of CYP17 gene by sequencing the polymerase chain reaction amplification products of CYP17 gene revealed a compound heterozygous mutations: c.1459-1467del and c.937T > A. However, the c.1459-1467del mutation has been reported previously, the c.937T > A mutation is the first report of the molecular genetic study of 17α-hydroxylase/17,20-lyase deficiency worldwide.
GENITAL VULVAR LICHEN SCLEROSUS IN TWO SIBLINGS

CONEJERO C1, PASTENE C1, MERINO P1, CANNONI G1, SCHULIN-ZEUTHEN C1
1Clinica Las Condes

Poster

Lichen sclerosus (LSA) is a chronic disease of the skin and mucosa, 7–15% occur in pediatric population. In children, the diagnosis is usually clinical and, biopsy is not recommended (1). Children suffer from long periods of time before being diagnosed and treated. Genetic factors involved, based on the fact that there are reports of others family members affected with this rare disease. We report two sisters with genital LSA.

Case 1: 9 yo healthy girl, who started five months ago with a whitish pruriginous lesion on labia majora. Dermatologic exam reveals hypochromic atrophic lesion, extended from the region of the forchette to both labia majora.

Case 2: 5 yo healthy girl, started five days before with a whitish lesion on the vulvar region, associated with pruritus. Dermatologic exam describes labia majora with slight hypopigmentation and one deep erosion in vulvar vestibule, without lesions in oral mucosa.

In the family an uncle has past history of oral LSA. Medical history of both girls was unremarkable. No history of trauma in the genital region. The clinical diagnosis was LSA in both cases. None has extragenital lesions. Both siblings were treated with topical Clobetasol Propionate for three weeks, with completely resolution of the lesions and symptoms.

Comments:
LSA is a disease of unknown etiology, it is more frequent in prepuberal girls and in postmenopausal women. A genetic susceptibility is suggested by the occurrence of familial cases, but LSA is reported infrequently in family members. In the last 25 years there is only one report of 2 sisters (no twins) with LSA (2). This suggests that environmental factors may also play an important role in the pathogenesis of LSA, in girls with genetic predisposition.

Gonadal dysgenesis in 13 year old girl – cooperation between a gynecologist for children and a pediatrician

**Objective**
Gonadal dysgenesis belongs to the group of rare congenital abnormalities. Symptoms of dysgenetics ovarian tumors are not specific and the disease is usually revealed not earlier then in puberty but it is often already in an stage of an advanced ovarian tumor.

**Case report**
A 13-year-old girl was admitted to the hospital for a increased fatigue. The family history: the aunt who at the age of 17 had to undergo bilateral adnexectomy because of the dysgerminoma and gonadoblastoma of the ovaries followed by chemotherapy and the subsequent HRT.
The girl was 167 cm tall, her body weight 61 kg (BMI 21.7), primary amenorrhoea. Tanner's clasification: M IV, P IV, A 0. The total finding corresponded to the age of the patient. On the ultrasound: uterus, low endometrium, on the right site was an ovary with a oval solid mass 2 to 1.5 cm. We detected heigh values of FSH, the karyotype was 46 XY, tumor markers PET CT were negative. LSK was revealed ovarian tumor on both sites. Bilateral ovarectomy was performed. The histopathologic examination proved gonadoblastoma in both ovaries and transformation into the dysgerminoma in the right ovary. TNM classification: T1a Nx. M0, FIGO IA. Was describe Swyer's syndrome. The patient was refered to the Center of Clinical Oncology. The HRT and regular check up were suggested.

**Conclusions**
Gonadal dysgenesis isn’t a frequent congenital. The diagnosis is difficult and it is based mainly on clinical symptoms. The late unset of puberty is the first symptoms. The early diagnosis may prevent the transformation to malignant tumors. The girls before the age of 15 should be therefore regulary examined by paediatrician with a careful evaluation of the signs of puberty. Thanks to early diagnosis, our patient feels good, with regular menstruation, plans to become pregnant with IVF (donated oocyt).
Cervical dysgenesis with unicornuate uterus: a case report

**Baie K**, De Peralta K

*Tondo Medical Center Hospital Philippines*

Poster

Genital tract development begins as the mullerian ducts which give rise to upper vagina, cervix, uterus and fallopian tube. The mullerian duct undergoes elongation, fusion, canalization and septal resorption. Disruption and dysregulation at any point may lead to anomalies.

Cervical dysgenesis and unicornuate uterus are rare Mullerian Duct Anomalies occurring 1 in 80,000 to 100,000 and 1 in 4,000 respectively. These cause impairment of menstrual, reproductive and sexual functions.

A case of a 15-year-old presented with cyclic pelvic pain and pelvoabdominal mass. She had normal secondary sexual characteristics with pelvoabdominal mass measuring 10x8cm, solid, tender with limited mobility and a blind vaginal pouch measuring 4cm with absent cervix. Together with the support of sonographic modalities lead to impression of Primary Amenorrhea secondary to Cervical Agenesis.

Thorough counseling was done and managements were extensively discussed.

On laparotomy, a unicornuate uterus with absence of left adnexa was identified. Uterus was enlarged to 10x6x5cm. Right fallopian tube was enlarged to 6x5x4cm and contained chocolate colored fluid of 100ml. To confirm the absence of cervix, a transverse incision was made at midcorpus, drained 300ml of hematometra. Probe was inserted into the uterine cavity through the incision while a gloved finger was inserted through the vagina. No connection was made between the vagina and uterus, a distance of 3cm. Hysterectomy with right salpingectomy was performed. Histopathology showed cervical dysgenesis.

Conservative management was not attempted due to high failure rates, reconstructive procedure complications and creation of neocervix cannot replace the establish role of normally functioning cervix.

References

Effect of overweight and obesity on gestational weight gain in Singaporean Women

He S1, Allen J2, Razali N1, Win N1, Ng M1, Yeo G3, Chern B1, Tan K3
1Division of Obstetrics and Gynaecology, KK Women’s and Children’s Hospital, Singapore, 2Office of Clinical Sciences, Duke-NUS Medical School, 3Department of Maternal Fetal Medicine, KK Women’s and Children’s Hospital

Poster

Introduction
Effects of overweight and obesity on gestational weight gain (GWG) have been debated. We aimed to compare GWG in overweight and obese Singaporean women with that of normal weight and underweight women, with reference to Institute of Medicine (IOM) 2009 GWG guidelines.

Methods
926 women with low-risk singleton pregnancy were enrolled in a prospective cohort study from 2010 to 2014 in a Singapore tertiary maternity hospital. Alongside patients’ routine antenatal visits, four stages of screening tests were done at 11-14 weeks, 18-22 weeks, 28-32 weeks and 34-39 weeks. 724 patients had maternal weight information till term pregnancy and were included in analyses.

Participants were categorized according to their first antenatal visit body mass index (BMI) as underweight, normal weight, overweight and obese. Total GWG and rate of GWG between different visits for each BMI group was calculated and compared. Multivariate logistic regression was performed to determine predictors of total GWG below and above IOM guidelines.

Results
In our cohort, less obese (21.8%) and overweight women (38.2%) achieved IOM recommended weight gains compared to underweight (52.5%) and normal weight women (43.7%). Obese women had a mean total GWG (9.1kg) that exceeded the upper limit of IOM guidelines (9kg).

In multivariate analyses of predictors of total GWG above IOM guidelines, being overweight (adjusted OR: 3.96 [2.64, 5.94]; p<.0001) and obese (adjusted OR: 4.96 [2.91, 8.42]; p<.0001) significantly increased risk of gaining weight above IOM guidelines during pregnancy, compared to being normal weight.

Conclusion
Smaller proportion of overweight and obese women in our cohort achieved GWG within IOM guidelines compared to underweight and normal weight women. Overweight and obesity are independent significant risk factors for gaining excessive gestational weight. Thus, appropriate weight management for overweight and obese women prior to and during pregnancy is important.
ACUTE GENITAL ULCERS


Clinica Las Condes

Poster

Acute genital ulcer (VU) are a rare entity, characterized by rapid onset of acute and painful ulcer in the vulva, lower vagina and/or perineum. The etiology is unknown, mostly idiopathic but must rule out sexually and non sexually transmitted infections, trauma, autoimmune conditions, local manifestations of systemic illness and drug reactions.

The aim of this study is to present a series of vulvar ulcers, clinical presentation, diagnosis, and treatment.

Cases and Results:
We presented a series of 14 cases of vulvar ulcers (VU) between 2018 -2019.
Multiple diagnostic tests were requested: complete blood count, biochemistry, liver profile, PCR for herpes simplex virus type 1 and 2. Cultures from the bottom of the ulcer, serologies for Epstein Barr virus (EBV), influenza virus Autoimmune study were requested in special cases.
Mean age was 14,71 years
13 VU had acute presentation (4 with sexual activity) only 1 had previous VU.
78,4% had prodromal symptoms, in 42,8% cases (6/14) the diagnosis was viral infection (influenzae 2/14, HSV 2/14, EBV 2/14)
4 had only one lesion and 10 had multiple lesions, 1 presented with oral ulcers with normal autoimmune studies. The management was ambulatory in all cases, included: antibiotic treatment 3 cases (21,4%), Valaciclovir in 2 cases. In the rest the treatment was symptomatic, using analgesics and topical healing.

Conclusions: Differential diagnosis of VU should include the infectious etiology, (venereal and non venereal), trauma, and ulcers as a symptom of a systemic disease or malignancy. Lipschütz ulcer should be considered among the diagnostic options of vulvar pathology in young women. The clinical suspicion is based on the characteristic morphology of the lesions. The definitive diagnosis is made by exclusion. The treatment is symptomatic and should include analgesics and antibiotic if there is a high risk of secondary infection.
LGBTQ2SIA+ Health Curriculum in Canadian Obstetrics & Gynecology Residency Programs

Todd N1, Hazan A1
1University Of British Columbia

Poster

Obstetricians and Gynecologists in Canada provide care for women from infancy to adulthood; regardless of their sexual orientation or the gender with which they identify. Currently, we do not know how Canadian resident physicians in Obstetrics and Gynecology receive transgender and gender minority health or, more broadly, LGBTQ2SIA+ health training which would allow them to competently care for patients of all sexual orientations and gender identities.

Objectives:
The objectives of our study were to determine (1) if Canadian Ob/Gyn residents are being exposed to LGBTQ2SIA+ health training during their residency, (2) how this area of expertise is taught, (3) interest in increased exposure to this training for residents and (4) preferred methods of instruction.

Methods:
Program directors of all Canadian postgraduate Obstetrics and Gynecology programs were sent an online anonymous survey to answer questions related to our objectives. Of the 16 Canadian programs, we received completed surveys from 7 program directors.

Results:
Only 3 programs reported formal teaching on sexual minority health, while 4 programs reported formal teaching on gender minority health. All 7 programs were interested in increasing the level of exposure to sexual minority health for their residents and 6 programs were interested in increasing the level of exposure to gender minority health for their residents. All program directors expressed interest in implementing a formal curriculum or module if it was developed on these topics. The most desired methods of instruction were case-based presentations, e-modules, didactic lectures and patient advocacy groups, in order of preference.

Conclusion:
There is considerable interest amongst Canadian ObGyn residency program directors in increasing resident exposure to teaching on LGBTQ2SIA+ health. These results support the importance of developing a standardized Canadian Reproductive Health curriculum specific to ObGyn residents on sexual and gender minority health.
Dysmenorrhea membranacea, a rare cause of secondary dysmenorrhea

Stähli N1,2, Berger-Olah E1,2, Hürlimann R1
1University Children’s Hospital Zurich, Division of Pediatric and Adolescent Gynecology, 2University Children’s Hospital Zurich, Emergency Department

Poster

Introduction
Dysmenorrhea membranacea (DM) is a rare condition where the entire endometrium is expelled spontaneously. We report a 14 year old girl with DM following an oral contraceptive treatment due to dysfunctional uterine bleedings.

Case report
A 14-year-old girl presented with heavy menstrual bleeding leading to severe anemia (hemoglobin 44g/l) necessitating continuous combined oral contraceptive (COC) treatment with first 30mcg Ethinylestradiol and 125mcg Levenorgestrel. Due to break-through bleedings, her medication was changed to 50mcg Ethinylestradiol. At her first menstrual bleeding after starting the COC, she complained about severe abdominal pain and had vaginal passage of membranous material shaped like an uterus (14x8x1 cm). An ultrasound just before passage of the cast revealed an endometrium thickness of 6mm with intrauterine fluid. Hemoglobin level was within the normal range and a Human Chorionic Gonadotropin (HCG) test negative. Histologic examination showed endometrium with decidual alterations and neutrophilic infiltrates.

Discussion
DM is a rare condition characterized by spontaneous expulsion of the endometrium in one membranous piece which typically retains the uterine shape. This causes intense abdominal pain due to passing through the undilated cervix. It has been described especially in women under COC. Histologically, the endometrium shows the typical transformations as in our case 1. The etiology and pathophysiology remain unknown and multiple theories have been suggested 1. Raised levels of production or intake of estrogen and progesterone leading to a thickened endometrium with partial dissolution during uterine contraction has been proposed 1. Another theory states that endogenous or exogenous hyperprogesteronism causes decidual alterations in the endometrium leading to DM 1. There is a well-known association between ectopic pregnancy and endometrial cast formation, wherefore HCG must be performed 1.

Reference
1 Mokerrum F. Malik et al., Passage of Decidual Cast Following Poor Compliance with Oral Contraceptive Pill, Fetal and Pediatric Pathology, 2015 Apr;34(2):103-7.
First report of a neonate girl with an imperforate hymen and congenital urethrovaginal fistula - A case report and discussion about neonatal management and complications

Fontana S1, Mazzone L2, Bussell H2, Hoelscher A2, Huerlimann R1
1University Children’s Hospital Zurich, Division of Pediatric and Adolescent Gynecology, 2University Children’s Hospital Zurich, Division of Pediatric Urology

Poster

Background: In antenatal, respectively neonatal period, the diagnosis of imperforate hymen is rare and usually made due to the consecutively occurring mucocolpos. Standard management consists of incision in the neonatal, oestrogenised period or delayed in puberty before menarche. In patients with consecutively impaired renal, bladder, and bowel function, immediate sonographic evaluation and incision is recommended.

Case: We present the case of a term born girl with antenatally suspected mucocolpos. Birth and postnatal adaptation including micturition were uneventful. At 5 days of life, she developed a distended, bluish discolored abdomen with urinary retention. External genital examination showed an imperforate hymen. A Foley catheter was placed and urine was drained, but without clinical improvement. Using Credé maneuver, the hymen was bulging, but additionally, bloody fluid drained out of the urethra beside the urine catheter. Transabdominal ultrasound revealed a large hydrometrocolpos and the transurethral urine catheter correctly placed in the bladder. Additionally, bilateral hydronephrosis was evident.

The patient was immediately brought to the operation room for exploration and surgical treatment. A cruciate hymenectomy was performed, with drainage of 20ml of bloody fluid. Further examination with videoscopy revealed a congenital urethrovaginal fistula.

The postoperative course was uneventful with complete regression of the bilateral hydronephrosis and ongoing patency of the hymen, as well as normal urination.

Summary and conclusion: To our knowledge, this is the first reported case of a neonate with congenital urethrovaginal fistula in addition to an imperforate hymen. Five cases are described in the literature, but all of adult women.

Most neonates with imperforate hymen are asymptomatic, but it is important to diagnose and closely monitor these patients in order to avoid complications. Imaging is recommended to rule out any associated nephro-uro-genital malformations. Hymenectomy should be performed under sterile conditions.
Comparison of Insulin Growth Factor 1 (IGF-1) levels, in adolescent girls with Anorexia Nervosa, who recovered or not their menses, after complete weight restoration

Karountzos V1, Tsimaris P1, Tsitsika A2, Bacopoulou F1, Panotopoulos G1, Vatopoulou A4, Deligeoroglou E1, Papachatzopoulou E1, Athanasopoulos N1, Giannouli A1, Panoulis K1, Deligeoroglou E1

1Division of Pediatric-Adolescent Gynecology & Reconstructive Surgery, 2nd Department of Obstetrics & Gynecology, University of Athens, Medical School, “Aretaieion” Hospital, Athens, Greece, 2Adolescent Health Unit (AHU), Second University Department of Pediatrics, “P. & A. Kyriakou” Children’s Hospital, National and Kapodistrian University of Athens School of Medicine, Athens, Greece, 3Center for Adolescent Medicine and UNESCO Chair in Adolescent Health Care, First Department of Pediatrics, University of Athens Medical School, Aghia Sophia Children’s Hospital, Athens, Greece, 41st Department of Obstetrics & Gynecology, Aristotle University of Thessaloniki, Medical School, “Papageorgiou” Hospital, Thessaloniki, Greece

Introduction/Objective: The aim of this study is to assess the Insulin Growth Factor 1 (IGF-1) levels, in adolescents with Anorexia Nervosa (AN), who recovered their menses after complete weight restoration, in contrast with the control Group who remained amenorrhoic, even though succeeded to normalize their Body Mass Index (BMI).

Material and Methods: Prospective study of 60 adolescent females who presented with secondary amenorrhea and diagnosed with AN. In all girls, IGF-1 levels were measured, while body composition assessment was performed using Dual-energy X-ray absorptiometry (DXA), at first attendance and at time of complete weight restoration. 35 adolescents recovered their menses (Group A), while 25 remained amennorhoic (Group B), even though completely restored their weight and normalized their BMI.

Results: At first attendance IGF-1 levels were 126.56±23.77 ng/ml for Group A and 133.12±34.33 ng/ml for Group B (p>0.05). At time of complete weight restoration IGF-1 levels were statistically significantly higher (p<0.05) in Group A girls compared to Group B, while at time of menstrual recovery IGF-1 levels of Group A adolescents were statistically significantly positively correlated with total body fat mass (%) (r=0.653, p<0.01) and trunk fat mass (%) (r=0.518, p<0.01).

Conclusions: IGF-1 levels were statistically significantly higher (p<0.05) in adolescents who recovered their menses after complete weight restoration, compared to them who remained amenorrhoeic, even though normalized their BMI. In Group A girls, IGF-1 levels were found to be statistically significantly positively correlated with total body fat mass (%) and trunk fat mass (%) (p<0.01) at time of menstrual recovery.
Unicornuate uterus with cavitated non-communicating rudimentary uterine horn: Laparoscopic management and pregnancy outcome

Tsutsui T

1Japan Community Healthcare Organization Osaka Hospital

Poster

(Introduction) Unicornuate uterus with rudimentary horn is a rare congenital anomaly, which occurs due to partial development of one of the Mullerian ducts.

This type of malformation could be associated with obstetric and gynecological complications such as dysmenorrhea, chronic pelvic pain, and rarely rupture of a rudimentary horn pregnancy.

(Case Reports) From March 2008 to April 2015, 10 patients with unicornuate uterus associated with a non-communicating cavitated rudimentary horn were surgically treated at Osaka University Hospital and JCHO Osaka Hospital. The diagnosis was made with presurgical work-up including pelvic examination, transvaginal ultrasonography, magnetic resonance imaging (MRI), hysterosalpingography (HSG), and hysteroscopy. We report our experience on 10 cases of laparoscopic resection of the non-communicating cavitated rudimentary uterine horn with unicornuate uterus. 5 patients tried to conceive, and successfully got pregnant naturally in the unicornuate uterus after removal of rudimentary horn. One delivered vaginally, and the other 4 delivered by Cesarean section. One patients delivered at term, and the other 4 gave birth prematurely.

(Conclusions) Laparoscopic excision of the rudimentary horn is suggested as a valid alternative to laparotomic surgery. Laparoscopic approach seems to be safe and should be the treatment of choice.
Background and aims: Blood transfusion dependant Thalassaemia Major patients usually experienced abnormal pubertal growth and menstrual pattern. The main aim of the study was to describe the pubertal growth, menstrual pattern and determine predictors for delay puberty and menarche.

Methods and materials: In this cross-sectional questionnaire study, a total number of 135 females, age above 12-year-old were recruited. They completed the Tanner staging chart and menstrual cycle questionnaire. Factors affecting their pubertal growth and menstrual pattern were studied.

Results: A data of 135 participants was presented. The mean age was 19.46±5.462. Majority of the participants were Malay (78.5%), followed by Chinese (9.6%) and others (11.9%). Most of the participants (81.5%) developed thelarche prior to pubarche. A vast majority (85.93%) had delayed thelarche when compared with norm. Half (54.81%) had regular menstrual cycle whereas 26.37% had irregular menstrual cycle and a fifth (18.52%) was still amenorrhoeic. Those diagnosed before the age of two, had significantly delayed menarche with no significant difference in thelarche. The duration of blood transfusion and iron chelating agent had positive correlation with the age of menarche (r=0.443, r=0.361) and thelarche (r=0.335, r=0.319). The use of iron chelating agent was significantly associated with delay in thelarche but not menarche. There was significant association between type of chelating agent and age of menarche but not with age of thelarche. Those who started iron chelating agent after 3 years since they received blood transfusion showed significant delayed in menarche but no significant difference in thelarche.

Conclusion: There was a significant delay in pubertal growth and menstrual pattern in blood transfusion dependant Thalassaemia Major patients. The longer the duration of blood transfusion and usage of iron chelating agents, the more likelihood of developing delayed thelarche and menarche.
Variability of residual ovarian reserve after clinical diagnosis of premature ovarian insufficiency

1Department of Obstetrics and Gynecology, Jeju National University School of Medicine, 2Department of Obstetrics and Gynecology, University of Ulsan, College of Medicine, Asan Medical Center, 3Department of Obstetrics and Gynecology, CHA Bundang Medical Center, School of Medicine, CHA University, 4Department of Obstetrics and Gynecology, Inje University, College of Medicine, Haeundae Paik Hospital, Busan, South Korea, 5Department of Obstetrics and Gynecology, Eulji Medical Center, Eulji University, Seoul, South Korea, 6Department of Obstetrics and Gynecology, College of Medicine, Ewha Womans University, Seoul, South Korea

Poster

Objective
Premature ovarian insufficiency (POI) affects 1% of women under the age of 40 and is associated with a hypoestrogenic state, potentially leading to multiple comorbidities including reduced bone density and fertility. We evaluated the variability of Anti-Mullerian Hormon (AMH) level after clinical diagnosis of premature ovarian insufficiency.

Methods
Fifty-one females aged between 17 and 39 years with POI were defined as follows: age at diagnosis < 40 years, secondary amenorrhea (over 6 months) and increased FSH and/or LH concentrations (both higher than 25 IU/l, at least one higher than 40 IU/l) negative for steroidogenic enzyme autoantibodies. Blood sampling for the present study was taken between 0, 1 and 2 years after the diagnosis of POI. Also pelvic ultrasonography and bone mineral density using DEXA were evaluated.

Results
Serum AMH concentrations ranged from 0.08 to 0.83 ng/ml in POI women. No difference were found for AMH, FSH, or E2 between the groups. Uterine volume was significantly smaller in chemo-induced POI group than other groups (p=0.011). Bone mineral density has no difference, however, percentage of below the expected rage for age was higher (14.28 vs. 8.6%) in idiopathic POI group than chemo-induced POI group. AMH level shown the variability through the time, especially after 1 year, AMH not only shown progressive decline (-90%), but also increase up to 1012%. While 23(45.1%) women showed declined AMH, 12(23.5%) women had increased AMH, 16(31.4%) women had no change of AMH level. However, after 2 year follow up, no significant difference among groups.

Conclusion
Knowledge of the age-dependent change in AMH levels will be particularly useful for those women with POI caused by accelerated follicle loss, such as cancer survivors or women with a family history of POI. In these women, AMH could serve as a preemptive screening tool that enables an early assessment of ovarian function.
Infantile/capillary hemangioma of the uterine corpus: a rare cause of abnormal genital bleeding during early puberty


1Hospital Regional Coyhaique, 2Hospital Universidad Catolica, 3IDMI, Universidad de Chile

Introduction: Infantile/capillary hemangiomas are vascular anomalies commonly seen in childhood and appearing anywhere in the body. Most of them resolve spontaneously before age 10. They are a rare cause of genital bleeding. Herein we communicate the case of a girl in early puberty presenting with abnormal genital bleeding caused by a hemangioma of the uterine corpus.

Clinical case: A girl of 8.5 years presented with abnormal genital bleeding. Physical exam: Breast Tanner II, absence of café-au-lait spots, normal external genitalia, without vaginal discharge. Labs: FSH 2.82 mUI/mL -estradiol 22.5 pg/mL, cortisol and thyroid function in normal range. Pelvic doppler ultrasound revealed normal ovaries and a 40-mm well-defined and highly-vascularized intrauterine lesion, suggestive of arterio-venous malformation (AVM). Vascular tomography and magnetic resonance discarded AMV making mandatory obtain a biopsy. Given patient age and limited vaginal access, a transmural uterine via minimally invasive access was planned. Once the uterus was opened, a complete tumor resection was achieved allowing the re-establishment of a normal cavity. No peri-operative complications were seen. Pathologic report diagnosed an infantile hemangioma. Since surgery, the patient is healthy with complete remission of vaginal bleeding. Three months after surgery, the gynecological ultrasound revealed a normal uterus.

Discussion: Confronted to an intrauterine tumor as a cause of abnormal vaginal bleeding in the puberty, it is relevant to carry out a detailed image study that allows distinguishing between etiologies. In addition to pelvic ultrasonography, both vascular tomography and magnetic resonance, evaluated by expert radiologists, should be part of the study. Once an AMV has been ruled out, to biopsy the tumor is mandatory to discard malignancy. Complete removal of the tumor can be accomplished safely by experienced surgeons without complications and preserving the reproductive potential.
Challenges in the diagnosis and management of a Mullerian malformation, a case report

Oholeguy P

1Uruguay, 2Hermida, M, 3Conselo, E

The objective of this clinical case report is to highlight this unusual presentation of Müllerian malformation and the diagnostic and therapeutic challenge it represented for our team. A 19 year Uruguayan adolescent girl who presented at our consulting room with a history of persistent fetid vaginal discharge. She had been diagnosed Rokitansky Syndrome at the age of 14 years old, when she consulted for acute abdominal pain that required a laparoscopy, describing absent uterus with normal ovaries. An MRI also found unilateral renal agenesis. Normal cariotype XX. Clinically primary amenorrhea with normal development of secondary pubertal characters.

When she contacted our team she was worried and anguished. She was sexually active but unsatisfactory because of her symptom that had been treated several times with broad spectrum antibiotics and vaginal capsules. We did a multidisciplinary team approach including psychologist, gynecologist, pediatrician and endoscopist. At speculoscopy we found a shortened vagina (5 cm aprox) and a small fistulous orifice at vaginal dome. To refine the diagnosis, we request a contrasted radiographic study of the vagina, a vaginoscopy and a new MRI with vaginal contrast. These studies showed an image suggestive of rudimentary uterus. We decided to perform a double surgical approach by laparoscopy and hysteroscopy finding a small rudimentary uterus and expanding by histeroscopy its communication to vagina in order to solve the symptom. The postoperative evolution was favorable with disappearance of the vaginal discharges and pleasurable sex intercouses.

This type of patients constitute a challenge for the health system and must always be attended by a multidisciplinary team, being patient and not rushing into decision-making. It is also very important, the trust of the patient in the treating team, for which we must work hard.
FERTILITY PRESERVATION AFTER CANCER DIAGNOSIS: A CHALLENGE FOR MEDICAL TEAM. Three case report

Bonsergent S1, Darin C1, Othaz L1, Cucci S1, Maya A1
1Hospital Britanico De Buenos Aires

In Argentina 1600-1800 new cases of cancer will be expected in younger than 20 per year. The objective of this presentation is to analyze the barriers that care providers must face with these patients and their families through 3 clinical cases.

Case 1: 16 years old patient who present with primary amenorrhea, insipid DBT and panhipopituitarism. IMR showed a solid suprasellar mass that was removed by trans-sphenoidal surgery. The biopsy informed: Germinoma. Chemotherapy (CT) with Platinum/Etoposid and Radiotherapy (RT) was indicated. In this context FP with ovarian tissue was offered. Pelvic ultrasound showed a persistent cist in the right ovary. We removed that cist during the laparoscopy; the healthy left ovary was removed too for FP. The biopsy of the cist informed: cystadenoma mucinoso borderline. Normal tissue of the left ovary with more than 40 immature ovocytes finally was preserved by vitrification previous to CT treatment.

Case 2: 17 years old patient with abnormal uterine bleeding due to a clear cell adenocarcinoma of the cervix that required a radical hysterectomy plus pelvic RT. The ovaries were preserved by the transposition out of the pelvis. 12 years later an ovary stimulation with gonadotrophins was performed and mature ovocytes where obtained to future IVF in subrogated uterus.

Case 3: 20 years old patient with abdominal pain, adnexal mass and positive B-HCG was admitted with suspicion of ectopic pregnancy. We performed a laparoscopic ooforectomy. The biopsy informed: mixed germinal tumor. Then she received ovarian stimulation, vitrification of mature ovocytes and surgical staging previous to CT treatment.

There is a critical need to support them in their reproductive decision-making prior to treatment. The main barrier that our team found is time to perform FP previous to aggressive treatment. And the main strength was the excellent communication developed by this interdisciplinary teamwork.
Lipid profile of adolescent girls with Anorexia Nervosa

Karountzos V1, Tsimaris P1, Tsitsika A2, Bacopoulou F3, Panotopoulos G1, Vatopoulou A4, Deligeoroglou E1, Papachatzopoulou E1, Athanasopoulos N1, Giannouli A1, Panoulis K1, Deligeoroglou E1
1Division of Pediatric-Adolescent Gynecology & Reconstructive Surgery, 2nd Department of Obstetrics & Gynecology, University of Athens, Medical School, “Aretaieion” Hospital, Athens, Greece, 2Adolescent Health Unit (AHU), Second University Department of Pediatrics, “P. & A. Kyriakou” Children’s Hospital, National and Kapodistrian University of Athens School of Medicine, Athens, Greece, 3Center for Adolescent Medicine and UNESCO Chair in Adolescent Health Care, First Department of Pediatrics, University of Athens Medical School, Aghia Sophia Children’s Hospital, Athens, Greece, 41st Department of Obstetrics & Gynecology, Aristotle University of Thessaloniki, Medical School, “Papageorgiou” Hospital, Thessaloniki, Greece

Poster

Introduction/Objective: The aim of this study is to estimate the frequency and role of hypercholesterolaemia in female adolescents with Anorexia Nervosa (AN).

Material and Methods: Prospective study of Plasma Lipoprotein (LP), such as low-density lipoprotein cholesterol (LDL) and high-density lipoprotein cholesterol (HDL), FT3, FT4, TSH and Total Cholesterol (TC), in 38 adolescents presented with AN and 56 non-AN controls, matched for age and anthropometric parameters (such as Body Mass Index).

Results: 38 AN adolescents with mean age 17.23 ± 0.89 years, mean Body Mass Index 16.67 ±2.46 Kg/m2, mean Waist-Hip Ratio 0.77 ± 0.12, mean Waist circumference 0.67 ± 0.09 m included in our study. 23% of AN girls had TC levels >290 mg/dl, compared to 3% of non-AN adolescents (p<0.01). TC, LDL and HDL were statistically significant higher in AN adolescents compared to controls (p<0.01), while FT3 was statistically significant (P<0.01) positively correlated to BMI (low FT3 levels when BMI was very low).

Conclusions: In AN, high TC, HDL, and LDL levels were observed, while FT3 levels were positively correlated to BMI. Nutritional recovery of AN adolescents leads to normalization of the LP profile. A multidisciplinary approach of these girls is mandatory.
A case of androgen secreting tumor with hyperandrogenism and elevated 17-hydroxyprogesterone in a young woman with background polycystic ovarian syndrome

Law T\textsuperscript{1}, Chung J\textsuperscript{1}

\textsuperscript{1}Department of Obstetrics and Gynaecology, The Chinese University Of Hong Kong

Poster

A case of overweight young lady presented with secondary amenorrhea, hirsutism and diabetes mellitus at age of 23. The initial diagnosis is polycystic ovary syndrome (PCOS) with transabdominal ultrasound showing bilateral polycystic ovaries appearance. On further workup, serum total testosterone, androstenedione and 17-hydroxyprogesterone (17-OHP) were significantly increased. Computer tomography of pelvis did not reveal adrenal or ovarian mass except right ovary was slightly enlarged to 2.5cm. As 17-OHP did not increase upon ACTH (Synacthen) stimulation and the urinary steroid profile was compatible with an ovarian source of 17-OHP excess rather than adrenal, non-classical congenital adrenal hyperplasia (NCCAH) was unlikely. Transvaginal ultrasound was performed and \textsuperscript{[18F]}-fluorodeoxyglucose Positron Emission Tomography-Computed Tomography (FDG PET-CT) enabled the localization of a 2.6cm right ovarian tumor with hypervascularity. Laparoscopic right salpingo-oophorectomy was performed and a histological diagnosis of steroid cell tumor, not otherwise specified (SCT-NOS) was made. Hyperandrogenism resolved 2 weeks after the operation and menstrual cycle became more regular every 28-50 days. The appearance of polycystic ovary persists over the left ovary using volume measurement on 3-dimensional ultrasound and diabetes mellitus was under fair control despite she was put on medication. The initial thought of normalization of hyperandrogenism may lead to disappearance of polycystic appearance and symptoms but the polycystic ovary appearance persisted until 1 year after the operation. On literature review, this is the first case describing androgen secreting tumor with co-existing polycystic ovarian syndrome which may cause difficulty in making the diagnosis. 17-OHP-secreting SCT-NOS may uncommonly show positive responses to ACTH stimulation similar to 21-hydroxylase deficiency and urinary steroid profile might be useful in localizing the source of 17-OHP to the ovaries.
Frequency of repeated genital examinations in a tertiary paediatric referral centre for individuals with Differences in Sex Development (DSD) and ambiguous genitalia.

Teague S¹
¹Royal Children’s Hospital, Parkville

Poster

Aim- To assess whether evidence based medicine is being practiced with regards to the role of limiting genital examinations (GE) in children with DSD with ambiguous genitalia to as recommended with the Consensus statement of 2006 on Management of Intersex patients.

Methods - Retrospective cohort, single centre study, reviewing historical data comparing clinical practise (frequency of GE) at a tertiary referral centre during clinical reviews between 1996 – 2006 to those that occurred between 2007 – 2018.

Primary outcome: Frequency of GE, (expressed as a percentage of clinical reviews) performed both prior to, and after, the 2006 Consensus Statement, reflecting institutional change in practise over time. Secondary outcomes: relationships between patient or clinical review characteristics that increase or decrease likelihood of having a GE performed. (Diagnosis type, specialty, age, year of review, mean interval of time between clinical reviews, intensity of Genital examinations (GE/person per year), proportion of genital examinations where an indication for the examination was documented, or whether the course of management changed as a result of the genital examination.

Participants - Individuals with ambiguous genitalia or differences in sex development and were raised female. In order to demonstrate a 30% reduction in GE's after 2006 with a target power of 80%, 169 clinical reviews are required in each arm. This is assuming that the prevalence of genital examinations is 50% in the cohort prior to 2006 Consensus statement.

Results - data pending completion.

Discussion - Repetitive medical genital examinations can however, contribute to an internalised stigma of being somehow abnormal and may impact upon all interactions patients have with medical specialists in the future. There is no gold standard in the literature regarding the optimal number or frequency of genital examinations in this population and thus data will add to establishing this.
Objectives: The study evaluates the incidence of undiagnosed uterine defects in women with reproductive disorder and compares the classification of uterine malformations according to American Fertility Society and ESHRE/ESHG. The incidence of defective development of the Müller duct in women with reproductive disorder is stated in the range of 2-12%, in women with miscarriage in their anamnesis 5-30%, in case of infertility and repeated pregnancy losses in the range of 18.3-32.8%. However, the data regarding incidence of VVV uterus in literature differ. Some inconsistence also lies in the diagnosis. Methods: 3D uterine ultrasound examinations with or without contrast agent up to the 12th day of cycle. In I/2010 – I/2019 2319 women of the average age of 32.2 were examined. Classification of uterus malformations was executed in concordance with American Fertility Society (1988) and since 2014 in concordance with ESHRE/ESHG (2013) classification. Results: standard/U0:1974, uterus unicornis /U4:14, uterus bicornis/U3:8, uterus septus/U2:75, uterus arcuatus:241, other:7. After implementation of classification according to ESHRE/ESHG a 39% rise of U2a diagnosis occurred during a retrospective re-evaluation. Of 15 patients with the U2 that underwent resection 12(80%) got pregnant. Patients without resection got pregnant in 28 cases (47%). Conclusion: A suspicion of uterine malformations (U2,U3, U4a, U5) may be expressed even during a 2D ultrasound examination of adolescents, examined for menstrual cycle disorders - dysmenorhoea, amenorhoea. The following 3D ultrasound diagnosis is a quick, non-invasive, easily performed and painless examination method, enabling a timely diagnosis of uterine malformations. In our set we have diagnosed 15% of previously unrecognized uterus malformations, out of which 5% were critical for successful reproduction. The implementation of classification in concordance with ESHRE/ESHG increased the U2 diagnosis incidence. Evaluating, whether women with U2a profit from resection is a subject of currently running study The Randomised Uterine Septum Transsection (TRUST).
Teratoma is the most common complex ovarian mass in adolescent girls. Although these tumors typically are asymptomatic, patients may present with abdominal pain, a palpable mass, or acute onset of pain secondary to acute complications.

The aim of the present study is to investigate the management and status of ovarian preservation in adolescent patients with ovarian teratomas to identify the factors that are associated with ovarian preservation.

Between 2004 and 2019, 50 adolescent girls were surgically treated for ovarian teratomas in Hospital Británico de Buenos Aires. The data on the patient clinical presentation, imaging, treatment, outcome, pathology and status of ovarian preservation were retrospectively analyzed for each patient.

Four cases were bilateral teratomas, all of them synchronous; in 3 cases bilateral cystectomy was performed. The 4th bilateral teratoma was resolved by unilateral anexectomy (tumor size 155mm) and cystectomy of the remaining ovary. Patholgical anatomy informed mature teratoma in 49 ovaries, mature teratoma with cystadenoma mucinous in 2 cases, mature teratoma with cystadenoma serous in one case. One was a mature teratoma with focus of carcinoid tumor. There for 53 ovaries were treated. 48 (90.56%) cases were resolved by laparoscopic surgery and 5(9.43%) required laparotomy. In 41 (77.35%) cases cystectomy was performed, 9 (16.98%) required anexectomy and one need surgical staging (carcinoid tumor). The average age of the patients was 17.9 years (range 11-21 years).

In our study the risk factor for anexectomy were malignant pathology, large tumor size and torsion. But in all cases ovary preservation was performed including the teratoma associated with carcinoid tumor. Because the prognosis was favorable in most cases the preservation of ovarian tissue should be a goal in the surgical treatment of ovarian teratomas in adolescence.
A twisted tale: A case of bilateral ovarian torsion in a neonate

**Burston K**1, Kumar R2, Dunford A1

1John Hunter Hospital, 2John Hunter Children's Hospital

Poster

Background: The intrauterine diagnosis of fetal ovarian cysts is becoming more prevalent due to the increasing use and sensitivity of ultrasound. Torsion is recognized as one of the most common complications and is significant due to its long-term effects on ovarian function. The decision to operate is complex due to potential morbidity and high rate of spontaneous resolution in neonatal cysts.

Clinical Case: We describe the case of a neonate who was found to have bilateral abdominal masses suspicious for ovarian cysts on routine ultrasound at 37 weeks. The ultrasound reported a 54mm ovoid simple cyst in the fetal pelvis and a 39mm mildly complex cystic structure with a few internal septae in the right hemipelvis. At 2 days of age, an MRI revealed bilateral cyst-like adnexal masses measuring 40x30x30mm on the right and 35x35x25mm on the left. The left sided mass showed a fluid-fluid level and was suspicious for spontaneous haemorrhage or haemorrhage secondary to torsion. At 14 days of age, an exploratory laparoscopy was performed which revealed bilateral ovarian cysts with evidence of torsion and congestion. The cysts were drained and ovaries detorted. The decision was made to leave the ovaries in situ in the hopes of preserving ovarian function.

Conclusion: This case highlights the dilemma in management of bilateral ovarian cysts noted in the antenatal period. Clinicians should have a high awareness for the potential of neonatal cysts to develop ovarian torsion, despite their small size. Given their rarity, the prevalence and natural history of bilateral cysts is not known. The implications for ovarian function later in life are not clear but perhaps better outcomes can be obtained with low threshold for early neonatal review and subsequent surgery in the case of bilateral cysts.
Primary peritoneal serous borderline tumour in a 15yo female: a case report and review of the literature

Rajadevan N1, Moed S1, Bergzoll C1
1Auckland City Hospital

Poster

Background:
Primary peritoneal serous borderline tumour is a rare lesion, which is histologically indistinguishable from non-invasive peritoneal implants found in association with ovarian tumours of borderline malignancy. The diagnosis of PPSBT relies on the presence of either normal ovaries, ovaries containing a benign tumour or ovaries showing only minimal surface involvement in the setting of obvious peritoneal disease.

Case:
An otherwise well 15yo presented with sudden onset right iliac fossa pain. USS demonstrated a 5cm pelvic cyst which was conservatively managed and resolved on subsequent scanning. However, due to ongoing pain preventing the patient from attending school and not responding to menstrual suppression, she underwent a laparoscopy which demonstrated widespread peritoneal disease suggestive of atypical endometriosis. Biopsy however, demonstrated a low-grade serous neoplasm. The patient was referred to the Gynaecology Team where she was counselled and underwent a midline laparotomy, right salpingo-oophorectomy, supracolic omentectomy, diaphragmatic, paracolic gutter and pelvic peritoneal stripping and appendicectomy. At surgery disease was noted overlying both tubes and ovaries, uterine serosa and the peritoneum. Optimal cytoreduction was achieved. The patient’s recovery was uncomplicated. Final histopathology demonstrated a FIGO stage IIIC primary peritoneal serous borderline tumour.

Conclusion:
Only two case series of such lesions have been reported. Regarding treatment, a conservative surgical approach similar to that undertaken in our patient is often advocated, especially if fertility is desired. All visible lesions should be removed given the risk of recurrence or transformation to a low-grade serous carcinoma. Similar to serous borderline ovarian tumours, adjuvant therapy is not indicated, and prognosis is good with an overall survival rate >95%. In this case, biopsy of atypical endometriosis facilitated the diagnosis.
Massive lifelong impact: identification and management of childhood lichen sclerosus and vulvodynia

Day T¹
¹Gynaecologist, John Hunter Hospital

Plenary Session 1 - Saturday 30 November, Plenary, November 30, 2019, 9:00 AM - 10:45 AM

Urogenital complaints are common in pre-pubertal and adolescent girls. The initial goal of history and examination is to establish if the vulval skin is normal or abnormal. There is a broad differential diagnosis for abnormal skin, to include infections, manifestations of systemic disease, congenital conditions, neoplasia, drug reactions, and chronic dermatoses. Lichen sclerosus will be explored as a paradigm for the diagnostic process and management strategy of chronic dermatosis – aiming both to normalise skin symptoms and appearance, and to prevent irreversible and/or long-term impacts. Normal skin with abnormal sensation, and no other identifiable cause, is vulvodynia. Vulvodynia has multiple associated factors, and the identification of these helps us to target therapies – aiming both to improve quality of life and genital function, and to prevent further peripheral and central pain sensitisation and the associated development of longstanding psychosocial impacts.
Challenges of Talking to Adolescents

Telfer M

Plenary Session 1 - Saturday 30 November, Plenary, November 30, 2019, 9:00 AM - 10:45 AM

Talking to and engaging with adolescents in healthcare settings is a skill that comes more easily for some clinicians than others. Even for those of us who do so on an everyday basis, successfully communicating and connecting with young people can be compromised by time pressures, difficult physical and psychological environments and/or a lack of shared understanding of the goals for each interaction. This session provides a framework for establishing initial engagement with adolescents and enhancing long term professional and therapeutic relationships with them and their families. Topics covered will include navigating consultations with families to put the adolescent at the centre of the consultation; establishing an understanding with the adolescent on the strengths and limitations of confidential healthcare; and provision of a standardised framework for conducting psychosocial screening to enable identification of health risks and protective factors to enhance health and wellbeing outcomes.
The contraceptive consultation is often our first opportunity to talk with young women about sex and relationships. How can we do this well when sex is such a complicated business? In these consultations we have to juggle our own beliefs about sex and relationships, the pressures of the peer group and the impact of Dr Google and the Kardashians. Can we avoid a fit of moral panic? Yes, we can. Firstly, we need to understand what it is that we really want from sex. Second, throw in some strategies for improving emotional intelligence. Then we can teach young women to successfully manage the challenges of maintaining bodily integrity, good physical and mental health and a positive model of sexuality. Even in the age of the Internet. This presentation will draw on the work of Alain De Botton, Peggy Orenstein and Sara McClelland and the scary conversations that happen when you have a 16 year old niece.
Working with Young Woman with Developmental Disabilities

Muir C

1Starship Children's Hospital

Plenary Session 3 - Saturday 30 November, Plenary, November 30, 2019, 1:30 PM - 3:00 PM

Woman with developmental disabilities such as Down Syndrome, autism and cerebral palsy may require medical intervention and support for menstruation management. Although options for approaching menstrual management are the same as for non disabled peers, additional considerations are often required when communicating with and providing medical care for young woman with developmental disabilities.

Supports with communication, a focus on function, and the importance of supporting sexual education including the risk of abuse are important aspects of working with this group. Allowing the patient voice is important but often requires a different approach, such as using visual tools and strategies.

This session will describe features of common developmental conditions and the potential impacts of disability on menstruation management. The focus of the session will be 10 Practical Tips for clinicians to use day to day in their practice when working with young woman with developmental disabilities to improve the management of menstruation.
The breast exam should be part of every gynecological exam. The main breast problems in this age group are listed below:
1 - PROBLEMS IN DEVELOPMENT: We can find asymmetry, macromastia, tuberous breasts, amastia, Poland syndrome, atelia, hypoplasia, polymastia and polythelia.
2 - MASTALGIA: it affects more than 40% of girls and derives from various causes, since the emergence of the breast bud, premenstrual period, pregnancy, infection, etc. The most commonly used treatment is NSAID and primrose oil.
3 - NODULES: Breast ultrasound is the initial examination to differentiate a cystic nodule from a solid one. Persistent and symptomatic cysts may be punctured. Fibroadenoma is the most common breast tumor and it is usually up to 2-3 cm or even regressing, although in some cases it may exceed 10 cm. About 10 - 25% of them are multiple or recurrent. Juvenile fibroadenoma is a variant form and has a fast growing and usually exceeds 5 cm. Phyllodes tumors can be malignant and its diagnosis can be difficult. Juvenile papillomatosis may be a risk factor for breast cancer and its treatment should be surgical. Breast cancer in adolescents is extremely rare and can be primary or metastatic. Thus, nodules that do not exceed 3 cm and have ultrasound compatible with fibroadenoma usually have conservative treatment. However, fast growing, symptomatic nodules or patient at high risk (ex: previous radiation therapy to the chest) usually have excisional treatment.
4 – BREAST DISCHARGE: There may be several types: milky, multicolored and sticky, purulent, watery, serous or serosanguineous, brownish and bloody. These secretions may be related to pregnancy, medication use, hypothyroidism, ductal ectasia, infection, ductal papilloma, etc.
5 - INFECTION: can happen in neonates, children and adolescents, being more common in lactation. Cellulite is more related to streptococci and abscess more to staphylococci.
The crossroads of paediatric endocrinology and paediatric/adolescent gynaecology.

Quigley C

Paediatric Endocrinologist

Plenary Session 4 - Saturday 30 November, Plenary, November 30, 2019, 3:30 PM - 5:00 PM

Puberty represents an intersection between paediatric endocrinology and paediatric/adolescent gynaecology. This presentation will highlight two conditions that present unique challenges in pubertal management. The partial form of androgen insensitivity syndrome (PAIS) results from varying degrees of resistance to actions of androgens in 46,XY individuals with normally-formed and functioning testes and variable genital phenotype. In cases with limited masculinization the gender of rearing is usually female, and standard management has typically included orchidectomy in infancy on the assumption that the exuberant testicular androgen production of puberty would cause unacceptable masculinization in an individual with retained androgen responsiveness. However, this assumption is challenged by recent personal experience with 5 girls with PAIS who retained their testes throughout childhood, into puberty and beyond, and underwent feminizing puberty.

The spontaneous pubertal development in PAIS contrasts with the situation in girls with Turner syndrome, whose prenatal onset of gonadal dysgenesis renders them estrogen deficient from birth. Because these girls have marked short stature typical practice was to administer growth hormone during childhood, while delaying estrogen replacement until the mid-teen years, with the goal of prolonging the time for linear growth before exposure to the bone-maturing effects of high estrogen concentrations. However, this extended period of enforced estrogen deficiency has potential consequences for health and well-being in childhood and beyond, given the clear evidence that endogenous estrogen production of typical girls is significantly greater than that of boys during the prepubertal period. Recent randomized clinical trial data clarify that estrogen replacement at very low, physiologic doses from as early as age 5 can normalize timing of thelarche and tempo of puberty, improve memory and cognitive performance and provide modest synergistic enhancement of growth hormone-associated adult height gain. Experience with these contrasting situations underscores the necessity of individualizing pubertal management, whether by watchful observation or physiologically-tailored replacement.
Children in detention: the accidental activist

Isaacs D1
1Children's Hospital at Westmead, 2University of Sydney

Congress Opening, Plenary, December 1, 2019, 9:00 AM - 10:30 AM

David is a paediatrician specialising in infectious diseases. In 2005, because African refugees were arriving with asymptomatic malaria parasitaemia, he started a paediatric refugee clinic. However, the clientele changed to include children traumatised by war, by terrifying journeys fleeing from peril, and by increasingly prolonged immigration detention. David visited Nauru in 2014, with a refugee nurse Alanna Maycock, contracted to consult on children in detention. Horrified by what they saw, David and Alanna ignored their restrictive contract to blow the whistle. Since then, David has found himself becoming an activist for getting children and adults out of detention. He was intimately involved in the #KidsOffNauru campaign and in assessing children on Nauru in need of transfer for urgent medical attention.
Obstetric Fistula

Goh J1,2
1Urogynaecologist, 2Griffith University

Congress Opening, Plenary, December 1, 2019, 9:00 AM - 10:30 AM

Prolonged obstructed labour is the most common cause of female genital tract fistula. Obstetric fistula is a major health issue for women worldwide. In Ugandan women of reproductive age, it is estimated that 1.4% have a fistula and this has been a reduction from 2.6% a decade prior. In Uganda, maternal deaths accounts for 18% of all deaths in women aged 15-49 years. Obstetric fistula may occur between the vagina/uterus and urinary tract, and between vagina and rectum/anus. Although the treatment of obstetric fistula is surgery it is not available in many low resource areas.

Teenage pregnancies are common in many parts of Asia and Africa. In northern Nigeria, almost 55% were teenagers at time of obstetric fistula and younger girls (under 16 years of age) tended to have more severe fistulas, associated with rectal fistulas, anal sphincter disruption and more vaginal scarring.

In a study in northern Nigeria comparing women with obstetric fistula and those presenting with other gynaecological condition, it was noted that average age of marriage of the fistula group was 14 years compared to 21 in the control group. However, there were also other significant differences between these 2 groups. Of the fistula group, 95% lived in rural villages whilst 89% of the control group lived in urban areas. In addition, 96% of the fistula group was illiterate compared to 21% of the control group.

The primary in the management of obstetric fistula, as with any maternal mobidity/mortality, is prevention. There are a number of factors contributing to obstetric fistula. These include cultural/traditional customs/practices, poor resources with suboptimal infrastructure, poverty and lack of education. If all mothers in sub-Saharan Africa complete primary education, maternal mortality can be reduced by 70% (UNESCO). For each year a girl spends at school, she will delay child-bearing by 6-10 months.
Cyber and online bullying

Findlay C

Does appearance matter? Plenary, December 1, 2019, 11:00 AM - 12:20 PM

In this session, Carly Findlay will talk about cyber bullying - with some practical tips about community building, resilience and reporting. The session will cover:

- Carly’s story of being cyber bullied
- How to raise awareness about rare medical conditions online without over sharing and exploitation
- Where to find a supportive community
- How to be a good leader and role model in your chronic illness and disability community
- Where to find help if you’re cyber bullied
- How to speak out safely about cyber bullying
- How to stay resilient.
EPIDEMIOLOGICAL, CLINICAL, SOCIO-CULTURAL AND ECONOMIC ASPECTS, FEMALE GENITAL CUTTING IN THE DISTRICT OF BAMAKO

Moustapha T

Does appearance matter? Plenary, December 1, 2019, 11:00 AM - 12:20 PM

Introduction  FGM is a real public health problem in Mali. This work was initiated to appreciate the epidemiological, clinical, socio-cultural and economic aspects of excision.

METHOD: This was a multicentric, prospective, cluster study from April 16 to July 20, 2012, and concerned girls aged 0 to 15 years seen in consultation in various health facilities in Bamako. The data was analyzed by SPSS software version 12.0. Results: Of the 1980 girls recruited, 1027 girls were excised, a prevalence of 52%. In 89.2% of cases girls were excised before their first birthday, with an average age of 4.6 months. FGM was performed in the circumciser's home in 77.6% of cases and in health facilities in 2.1% of cases, with a knife (46.6%), a razor blade (20.3%) %) and 86.2% of excisors had received a reward. In 1.2% of cases, there was a relationship between excision and the reason for consultation, including 33.2% of urinary disorders and 16.7% of HIV infection. In 42.4% of cases, parents thought that there was a difference between an excised and uncircumcised woman; 26.1% refused a beautiful girl not excised. The ethnicity, level and type of education of the parents are factors influencing the practice of excision.

Conclusion: Excision is a Malian societal practice. The actors involved in the fight must strengthen their actions to put an end to this practice. Keywords: Excision, Epidemiology, Clinics, Sociocultural, Bamako
Abusive behavior silently increases low self-esteem and depression in teenage pregnancy patients: A Mexican cohort

Pineda Serrano J, Jimenez-Peña A1, Hernández-Escobar C1, Pantaleón-García J1, Cisneros-Rivera F2, Ruiz-Carranza C3, Ramos-Reyes A1, De Alba-Marquez I1
1ITESM, 2Hospital Materno Infantil

Teenage pregnancies, Room 107, December 1, 2019, 12:45 PM - 1:15 PM

Background
The impact of low self-esteem and depression in adolescent pregnancy is on debate, but they have been associated with early coitarche, vulnerability and inability to negotiate condom use. Furthermore, adverse childhood events such as violence or abuse correlate with mental health disorders and adolescent pregnancy. These relationships have been scarcely studied in pregnant teenagers of Latin America. Our study evaluates the association between a history of abusive behavior and positive screening for low self-esteem and depression in pregnant adolescents.

Methods
After IRB approval, a questionnaire was applied to 230 pregnant teenagers at a referral hospital norther Mexico. The survey included sociodemographic variables, Rosenberg self-esteem scale (RSES) and the PHQ2 questionnaire to screen for low self-esteem and depression, respectively. Descriptive and analytical statistics were appropriately performed using Stata15 with a significant p-value of <0.05.

Results
The analysis depicts that pregnant teenagers have normal RSES scores (X̅= 21.1 +/- 4.5 SD) that are higher (+1.9, +/-0.43 SD) than healthy teenagers. Surprisingly, subgroup analysis revealed lower RSES scores in patients with history of abusive behavior, 14%, (-2.7, +/-0.8 SD): increasing low self-esteem screening in those verbally abused, 8%, (OR 3.3 95%CI 1.1-10.6). Similarly, the mean PHQ2 score was normal (X̅= 1.6 +/-1.4 SD), but reduced in abused patients (-1.1, +/-0.3 SD): increasing depression screening in generally abused (OR 2.9 95%CI 1.4-6.2) or physically abused, 4%, (OR 6.0 95%CI 1.6-22.7) patients.

Conclusions
Despite normal range values when screening for low self-esteem and depression, significant reductions were found in both RSES and PHQ2 scores in patients with history of abuse. Particularly, verbal abuse appeared to be a risk factor for low self-esteem, and physical abuse for depression. Thus, identifying a history of abusive behavior in pregnant teenagers can improve further interventions to safeguard their mental health well-being and prevent recurrent pregnancies.
Early contact, connection, and support: Essential components of a breastfeeding program for adolescent and young women

Fleming N1,2,3,4, Cantin C4,5, Peterson W6
1University of Ottawa, School of Medicine, 2Children’s Hospital of Eastern Ontario & CHEO Research Institute, 3The Ottawa Hospital, 4Ottawa Hospital Research Institute, 5Champlain Maternal Newborn Regional Program, 6University of Ottawa, School of Nursing

Teenage pregnancies, Room 107, December 1, 2019, 12:45 PM - 1:15 PM

Young mothers have a low rate of breastfeeding and traditional breastfeeding support given to adult women may not meet their needs. In 2015, we designed and implemented an innovative youth-informed breastfeeding program which incorporates three components: prenatal education, peer support and staff training. These components are known to successfully educate and support women in order to improve their breastfeeding outcomes.

Purpose
The aim of this study was to identify recommendations for implementing the program elsewhere.

Methods
Grant funding was obtained and research ethics board approval was received. Qualitative interviews (n=7) were conducted with 10 key stakeholders at a large urban outreach centre who were involved in the development and implementation of the program. Content analysis was conducted to determine the essential components of the program, facilitators and barriers to implementation, and recommendations for future implementation at other agencies.

Results
Essential components of a youth-informed breastfeeding program include: offering prenatal breastfeeding education; offering a peer support program which includes a mix of pregnant and parenting youth; hiring a dynamic program facilitator who has strong skills in working with youth; training and supporting youth to be peer-mom leaders; offering incentives to encourage participation; reducing barriers to accessing the program such as offering food, childcare and transportation; ensuring adequate administrative support; leveraging existing community partnerships; creating a culture of breastfeeding support through staff training in breastfeeding best practices; and planning for sustainability.

Conclusion
The program is adaptable, with expandable content which has enabled a youth agency in our community to address the diverse needs of both pregnant and parenting women under 25 years of age. Key stakeholders identified the importance of implementing this program at other sites to promote optimal breastfeeding rates in young mothers.
"We need to talk about hymens" - A paediatric perspective on medical findings in children/young people who have been sexually abused.

Ticehurst R¹
¹Sexual Assault Service HNEHLD

Social considerations, Room 103, December 1, 2019, 12:45 PM - 1:15 PM

As a paediatrician with 35 years experience at the Newcastle Sexual Assault Service, I will discuss the range of clinical findings in children presenting to a paediatric Sexual Assault service following child sexual assault. The majority of these finding will be completely normal. I will discuss the current Paediatric Guidelines for children who have been sexually abused, hoping to generate discussion as to their relevance to Paediatric Gynaecology.

Paediatric practice could benefit from Paediatric Gynaecological knowledge and expertise. I will raise a number of questions to encourage a conversation between the two specialties.

At what stage would a Paediatric Gynaecological referral benefit the patient with incidental variant findings For example: Hymenal septum, imperforate hymen?

The varied impact of child sexual assault on physical structures is sometimes puzzling. I will present cases with photodocumentation to illustrate this.

I will present a paediatric approach to sharing knowledge of hymens with children, young people and their families as well as colleagues.

I will emphasise the importance of offering a specialised, multidisciplinary review at a Paediatric Sexual Assault Service for all children who have been sexually abused. Photodocumentation at this time allows for peer review.
Overcoming the Stigma of Breastfeeding in Public: Can a Breastfeeding Video Increase Acceptability of Young Mothers Breastfeeding in Public?

Fleming N1,3,4,5, Cantin C1,2, Furmli H7, Fortier C6
1Champlain Maternal Newborn Regional Program, 2Ottawa Hospital Research Institute, 3The Ottawa Hospital, School of Medicine, 4Children’s Hospital of Eastern Ontario (CHEO), 5CHEO Research Institute, 6Salvation Army Bethany Hope Centre, 7Queen’s University, School of Medicine

Clients attending a breastfeeding program for pregnant and parenting youth identified stigma associated with breastfeeding as a significant concern. We conducted a research study to create, disseminate and evaluate a video promoting young mothers breastfeeding in public. These videos, "Bust the Cover of Breastfeeding" (1:46 mins) and "Flush the Toilet on Breastfeeding Shaming" (0:45 mins), can be shared as part of an oral presentation.

The study was designed to determine if a youth-informed breastfeeding video featuring young mothers could reduce stigma and increase acceptability of breastfeeding in public.

Research ethics board approval was obtained. Focus groups with pregnant and parenting youth (n=9) were conducted. A qualitative analysis identified two key themes: 1) Our breast-obsessed society doesn’t always support breastfeeding, and 2) We need to normalize breastfeeding in [country]. A script was written based on focus group findings, and two short evidence-based videos were produced and critically reviewed by participants. Four young women volunteered to be featured in the video.

An evaluation survey was administered to pregnant and parenting youth and staff at a large urban outreach centre (n=99). The response to the video was overwhelmingly positive regardless of respondent age. They agreed/strongly agreed with the following statements: the video was informative about a mother’s right to breastfeed in public (88%); the video would encourage more mothers to breastfeed in public (90%); and the video would encourage public openness to breastfeeding in public spaces (86%). Social media was identified by the majority of respondents as the best way to share the videos, and there was unanimous support for sharing the videos widely.

Youth-informed breastfeeding videos featuring young mothers appear to reduce stigma and increase acceptability of breastfeeding in public. Given the frequency of young breastfeeding mothers reporting stigmatization, greater advocacy work is required to protect breastfeeding in public spaces.
The development of Regional Sexual Assault Referral Centres for children and young people in the United Kingdom

Wall I
1Teesside University

Social considerations, Room 103, December 1, 2019, 12:45 PM - 1:15 PM

Regional Sexual Assault Referral Centres (SARCs) for paediatric and adolescent complainants of sexual violence were first proposed in the UK in 2008. This presentation will discuss the changes in service provision in England over the last 10 years leading to the development of a regional sexual assault service for children and young people in the East Midlands led by the presenter.

The presentation will review:
• Health needs assessment and the development of Regional SARCs for children and young people.
• The need for multi-disciplinary working including gynaecologists, paediatricians, forensic physicians, Independent Sexual Violence Advisers (ISVAs) and mental health practitioners.
• The evidence base for the physical signs of child sexual abuse.
• Best practice for forensic sampling.
• The role of the Forensic Regulator.
• The presentation of Female Genital Mutilation in SARCs
• Legislation surrounding tissue retention in SARCs.
• Child sexual exploitation.

Outcomes of the service development include the creation of a dedicated child friendly forensic suite and family room, Peer Review by video conferencing, children’s ISVAs and the creation of a regional centre for children and young people.
Features of ovarian reserve in Mayer-Rokitansky-Kuster-Hauser syndrome

Batyrova Z1, Akhapkina E1, Uvarova E1, Kruglyak D1, Buralkina N1, Kumykova Z1
1National Medical Research Center For Obstetrics, Gynecology And Perinatology named acad Kulakov

Fertility and POI, Room 101 & 102, December 1, 2019, 12:45 PM - 1:15 PM

Mayer – Rokitansky – Kuster – Hauser syndrome (MRKH) is a malformation, characterized by aplasia of the uterus and vagina in girls. The treatment lies in the formation of the vagina, and the reproductive function is not questioned. But there are data of possible endocrinopathy and dysfunction of the ovaries.

Aim: to assess the functional state of the ovaries in girls MRKH at the 15-17 y.

Materials and Methods: Total 39 girls treated at FGBU NMRC OGP named V.I.Kulakov from 01.2012 to 01.2018 were included in study. Studied hormonal profile, and results of ultrasound of the pelvic organs. Data were compared with the parameters of healthy peers.

Results: 11 girls (28%) had a combination of genital defects. Hormonal results: the average level of LG was 5.8 (0.5–16.7) [Control group 3.7 (2.5–4.7)]; FSH 3.6 (1.3– 9.2) [CG 5.3 (4.1–6.5)]; Estradiol 197 (85.4–650) [CG 178 (116.0–210.0)]; Prolactin 365 (23.5–1158) [CG 189 (142.0–269.0)]; AMH 3.8 (1–9) [CG 5.8 (3.8–6.9)]; Cortisol 455 (241–739) [CG 284 (254.0–417.0)]. Visual diagnostics showed that the uterus was defined as a cord in 87%; the ovaries were located high near the walls of the pelvis in 57%. Volume of the ovary in girls with MRKH of 15–16 y was 4.9 ± 1.9 cm3, [CG of 15–16 y, V 11.3 ± 0.97 cm3]; In girls of 17 y was 8.5 ± 5.5 cm3 [CG 17 years of age V 12.9 ± 1.71 cm3]. In 49%, according to ultrasound, the ovarian structure was represented by small follicles with a diameter of up to 0.6 cm (0.3 - 1.2) from 3 to 6 ; in 7 (18%) the ovarian structure was depleted, in 13 the data were not described. Thus, girls with MRKH have signs of hormonal disregulation, which requires deep examination and treatment to realize reproductive potential in the future.
Difficulties in Transition of Care from Pediatric to Adult Gynecology Providers. Should we Maintain Care into Adulthood?

Osborne C\textsuperscript{1,2}, Mannerfeldt J\textsuperscript{1,2}, Brain P\textsuperscript{1,2}, McQuillan S\textsuperscript{1,2}

\textsuperscript{1}University Of Calgary, \textsuperscript{2}Alberta Children’s Hospital

Social considerations, Room 103, December 1, 2019, 12:45 PM - 1:15 PM

The time when patients transition from pediatric to adult gynecology care is a sensitive time in a young women’s life. The concern is that without appropriate transition of care, young women will not have their reproductive concerns adequately met. Since most conditions in pediatric and adolescent gynecology continue into adulthood, it is important that patients have a seamless healthcare transition to improve patient care. In this commentary it is argued that arranging efficient and caring transfer though long-term retention of patients may offer the best solution.
Exploring the association between parenting patterns and vaginal foreign body among girls

Sun L, Shen Q, Zhu L, Gao H

1The Children's Hospital Zhejiang University School Of Medicine

Objective
The rate of vaginal foreign body (VFB) injury has been increasing in recent years. Importantly, the rate of multiple occurrence of VFB in one individual is high. The multiple recurrence of VFB will not only cause vaginal inflammation and injury but also negative psychological impact in girls. Our study aimed to explore the parenting patterns of girls with VFB, so as to prevent the multiple recurrence of VFB by improving the parental child-rearing practices.

Methods
We included 67 girls who visited the clinic due to vaginal foreign bodies, and 72 age-matched healthy girls as the control group from Child Care Clinic of the hospital. The information of demographics, parenting pattern, the girls’ daily life trajectory, outdoor activities were collected from medical records or face-to-face talk with their parents. Family environment scale-Chinese version (FES) and social anxiety scale were completed by parents.

Results
The mean age of the 67 girls was 6.6±2.1y with a range of 2 y10 mon-13 y. The scoring in family cohesion, emotion expression, control was significantly higher in the VFB group than that in the control group (7.2±2.4 vs 7.9±1.7, t=-1.975, P=0.05; 5.2±1.6 vs. 6.5±1.3, t=-5.482, P<0.001; 5.2±1.7 vs 3.4±1.7, t=6.5, P<0.001). Social anxiety increased in the VFB group comparing with the control group (5.7±3.4 vs 4.5±2.5, t=2.376, P=0.019). Outdoor activities was shortened (<3h/w) and screening time significantly prolonged in the VFB group.

Conclusions
The occurrence of VFB was associated with parenting patterns. The girls with VFB injury were more likely to have low family intimacy, less emotional expression, high parental control and short outdoor activities. For the children with first occurrence of VFB, improving parental child-rearing practices will help to prevent recurrence of VFB.
Primary Ovarian Insufficiency in Adolescents. Not as rare as supposed?

Draths R, Fellmann I
1Frauenpraxis Buchenhof

Fertility and POI, Room 101 & 102, December 1, 2019, 12:45 PM - 1:15 PM

Primary ovarian insufficiency (POI) is a rare condition, it is supposed to affect approximately 1 in 10’000 adolescent girls. In the last years an increasing number of case series have been published and more investigation of adolescents with POI is requested to avoid delay in diagnosis. We investigated in a retrospective review the clinical presentation, diagnostic steps and therapy of all adolescents diagnosed with POI between 2012 and 2018 in our clinic for adolescent gynecology.

A cohort of 31 adolescents with POI was divided in four groups: 1) thirteen patients with Turner syndrome or mosaicism Turner syndrome, 2) four cases with an XY-chromosomal disorder 3) six patients with iatrogenic POI and 4) the remaining nine patients with non-chromosomal, non-iatrogenic POI. Our main interest was the forth group: The average age of the patients at the time of diagnosis was 17.1 years. 55.5% (5/9) presented with primary amenorrhea, 22.2% (2/9) with secondary amenorrhea as well as 22.2% (2/9) with oligomenorrhea. The average level of FSH at the time of diagnosis was highly elevated with 80 IU/L and the AMH (Anti-Müllerian Hormone) was very low; < 0,1pmol/L. One patient was identified with 17-alpha-Hydroxylase-Deficiency, a very seldom type of CAH. Another patient is suggested for Perrault-syndrome because of ataxia and other neurological symptoms. FMR1-mutation was negative in all idiopathic cases. Only one patient had antithyroid antibodies.

CONCLUSION:
In a small center for adolescent gynecology in Switzerland we found 31 cases of POI in the last 7 years. The main cause in this sample was an abnormal karyotype. Besides the iatrogenic induced POI a remarkable number of 29% idiopathic POI was found, clinically presenting with primary or secondary amenorrhea as well as oligomenorrhea. Individual and careful investigation in every case is required, in order not to miss the cases with important concomitant diseases.
Utility of 3D Printed Models of Müllerian Anomalies as a Teaching Tool

Hadden R1,2,3,5, Grover S1,2, Coles-Black J3,4, Chuen J1,3,4

1University of Melbourne, 2Department of Gynaecology, Royal Children’s Hospital, 33D Medical Printing Laboratory, Austin Health, 4Department of Surgery, Austin Health, 5Alfred Health

Introduction

Congenital Müllerian anomalies can be rare and complex. An inadequate understanding of these anomalies can result in incorrect or suboptimal surgery. Alternatively, patients may be required to travel long distances to specialist centres for treatment.

Medical imaging facilitates pre-operative planning, but these modalities tend to present only 2-dimensional representations, which limits optimal conceptualisation of complex anatomy that may be achieved with 3D-models.

3D-printing has been successfully used in a number of other disciplines, including vascular, neurological and cardiac surgery. The use of 3D-printing in gynaecology has thus far been limited. This project aimed to assess the feasibility of producing 3D-models of congenital Müllerian anomalies and to assess their utility.

Methods

MRI images of patients with known Müllerian tract anomalies were collected. The de-identified scans were processed to create 3D-software models which were then printed in a hospital 3D-printing laboratory. Gynaecologists and trainees attending a paediatric and adolescent gynaecology educational session were asked to assess the utility of the models utilising a sliding scale survey.

Results

Developing the 3D-models was found to be challenging and time consuming when compared to the experiences in developing models from vascular, renal and liver imaging- where contrast media tend to highlight the structures of interest.

3-D models were found to increase both the gynaecologists’ understanding of these anomalies and their confidence in surgery to correct them. The majority of doctors also responded very positively with regards to the utility of models to enhance patient understanding.

Discussion

Although understanding of the anomaly improved with the 3D-models, the capacity to make Müllerian anomaly 3D-models from MRI was more challenging than in other anatomical areas. This may limit its use in individual case preparation.

Sources of funding

This study is funded by the Royal Children’s Hospital, Austin Health and University of Melbourne.
Ball in a box: A case report of a pelvoabdominal mass in a fetus

Cristobal-Gacias C\textsuperscript{1}, Bernardino M\textsuperscript{1}
\textsuperscript{1}Rizal Medical Center

Surgery in PAG, Plenary, December 1, 2019, 12:45 PM - 1:15 PM

ABSTRACT
Reported cases of congenital tumors are around 1.7-13.5 per 100,000 live births. Fetal abdominal cysts are more commonly seen in female fetuses and recognized later in pregnancy. This report aims to present a case of pelvoabdominal mass in a fetus, its diagnosis and management. This is a case of a 29-year old primigravid with a fetus noted with pelvoabdominal mass on congenital anomaly scan at 24 1/7 weeks age of gestation. The mass measured 5.56x4.72x3.10 cm, multilocular with solid components. Tumor growth was monitored using serial transabdominal ultrasound. Final scan at 36 1/7 weeks showed an increase in size measuring 6.79x7.17x7.16 cm, with an impression of fetal ovarian new growth on the right. An elective low segment cesarean section was done at 36 2/7 weeks age of gestation delivering to a baby girl with good APGAR. Whole abdominal ultrasound on the newborn revealed a large complex mass with solid and cystic component seen on the right and mid pelvoabdominal region and was confirmed by whole abdominal CT scan. Ancillary biochemical markers showed increased alpha fetoprotein with >1000 units. Multidisciplinary team composed of obstetricians, pediatric gynecologist, perinatologist, sonologist, anesthesiologist, pediatrician and pediatric surgeon handled the case. Exploratory laparotomy was done on the 15th day of life, liberating the newborn from a 12x10 cm retroperitoneal mass wherein histopathology result showed an immature teratoma grade I. Antenatal work-up is essential for early diagnosis, surveillance and definitive approaches for congenital pathologies, while holistic team approach had paved way for the opportune management.

References:
Management of Ovarian Torsion :10 Years Single Unit experience in Hong Kong

Alshankiti H1, CHAN Shing Chee S1

1Department of Obstetrics and Gynecology, The Chinese University Of Hong Kong

Surgery in PAG, Plenary, December 1, 2019, 12:45 PM - 1:15 PM

Objectives:
Ovarian conservation for ovarian torsion in adolescents and pre-menopausal women was introduced to our unit in 2013. The purpose of this study was to evaluate our experience with adnexal torsion in the past ten years.

Study methods:
A retrospective review of all patients treated for adnexal torsion at three Hospitals in Hong Kong from 2009 to May 2019. Menopased women were not included. Electronic medical notes were reviewed for the diagnosis, operation performed, peri-operative complications and pathology.

Results:
Fifty-seven patients, with mean age of 27 years (s =11.2 y), were identified. Eleven (19.3%) were pregnant. Laparoscopy was performed in 75.4% of operations and laparotomy was done in 19.3%. Intraoperative finding of gangrenous ovary was found in 23 patients (40.4%), 19 of them had unilateral salpingo-oophorectomy.

Detorsion of the affected side was done in 31 cases (54.4%) and cystectomy was performed in 42.1% Only one case had intraoperative complication with significant hemorrhage secondary to rupture hemorrhagic cyst ended with unilateral salpingo-oophorectomy.

Postoperative complications 8.8% were not serious. Mature teratoma was the most common pathology (n=25, 43.9%), others included hemorrhagic, follicular and benign ovarian cysts. Ovarian cancer, including 1 dysgerminoma tumor and 1 high grade serous cystadenocarcinoma, was found in 2 cases.

Conclusion:
Conservative and minimal invasive management of ovarian is a well adapted practice in our institute, as well as world wide, with good results and less complication.
Oophorectomy Rates for Benign Pathology in Paediatric and Adolescent Patients

Franks Z\(^1\), Dunford A\(^1\), Franks Z, Tan L
\(^1\)John Hunter Hospital

Surgery in PAG, Plenary, December 1, 2019, 12:45 PM - 1:15 PM

Introduction:
Ovarian cysts in the paediatric and adolescent population are commonly managed by paediatric surgeons, as the field of paediatric and adolescent gynaecology (PAG) evolves.

In contemporary PAG the risk oophorectomy poses on pubertal onset, secondary sexual characteristics and fertility are well recognised. In the absence of malignancy, a conservative approach is warranted.

As PAG practice establishes evidence suggests a slower uptake of ovarian conservation when other specialities manage this cohort.

Objectives:
Examine the incidence of oophorectomy for benign pathology amongst patients managed by a gynaecology team compared to those managed by a paediatric surgical team.

Secondary outcomes measured are age, gynaecological history taken, ultrasound, tumour markers and surgical approach.

Methods:
Retrospective cohort study over 10-years at the John Hunter Hospital, Newcastle. To be included in the study patients must be younger than 18 years with an ovarian cyst that was managed surgically.

Patients managed through the gynaecology service are compared to those through the paediatric surgery service. A sub analysis will be conducted to compare oophorectomy rates for benign masses once a paediatric and adolescent gynaecology service is introduced.

Results
There was no statistical significance in oophorectomy rates for benign masses when directly comparing the gynaecology department 26% (p= 0.087) with the paediatric surgeons 28%, (p = 0.088).

Introducing a paediatric and adolescent gynaecology service and collaboration between services saw a 0% oophorectomy rate for benign masses.

The mean age of patient seen in gynaecology was 15.8, compared to 4.5 by the paediatric surgeons.

When comparing patients managed through the gynaecology service with the paediatric surgical team the gynaecology service provided a diagnostic work up including menstrual history, ultrasound and
tumour markers more frequently. A trend towards minimally invasive surgery was seen on analysis of
the gynaecology service compared to the paediatric surgeons.

Conclusions:
Working collaboratively improves patient outcomes.
The only app you'll ever need, period: The assessment of menstrual tracking apps

Dhir S1, Grover S1,2, Fitzgerald A3
1The University of Melbourne, 2The Royal Children's Hospital, 3Monash Medical Centre

Education & Innovation, Room 104, December 1, 2019, 12:45 PM - 1:15 PM

Background
Smartphones are prevalent in our modern lives. Health application (app) use is also common. Menstrual tracking apps are a way for users to record data about their menstrual cycle and share that information with their clinician if necessary. Many menstrual tracking apps are available, and with little information on which are accurate and useful, consumers and clinicians want guidance on which ones to choose and recommend. This study aims to develop a protocol for menstrual tracking app evaluation, and to use it to review such apps available for free on the Australian Apple App Store (App Store).

Methods
The App Store was searched with keywords related to menstrual tracking apps. Duplicates, paid, and irrelevant apps, where their main function was not tracking menstrual period dates, were excluded. Remaining apps were downloaded for testing of prediction accuracy of the next menstrual period, when menstrual cycle was regular. Of apps meeting this criterion, evaluation using the Mobile App Rating Scale and Specific App Features Scale was undertaken. Descriptive statistics were used to analyse data.

Results
Of 2920 apps identified, following exclusions, 153 remained and were downloaded for assessment for predicting next menses. Accurate apps underwent full assessment (n=36). Results demonstrated that menstrual tracking apps each have unique strengths and limitations. Overall, Clue, Flo, and P.C. emerged as likely the most useful apps, with [Heart] Diary performing the poorest. Most apps are not designed specifically for adolescent users, and none are Australia-specific.

Conclusion
When choosing a menstrual tracking app, users must consider which is best designed for their needs. This study highlights strengths and limitations of free, accurate menstrual tracking apps, and can be used to elucidate differences between them. Clinicians can use the findings to make recommendations to patients. Further innovation in this field is possible in many areas.
Examination about the operation case of adolescent girls in a university hospital

Sakakibara H¹, Fuchimukai N¹, Iwaizumi Y¹, Nakagawa S¹, Koga E¹, Oonuma E¹, Saito S¹, Mogami T¹, Okada Y¹, Miyagi E²
¹Yokohama City University Medical Center, ²Yokohama City University

Surgery in PAG, Plenary, December 1, 2019, 12:45 PM - 1:15 PM

【Introduction】 From childhood to adults, secondary sexual sex characteristics and menstruation occurs in girls, leading to dynamic changes in both mind and body. For this reason, treatments considering pathological conditions and diseases peculiar to adolescents are mandatory. In this study, we investigated adolescent cases that required surgery in our department to reveal the current status of adolescent-specific pathologies.

[Methods]
Forty-seven patients aged 20 years and younger who visited our department from January 2012 to December 2018 were enrolled this study, and retrospectively examined the chief complaint, age at the time of surgery, and postoperative course, etc. based on medical records.

【results】
There were 22 cases (46.8%) of ovarian tumors, 8 cases (17.0%) with vulval/vaginal conditions, 4 cases (8.5%) with ectopic pregnancy, 3 cases (6.4%) with Mayer-Rokitansky-Küster-Hauser syndrome (RKHS) syndrome, 2 cases (4.3%) with OHVIRA syndrome, and 2 cases (4.3%) with androgen insensitivity syndrome (AIS). With regards to the age at surgery, 10.6% were under 12 years old, 23.4% were between 13 and 15 years old, 36.2% were between 16 and 18 years old, and 29.8% were 19 years or older. Most frequent disease were Morimina under 12 years, hymenal atresia at 13-15 years, and ovarian cysts over 16 years old. In addition, 7 of 8 cases of surgery due to DSD, such as AIS and RKHS were performed after the age of 16 years. After the operation, more than half of the patients had a good prognosis at the end of the course. However, 11 patients (22%) discontinued our follow-up.

[Discussion] There are many cases requiring follow-up after completion of their treatments. When the patient is under 18 years of age, she needs collaborated supports by parents, school, and community medicine because it is considered difficult to have balance between goings to school and hospital visit.
“Towards ovarian salvage” - Retrospective review of the incidence and management of adnexal torsion cases in the paediatric & adolescent population at Western Australia’s single tertiary children’s hospital over the last 10 years.

Julania S1,2, Chown I3, Gera S3, Hunter T2,3
1King Edward Memorial Hospital, 2Perth Children’s Hospital, 3University of Western Australia

Surgery in PAG, Plenary, December 1, 2019, 12:45 PM - 1:15 PM

Background: Adnexal torsion (AT) is a rare gynaecological emergency, which can affect females at any age. Early diagnosis and surgical intervention can protect ovarian and tubal function; preventing future reproductive problems.

Objective: To determine the decision to Operation Theatre (OT) time and the ovarian conservation rates at primary surgery in AT cases. The secondary outcomes were to determine the incidence of AT to total Emergency Department (ED) presentations, return to OT, histopathology and follow-up with ultrasound to determine ovarian function.

Methods: Participants (n=54, mean age 9.80 ± 3.95 years) were retrospectively identified from Western Australia’s Tertiary Children’s Hospital, over the last 10 years (June 2010 to May 2019). Data were collected on demographic and clinical characteristics. Continuous data were compared with t- or Kruskal-Wallis tests; categorical data were compared with Chi-Square test.

Results: 52 patients (96%) had ovarian conservation. 34 cases were managed by paediatric surgeons and 20 cases by paediatric gynaecologists, they had similar ovarian conservation rates 97% and 95% respectively. Mean decision to OT time was 3 hours (CI 1.5, 5.5) and 77.8% had surgery within 6 hours of decision.

Incidence rate for AT cases for the last 10 years was 9.9/100,000 which were based on a Poisson distribution. Presentations to ED for AT have trended upwards since 2010. 14 patients (25.9%) returned to OT, 7 (12.9%) returned to OT with suspicion of repeat AT and 5 (9.2%) of these had confirmed repeat AT. The remaining 7 cases returned to OT for a planned interval procedure. One patient had salpingo-oophrectomy for malignant juvenile granulosa. 94.4% of patients had follow up planned but only 83.3% attended. 77% had a follow up ultrasound.

Conclusion: The primary ovarian conservation rate was 96% in adnexal torsion cases at Western Australia’s Tertiary Children’s Hospital. Further improvement on follow up with ultrasound is required for future fertility counselling.
Credentialing in Paediatric Gynaecology Surgery

Olalekan Z1,2, Grover S2, Peek S2, Drever N3, Beale J3, Moeed S4, Jayasinghe Y1,2
1Department of Obstetrics & Gynaecology, The Royal Women’s Hospital, University of Melbourne, 2Department of Gynaecology, The Royal Children’s Hospital, 3King Edward Memorial Hospital, 4National Women’s Health, Auckland City Hospital

Education & Innovation, Room 104, December 1, 2019, 12:45 PM - 1:15 PM

Introduction: Credentialing is necessary for high-quality healthcare assuring the maintenance of surgical competence. However, no clear and uniform guidelines currently exist for credentialing in paediatric-adolescent gynaecological surgery. Standardised criteria necessary for the assessment of competence in paediatric gynaecologists are absent.

Objectives: To 1. examine the landscape of surgical experience in gynaecologists with an interest in paediatric gynaecology, 2. survey opinions and unmet needs of paediatric gynaecologists with respect to credentialing and maintenance of skills and 3. analyse current gynaecological credentialing criteria across institutions in Australia and New Zealand.

Methods: A cross-sectional observational study via an electronic survey. 56 participants have been invited to complete the survey via the list serve of the Australian and New Zealand Society of Paediatric and Adolescent Gynaecology (ANZSPAG). The survey asks about demographics, clinical training, practice settings, scope of practice and surgical case-loads in general and paediatric-adolescent gynaecology. Participants are also being queried on their opinions towards credentialing. Credentialing protocols for gynaecology from the participants’ institutions have been requested.

Results: Of 18 respondents to date, 14 (78%) feel it is important to formalise surgical credentialing in paediatric gynaecology and 10 (56%) believe it should occur every 5 years. Out of 13 who answered, 8 (62%) are confident they are getting sufficient surgical experience. Professional development activities undertaken in the past year include attending conferences (61%), observing surgery (56%), surgical courses (17%) and simulator-based training (11%). Most institutions have general but not paediatric gynaecology credentialing criteria. The number of paediatric gynaecological major and minor procedures completed by participants as primary surgeon varies greatly.

Conclusion: The first study being undertaken on credentialing in paediatric gynaecology in Australasia will provide important baseline information regarding needs for the maintenance of skills and aid in the development of standardised credentialing pathways.
Self-Esteem, Bone Mass Density and Impact of Diagnosis on Patients with Primary Ovarian Insufficiency (POI) Attending the Paediatrics and Adolescent Gynaecology (PAG), University Kebangsaan Malaysia Medical Centre (UKMMC)

Samsudin S1, Zainuddin A2, Abdul Ghani N2, Ali A2, Ismail A3, Mohd Daud T4
1Department of Obstetrics and Gynaecology University Kebangsaan Malaysia Medical Centre, 2Paediatric Adolescent Gynaecology Unit Department of Obstetrics and Gynaecology University Kebangsaan Malaysia Medical Centre, 3Department of Public Health University Kebangsaan Malaysia Medical Centre, 4Department of Psychiatry University Kebangsaan Malaysia Medical Centre

Fertility and POI, Room 101 & 102, December 1, 2019, 12:45 PM - 1:15 PM

Background: POI is an early menopausal condition characterized by amenorrhoea, hypoestrogenism and elevated serum gonadotropin levels in women younger than 40 years [1].

Objective: To explore self-esteem, bone mass density (BMD) and impact of the diagnosis on patients with POI attending the PAG Unit, UKMMC, Malaysia.

Method: A mixed methods cross-sectional study involving women diagnosed with POI from the PAG Unit was conducted from October 2017 until April 2018. The socio-demographic profiles of the participants were obtained from medical records. Levels of self-esteem were assessed through a validated questionnaire (Rosenberg self-esteem or RSE). BMD of their hips and vertebra were also assessed. Participants were subjected to in-depth interviews to assess the impact of the diagnosis and their coping mechanisms.

Results: A total of 22 participants were recruited with mean (± SD) age of 24.2 (± 5.9) years old. The majority were Malays (n=19; 86.4%) and not married (n=17; 77.3 %). The most common cause of POI was Mosaic Turner/Turner Syndrome (n=8; 36.4 %). The mean (± SD) age of diagnosis was at 19.7 (± 6.8) years. All participants scored low self-esteem with mean RSE of 18.7 (± 3.06). The majority had osteopenic hips (54.5 %) and vertebra (50.0 %) with the mean score of -1.8 (± 1.00) and -2.0 (± 1.14), respectively. Delay in seeking treatment for primary amenorrhoea were due to unawareness that this was abnormal. Infertility was the main cause of their psychological distress. For coping mechanisms, the participants shared the diagnosis with family members and engaged in outdoor activities. They wished to have a support group.

Conclusion: All participants had low self-esteem and most had affected bone health. An early referral to a tertiary centre with specialists trained in managing patients with POI is recommended.

Reference
High-fidelity simulation using hybrid model increased self-perceived competence in PAG examination among OBGYN and pediatrics residents

Torres A\textsuperscript{1,2}, Horodeńska M\textsuperscript{1}, Witkowski G\textsuperscript{1}, Torres K\textsuperscript{1}

\textsuperscript{1}Department of Didactics and Medical Simulation, Medical University of Lublin, \textsuperscript{2}Pediatric and Adolescent Gynecology Unit, University Children’s Hospital, Medical University of Lublin

Background. Many pediatric patients experience gynecology encounters in emergency circumstances when PAG specialist are not available. Combining age specific technical skills with proper communication and attitude towards a child and a caregiver can be challenging even for experienced physician not familiar with PAG.

In order to provide residents with opportunity to learn PAG examination a high-fidelity-hybrid-simulation (HFHS) workshop was implemented in our institution.

Methods: Workshop consisted of theoretical (2 hours-seminar) and practical parts (two high-fidelity scenarios); scenario-1 included task-trainer with voice of simulated patient (SP), in scenario-2 hybrid model was implemented (task-trainer connected to SP resembling a teenage girl). SP-mothers were present during both scenarios. 11 OBGYN and 5 pediatrics residents took part in the study and completed pre- and post-workshop self-assessment questionnaires. Objective assessment was performed using OSCE-type checklist. Structured interviews were performed with 9 participants after workshop. Thematic analysis was performed independently by two authors and the results were used for better understanding and explanation of quantitative data.

Results. Large, significant increase in 11 out of 13 self-assessed PAG exam skills was reported. Self-perceived overall competence in PAG examination also significantly increased (p=0.019). The comparison of performance based on OSCE checklist revealed no significant improvement between scenarios. Qualitative results revealed high satisfaction from learning with HFHS, the notion of lack of high-fidelity with scenario-1 due to the lack of the ‘living patient’ and resulting lack of appreciation of high-fidelity environment, the differences in cognitive difficulty between OBGYN and pediatric residents, the ‘positive’ stress connected with HFHS and appreciation of communication skill acquisition during HFHS.

Conclusions: High-fidelity simulation increased self-perceived competence in PAG examination among study participants. The lack of objective improvement between the two scenarios could be attributed to the slight difference in the simulation fidelity (hybrid model) and the short time span between two scenarios.
Engaging in antenatal care: an interview study of pregnant teens

Frawley N1,2, Wong Shee A1,2, Nagle C2,3, Robertson C1, McKenzie A1, Lodge J1, Versarce V2, Shotton A4, Sturmfelds K5

1Ballarat Health Services, 2Deakin University, 3James Cook University, 4Maryborough District Health Service, 5East Grampians Health Service

Teenage pregnancies, Room 107, December 1, 2019, 12:45 PM - 1:15 PM

Background: Teenage pregnancy is associated with a large societal and personal burden, worldwide. The rate of teenage pregnancy at Ballarat Health Services (14.2/1000 births) was higher than the Victorian average of 10/1000 births. Attendance for pregnancy care is associated with improved outcomes. This study aimed to explore the barriers and facilitators to engagement with pregnancy care providers experienced by teenage women.

Method: Semi structured interviews were conducted with women who were pregnant aged ≤ 19 yrs from Ballarat, Ararat and Maryborough health services between Feb-Jun 2017. Interviews were audio taped and professionally transcribed. Data was analysed by two researchers independently using thematic analysis guided by Braun and Clarke’s approach.

Findings: Transcripts of interviews with 16 women were analysed and four themes identified: Valuing pregnancy care, Interactions with maternity service, Women-centred care, and Support systems. Young women were motivated to attend to ensure the wellbeing of their baby and lack of engagement occurred when the importance of care was not understood. Flexibility of appointments and a central location was important; most participants were highly reliant on others for transport. Continuity of care and carer were valued and the interpersonal skills of staff strongly influenced engagement. Many women had fractured families and pregnancy led to a contraction of their social world.

Conclusions: This study has provided an understanding of the motivating reasons and external influences affecting engagement in antenatal care for teenage women in rural and regional areas. These findings have informed the development of best practice guideline for teenage pregnancy care.
Developing a fertility preservation service for children, adolescent and young adult oncology patients and survivors in Ireland

Hartigan L1,2, Glover L2, Groarke H2, Broderick V1, Wingfield M1,2

1The National Maternity Hospital, 2Merrion Fertility Clinic

Fertility and POI, Room 101 & 102, December 1, 2019, 12:45 PM - 1:15 PM

Context: Long-term survival is now expected in 80% of children, adolescents and young adults (CAYA) diagnosed with cancer. However, many survivors experience ‘late effects’ of treatment, including loss of fertility.

Objective: To assess (1) knowledge and attitudes of Irish healthcare professionals (HCP) regarding fertility preservation (FP) for CAYA with cancer and (2) interest in fertility assessment among young female survivors.

Methods: (1) Four groups of HCP were surveyed: Doctors/nurses at the National Paediatric Haematology and Oncology Centre, generalist paediatricians trainees in obstetrics/gynaecology and general practitioners attending a fertility workshop.
(2) Twenty women (age 18-25) previously treated for cancer were offered a fertility consultation, AMH blood test and antral follicle count).

Results:
(1) 94% of participants (97/103) desired more knowledge about FP options. 99% (102/103) either ‘agreed’ or ‘strongly agreed’ that patients would benefit from a clear referral pathway for FP.
(2) 15 young women (75%) enrolled within one week of receiving the invitation to participate. To date, 10/15 (66%) have attended for assessment.
5/10 (50%) received treatment pre-menarche, 4/10 (40%) post-menarche and 1/10 had menarche during treatment. Menstrual cycles occurred following treatment in 100% (10/10). AMH levels ranged from 9-26.2 pmol/l; AFC ranged from 12-30.
4/10 said fertility was never discussed before treatment; 6/10 said fertility was just briefly mentioned.
9/10 (90%) were unaware of the AMH blood test. All participants were aware of “egg freezing” and would “probably” or “definitely” opt to freeze if told they had low ovarian reserve.

Conclusion:
There is an acknowledged need for education of HCPs and a clear pathway of referral for FP in paediatric oncology in Ireland. Female survivors of childhood cancer have a strong desire for fertility assessment and FP if required. These findings highlight the need to develop a national paediatric FP service as we currently lag behind other European countries.
Towards true ovarian preservation during cancer therapy: chemotherapy causes infertility by directly damaging primordial follicle oocytes

Nguyen Q, Zerafa N, Liew S, Findlay J, Hickey M, Hutt K

1Department of Obstetrics and Gynaecology, The University Of Melbourne, 2Department of Anatomy and Developmental Biology, and Monash Biomedicine Institute, Monash University, 3Centre for Reproductive Health, Hudson Institute of Medical Research, 4The Royal Women’s Hospital

Fertility and POI, Room 101 & 102, December 1, 2019, 12:45 PM - 1:15 PM

Cancer survivorship has risen steeply in recent decades, but DNA-damaging chemotherapies can cause infertility and ovarian endocrine failure by depleting the ovarian reserve of primordial follicles, with serious clinical and psychosocial sequelae for female survivors. Currently, no effective pharmacological therapies exist for the preservation of long-term ovarian function in these patients, due to a limited understanding of the mechanisms of chemotherapy-induced follicle depletion. This study investigated the cellular targets, molecular mechanisms, and time course of ovarian reserve depletion following treatment with commonly used chemotherapeutic drugs. Adult female mice were injected with saline, cisplatin (5mg/kg), or cyclophosphamide (300mg/kg); ovaries were harvested after 8 or 24 hours. Follicle counts showed depletion of all follicular stages 24 hours after administration of either drug. Eight hours post-treatment, γH2AX immunofluorescence showed DNA double-stranded breaks in all follicular stages, including within primordial follicle oocytes. This staining was resolving by 24 hours, indicating that primordial follicle oocytes begin to undergo either apoptosis or repair in this timeframe. γH2AX-positive follicles were further examined to identify the specific cell types damaged. In primordial, transitional, and primary follicles, only oocytes sustained DNA damage, whereas in secondary and antral follicles, only somatic cells were affected. TUNEL staining confirmed that apoptosis occurs in these targeted cell types. Given that the majority of oocytes are housed within primordial follicles in mice of this age, these findings indicate that the primary mechanism by which cyclophosphamide and cisplatin deplete the ovarian is by directly damaging primordial follicle oocytes, which then undergo apoptosis. Work is underway to delineate the DNA repair mechanisms employed by primordial follicle oocytes after treatment with cisplatin or cyclophosphamide, in order to determine whether oocytes are capable of high fidelity repair under these circumstances. Overall, future pharmacological strategies to address chemotherapy-induced infertility in females must specifically prevent primordial follicle oocyte death.
Utilization of hysterectomies in youth with developmental delay: are we improving?

Grimstad F1, Gaddis M2, Strickland J3
1Boston Children’s Hospital, 2University of Missouri Kansas City, 3Children’s Mercy Hospital

Social considerations, Room 103, December 1, 2019, 12:45 PM - 1:15 PM

Introduction: The practice of utilizing hysterectomies in youth with developmental delay as a solution to contraception and hygiene has decreased over time due in part to the rise of long-acting reversible contraceptives and a greater variety of menstrual suppressors, as well as national ethical pushes against this practice in the late 20th century. While pediatric hospitals routinely decline to perform hysterectomies solely for developmental delay, adult hospitals may continue this practice with less ethics oversight. The goal of this study was to evaluate whether the push to limit this practice has translated into a national reduction.

Methods: A national payer database was evaluated from years 2008-2014. Utilization of hysterectomy for those ages 21 and under was documented along with diagnostic codes. Those considered to have developmental delay had at least one diagnostic code suggestive of developmental delay. All persons with codes which could possibly be considered an indication for hysterectomy were excluded. Demographics captured included age, geographic location, race, income, and insurance status.

Results: Between 2008-2014, 9394 hysterectomies were performed on persons 21 and under nationally. Reassuringly, only 86 (0.9%) were performed on persons who had at least one diagnostic code suggestive of developmental delay and no diagnostic codes suggestive of an alternative indication for hysterectomy. Age range at the time of hysterectomy was 3-21 years old. Over half (68.3%) had family income documented above the 50th centile. Despite this, 59.1% used some form of government-subsidized insurance.

Conclusion: Reassuringly, hysterectomies for the sole indication of developmental delay in adolescence are diminishing in use. However, they do still occur and are happening with the coverage of government insurance despite the attempts to limit approvals for this use. Work should continue to be done to educate clinicians and families about alternatives for contraception and menstrual suppression.
The Missing Uterus, the Missed Diagnosis, and the Missing Care; Mayer-Rokitansky-Küster-Hauser (MRKH) Syndrome in Malaysia

Hatim H1, Zainuddin A1, Anizah A1, Kalok A1, Nurazurah A1, Ismail A1, Mohd Daud T1, Grover S2
1University Kebangsaan Malaysia Medical Centre, 2Royal Children Hospital Melbourne

Social considerations, Room 103, December 1, 2019, 12:45 PM - 1:15 PM

Introduction
Mayer–Rokitansky–Kuster–Hauser (MRKH) syndrome is characterised by congenital absence of the upper two-thirds of vagina and absent or rudimentary uterus. Its diagnosis impacts the lives of women with MRKH especially in a conservative society like Malaysia.

Objectives
This study aimed to explore the impact of the diagnosis of MRKH syndrome on Malaysian women. It focuses on reporting their experiences with emphasis within the Malaysian culture.

Methodology
This is a qualitative study with a quantitative component. Twelve women with MRKH had a face-to-face interview and filled up the Rosenberg self-esteem questionnaire.

Results
There were seven themes identified: (1) delayed diagnoses of MRKH, (2) communication of diagnosis; doctors’ roles and attitudes, (3) impact on gender identity, (4) family and society’s response, (5) reaction towards infertility, (6) managing sexual intimacy and (7) coping mechanisms. Several participants consulted their physicians regarding amenorrhoea only at an opportunistic setting. When they were referred to the gynaecologists, they were dismayed at the lack of information given. Some participants felt that the doctors were insensitive towards them. Mental illness is a significant complication of MRKH, however several participants refused referral to a psychiatrist. Generally, participants scored between low to moderate self-esteem based on Rosenberg scale. All participants acknowledged that infertility was the hardest part of the condition. The importance of blood lineage is deeply embedded that it impacts their outlook on childbearing options. The concept of uterine transplant was discussed and is a welcomed medical advance. Some were afraid of sexual intimacy and worried that they would not be able to satisfy their partners. Participants gain support with their counterparts in the MRKH support group.

Conclusions
A multidisciplinary approach including medical, psychological and social support is essential for the management of MRKH. Adequate information and sexual education plays an utmost importance in preventing social related complications of MRKH.
Video Visits & PAG Telemedicine: PAG Opportunities to Care for Teens in their Own Space

Tyson N², Simms- Cendan J³
¹The Permanente Medical Group, Kaiser Northern California, ²University of California at Davis School of Medicine, ³University of Central Florida College of Medicine

Education & Innovation, Room 104, December 1, 2019, 12:45 PM - 1:15 PM

Purpose: Discuss best strategies to introduce video visits into PAG practice
Learning objectives:
1. Why video visits? Describe value to patients and their families, including the:
   a. Patients with special needs
   b. Patients who live long distances from PAG centers
   c. Patients who need education or medication change, but not a physical examination
   d. Patients unable to schedule appointments during clinic hours
2. Describe value to providers and patients
   a. Ability to work more flexible times
   b. Increased efficiency
   c. New billing opportunity (versus phone calls)
3. Review common types of video visits in our unique patient population.
4. When do video visits make sense?
5. Review venues to schedule video visits.
6. Review video visit platforms and some resources to implement in your practice.
Unscheduled visits to the Obstetrical Triage Assessment Unit by pregnant adolescents in an urban Canadian Center compared to a matched cohort of adult pregnant women.

Grégoire-Briard F1, Fleming N1
1University of Ottawa

Teenage pregnancies, Room 107, December 1, 2019, 12:45 PM - 1:15 PM

Background: Pregnant adolescents tend to have multiple visits to obstetrical triage assessments units (OTAU) when compared to adult women. The objectives of this study were to (1) determine the frequency of visits to the OTAU by pregnant adolescent patients, (2) identify reasons for visit to the OTAU in our study population and (3) assess the frequency of visits to the OTAU by adolescent pregnant women compared to a matched cohort of adult pregnant women.

Methods: Retrospective chart review of all adolescent women who delivered at our institution over a five-year period was done and adolescents were matched in a 1:1 ratio to adult pregnant women. Demographic data and number and reasons for visits to the OTAU were recorded.

Results: 333 adolescent pregnant women delivered at our institution and 48% (N=160) visited the OTAU prior to admission for delivery. 159 adult women were included in a matched cohort with mean age of 32.1 (+/- 4.74) years compared to 18.6 (+/- 1.07) for the adolescent cohort. Mean number of visits to the OTAU during pregnancy was 2.77 (+/-2.40) visits for adolescents compared to 1.96 (+/- 1.80) visits for the adult cohort (p=0.0002). Risk factors associated with increased number of visits to the OTAU by adolescent women included mental health conditions (3.51 visits/patient; p=0.0001), smoking (3.11 visits/patient; p=0.0001), history of admission for preterm labor during pregnancy (4.71 visits/patient; p=0.0001), multiparity (3.24 visits/patient; p=0.0001) as well as having received antepartum care in our adolescent obstetrical multi-disciplinary clinic (3.26 visits/patient; p=0.0001). Most common reasons for visits to the OTAU by adolescents were: labor assessment (28.4%), vaginal leakage of fluid (19.2%) and assessment of preterm labor (7.9%).

Conclusions: Adolescent pregnant women tend to visit the OTAU on an unscheduled basis more often than adult patients and educational tools should be provided to address those needs.
Are regional Australian teenage pregnancies high risk? A five year retrospective cohort study of maternal and neonatal outcomes.

Frawley N\textsuperscript{1,2}, Wong Shee A\textsuperscript{1,2}, Nagle C\textsuperscript{2,3}, Robertson C\textsuperscript{1}, McKenzie A\textsuperscript{1}, Lodge J\textsuperscript{1}, Versarce V\textsuperscript{2}

\textsuperscript{1}Ballarat Health Services, \textsuperscript{2}Deakin University, \textsuperscript{3}James Cook University

Teenage pregnancies, Room 107, December 1, 2019, 12:45 PM - 1:15 PM

Background
Teenage pregnancy is known to be very high risk for mother and baby. There is little data on teenage pregnancy care and outcomes in Australian regional areas, where factors like geographic isolation may cause further disadvantage.

Aim
To compare teenage pregnancy with controls for antenatal care and outcomes in women who birthed at a single regional centre.

Method
Ethics committee approval was obtained. Funding was obtained from a Western Alliance grant for the research assistant.
The teenage cohort was defined as women aged 11-19 years who birthed after 20 weeks gestation from 1 January 2012 to 31 December 2016 inclusive. The controls were matched to year of birth and parity and aged from 20-40 years.
Data was obtained from routinely collected statewide data, then the files were manually searched.

Results
257 teenage pregnancies were identified and 257 controls were matched for parity and year of birth. Teenagers were more likely to be Indigenous and had higher smoking and alcohol use.
Regarding antenatal care, teenagers booked at a later gestation of average 22.8 weeks compared to 18.1 weeks for controls. Teenagers had slightly more overall visits, at 11.87 versus 11.40 visits for controls.
Regarding pregnancy outcomes, teenagers were more likely to have a normal vaginal birth at 66% versus 47.6% for non-teenages. The caesarean section rate was lower for teenagers at 16.1% versus 32.7% for non-teenagers. Importantly average birth gestation and birthweight were similar, although both slightly higher for non-teenagers. Teenagers were less likely to breastfeed.
There were 18 perinatal deaths over 20 weeks gestation in the teenagers, compared to zero for controls.

Conclusion
Comparing pregnant teens to an adult pregnancy regional Australian population, teenagers were more likely to book later in pregnancy. There were similar birthweight and gestational age at birth, however, more perinatal deaths in the teenage group.
A review of the diagnosis and management of patients with premature ovarian insufficiency.

Farkas W\textsuperscript{1}, Walter S\textsuperscript{1}, Crouch N\textsuperscript{1}, Strachan B\textsuperscript{1}

\textsuperscript{1}St. Michael's Hospital, University Hospital Bristol NHS Foundation Trust

Fertility and POI, Room 101 & 102, December 1, 2019, 12:45 PM - 1:15 PM

Objective:
To evaluate the management of patients with premature ovarian insufficiency (POI) in our unit (St. Michael's Hospital, Bristol, UK), a tertiary referral paediatric and adolescent gynaecology clinic. A multidisciplinary approach is integral, with input from gynaecologists, endocrinologists and psychologists. We aim to audit our current practice against nationally recommended practice guidelines.

Methods:
A retrospective audit of all women diagnosed and managed with POI over the past 2 years, identified by historical review of clinic attendance and clinical letters. Data was collected from patient notes and electronic results system. Ethics approval was not necessary.

Results:
To date a total of 24 cases have been reviewed, with an intended target of at least 30 to be completed prior to presentation. Aetiologies included iatrogenic (50%) (the vast majority secondary to the treatment of childhood cancer), idiopathic (38%), chromosomal (8%) and prolactinoma (4%). Documentation of key clinical features (height, weight, BMI) at each clinic appointment was 92%. Baseline investigations (prolactin, TSH, FSH/LH/Estradiol) were requested in 93% of cases. Psychological support for patients was found to be poor with only 13% having been referred to a psychologist and 13% with documented evidence of being given information about support groups. Compliance with hormone replacement therapy (HRT) was excellent (100%) and advice about contraception, fertility or family planning was given in 92% of cases.

Conclusion:
Management of women with POI for the most part appears to be good and complies with nationally recommended practice. However, psychological support for patients with POI appears to be inadequate with considerable scope for improvement.
Effect of the first laparoscopy in an adolescent and young adult population and its association with chronic pelvic pain

Ravendran K1,2, Foo J2,3, Chow J1,2, Nguyen K1, Deans R1,2
1University of New South Wales, 2Royal Hospital for Women, 3The Children’s Hospital at Westmead

Surgery in PAG, Plenary, December 1, 2019, 12:45 PM - 1:15 PM

Background: Adolescent and young adult patients (AYA) with chronic pelvic pain (CPP) are often offered diagnostic laparoscopy. Many patients have recurrence of their pain, requiring repeat surgeries.

Aim: To audit AYA presenting with CPP with respect to age, operative findings at surgery and total number of laparoscopies CPP and management of the pain.

Methods: The medical records of 98 women under the age of 25, who presented with chronic pelvic pain to a tertiary gynaecology service from 2013- 2017 were reviewed. Comparison was made between AYA who had surgery prior to attendance to clinic, and those who were surgically naïve at clinic presentation. Data were analysed using Prism, descriptive statistics to describe mean and spread, Mann Whitney testing to evaluate non-parametric data sets and Fisher’s exact testing to compare groups.

Results: Patients who underwent first laparoscopy prior to the clinic had increased likelihood of repeat surgery with 30/51 (58.8%) patients having two or more surgeries, compared to 4/47 (8%) patients who were surgery naïve (p < 0.0001).
Endometriosis was diagnosed in 64/98 (65%). Fewer patients had endometriosis identified on histopathology if they had surgery prior to clinic referral, compared to those who were surgery naïve 16/27 % vs 30/37 (%) (p= 0.09).

Conclusion: AYA managed outside of the multidisciplinary pain team are more likely to have negative laparoscopies, and require more long-term pelvic floor interventions. Therefore, a thorough assessment should be undertaken to define the nature of the pain, and caution should be exercised when assessing and planning surgery in AYA patients.
Primary breast lymphoma in an 8-year-old girl

Shen Q1
1Children’s Hospital Affiliated Zhejiang University, School Of Medicine

Abstract
Primary breast lymphoma (PBL) is extremely rare and only accounts for 0.04-0.5% of primary breast cancer and 1.7-2.2% of extra-nodal lymphoma in most countries. It’s reported the past diagnosed age is between 12 and 90 years old, median age is from 40 to 67 years old. 46-71% PBL belong to the category of diffuse large B cell lymphoma. We present and confirm the very rare case of an 8-year-old girl with left primary breast lymphoma. Her histological subtype is diffuse large B-cell lymphoma. According to the Ann Arbor staging system, the patient was staged as II EA. After giving twice CHOP chemotherapy regimens the breast mass is nearly disappeared.

Keywords
Primary breast lymphoma, 8-year-old, histological subtype, therapy, prognosis
Is There a Need for a Formal Gynecology Curriculum in a Paediatric Surgery Training Program? A Needs Assessment

Todd N1, Baird R1, Justice T1

1University Of British Columbia

Education & Innovation, Room 104, December 1, 2019, 12:45 PM - 1:15 PM

Purpose: The Royal College of Physicians and Surgeons of Canada requires that fellows in Paediatric Surgery learn to manage a variety of gynaecologic conditions. We completed a needs assessment of Paediatric Surgery training programs to inform development of a gynaecology curriculum.

Methods: A survey was sent to Program Directors of Canadian Paediatric Surgery training programs with 27 questions that focused on their program, their own surgical practice, their trainees’ exposure to paediatric gynaecology, and how they envision a standardized gynaeacology curriculum.

Results: Preliminary results are based on responses from 5/8 Program Directors. Two respondents believed their trainees would work at a hospital without Paediatric Gynaecology in the future. All respondents had treated ovarian-related conditions and genital injuries in the past 5 years and most felt their trainees received adequate training in managing these conditions. Most respondents felt their trainees had minimal or inadequate training in imperforate hymens, müllerian anomalies, vulvar abscesses, vaginal foreign bodies, and labial adhesions. Program Directors currently allot an average of 3.5 hours to delivering the gynaecology objectives. Time constraints are currently the biggest limitation to meeting the objectives. All Program Directors expressed interest in a formal gynaecology curriculum delivered through some combination of case-based teaching and/or simulation.

Conclusion: There is a need for a standardized gynaecology curriculum for Paediatric Surgery trainees. Most Paediatric Surgeons will manage gynaecological conditions as part of their practice and current Program Directors feel that training is inadequate for a number of gynaecological conditions included in the Royal College Objectives of Training.
Laparoscopic peritoneal vaginoplasty (Luohu Procedure) in MRKH syndrome: 20 years' experience in 1500 patients

Luo G

Different bodies: More than connecting the bits, Plenary, December 1, 2019, 1:30 PM - 3:15 PM

Female genital tract congenital malformations are of different types and protean clinical manifestations; series of Luohu Procedures could be applied to their surgical treatment. Luohu II procedure (laparoscopic peritoneal vaginoplasty) is an effective and simple surgical treatment for MRKH syndrome. Trachelectomy and uterus-neovagina anastomosis (Luohu III procedure) is used to treated patients with type II vaginal atresia (completed atresia), which can relieve symptoms and restore fertility. Laparoscopic vaginal section and vaginoplasty with hyphemia cyst wall and peritoneum (Luohu IV procedure) is used to treated patients with type I vaginal atresia (partial atresia), which surgically restored a patent outflow tract and preserved fertility. Preoperative imaging examination was of great importance to classification of Female genital tract congenital malformations and the choice of treatment. Selecting the appropriate timing of operation in the treatment play a key role. Patients were instructed to dilate the neovagina each day for a period with vaginal mould. Medical intervention was used in patients with endometriosis. Its long-term outcome of treatment in vaginal atresia in pregnancy and labor need to be assessed in the further.

Laparoscopic peritoneal vaginoplasty (Luohu Procedure) in MRKH syndrome: 20 years' experience in 1500 patients

Numerous nonsurgical and surgical techniques have been described for the creation of a neovagina in patients with MRKH syndrome which suggests there is no single superior surgical technique. This study aims to demonstrate that a novel laparoscopic peritoneal vaginoplasty (Luohu II procedure) provides adequate anatomic and functional outcomes in terms of stable length over time and sexual function in a cohort of 1500 patients with MRKH syndrome. Luohu II procedure creates a neovagina of adequate size and secretory capacity for normal coitus, the procedure may be regarded as a fast, effective and minimally traumatic technique that has satisfactory anatomical and functional outcomes for patients with MRKH syndrome.
Normalising Differences - Connecting the gap between patient and professional, from the voices of lived experiences

Hensley A, Silankoski K

Different bodies: More than connecting the bits, Plenary, December 1, 2019, 1:30 PM - 3:15 PM

Background: Mayer-Rokitansky-Kuster-Hauser Syndrome (MRKH) is a congenital condition characterised by absence of the uterus, cervix and vagina in otherwise typically developed females. As MRKH is usually diagnosed in adolescence, a key stage of development and identity formation, psychological adjustment can be difficult. Across the lifespan, MRKH can present further challenges related to vaginal lengthening treatment, infertility and intimate relationships. Despite its impact, MRKH is relatively poorly understood, and outside a limited number of specialist services, support for those affected by MRKH is lacking.

Global MRKH is an international consortium that has united healthcare practitioners and patient representatives to work towards improving care for those affected by MRKH by raising awareness, building support networks and carrying out much needed research.

Symposium: This symposium will encompass a series of presentations including patients' experiences of MRKH, current research focused on improving patient care, and future directions of Global MRKH. Global MRKH will present a short film featuring underrepresented women within the international community. This will demonstrate the global footprint of MRKH in terms of clinical experiences, what it means to have MRKH in different cultures, and opportunities to expand peer support. Presentations will offer insight into experiences of MRKH across the lifespan, including diagnosis, treatment, psychological well-being and experiences of medical care.

Presentations from Global MRKH will offer insight into research currently being conducted on psychological adjustment in MRKH and will discuss broader issues related to accessing reliable information and support. The Global MRKH team will reflect on the benefits of peer support networks for patients and consider opportunities to widen access to information and support across diverse cultures and communities.
Adolescent females with urinary incontinence and urinary tract dysfunction are considered complex and pose special problems for management, particularly if they have neurogenic or congenital disorders or recurrent urinary tract infection and voiding dysfunction (ICI 2010). Disorders including neural tube defects, urinary tract reconstruction, exstrophy/epispadias complex and disorders of sexual development will be discussed. Specialist input is recommended. In most cases of urinary tract conditions that continue into adolescence and beyond, a multidisciplinary approach is required. Particular needs centre around the transition of adolescents in this group when they move to adult care.

In the 3% of young females without an underlying anomaly who experience urinary incontinence in adolescence, adverse psychological, academic and social consequences can occur. This group also require careful assessment and discussion as to the best management with the least impact on their growth and development. Whilst common conditions causing incontinence (stress and urge) affect this group, there are a growing number of young females with functional urological conditions and a further group who experience pelvic floor muscle changes with high impact sports. Presentations in these females can be confounded by the inability to determine what degree of pathology is at play. A discussion of assessment, appropriate investigations and management pathways will be presented.
Impact of postoperative care tools and techniques on vaginal reconstructive procedure outcomes

Grimstad F, Strickland J, Gatti J
1Boston Children's Hospital, 2Children’s Mercy Hospital

Different bodies: More than connecting the bits, Plenary, December 1, 2019, 1:30 PM - 3:15 PM

Introduction: Postoperative follow-up is an integral component to vaginal reconstructive procedures. Without serial evaluation, complications may be unrecognized and opportunities for active decision making may be missed. The goals of this study were to document variations in monitoring practices, evaluate when and how complications are discovered, and assess reproductive health.

Methods: A retrospective case series of vaginoplasties was performed. Diagnosis, age at operation, vaginoplasty type, and follow-up, were evaluated, as well as complications and reproductive outcomes.

Results: 61 persons met inclusion criteria. Diagnosis included 25 congenital adrenal hyperplasia, 9 VACTERL, 7 Mullerian anomalies, 6 cloaca, 3 cloacal extrophy, 3 isolated urogenital sinus, 9 46XY DSD. Mean age at time of surgery was 4.7 years. 65.6% of surgeries were performed at age 2 or younger. The range of follow up was between 1 month and 21 years. 82.0% had exams under anesthesia (EUAs) performed postoperatively or documented as anticipated. 32 had planned EUAs performed (mean postoperative interval time of 10.3 months). 9 had EUA’s performed due to complications (mean postoperative interval time 22.2 months). 5 had EUAs planned at puberty.

22 (36.1%) had complications noted in their postoperative follow up with 72.7% of complications unknown until EUA was performed. Stenosis occurred in 75.0% of complications, with 56.3% occurring less than 1 year after surgery. Five were found over 5 years after surgery. 68.75% underwent revision surgeries as a function of the complications discovered.

36.1% were menstruating with 5 attempted tampon placements (22.7%). 6 of the 14 (42.9%) followed to sexual maturity had documented comment about sexual activity.

Conclusion: Serial EUAs are an important postoperative care tool allowing for discovery and management of complications remote from surgery. Early postoperative EUAs should not be reassurance that later complications may not occur.
Vaginal dilation therapy in Mayer-Rokitansky-Küster-Hauser (MRKH) patients

Ng K¹, Yiu A¹, Chan S¹
¹The Chinese University Of Hong Kong

Introduction: MRKH syndrome is a congenital malformation characterized by a failure of the Müllerian duct to develop. Creation of a functional neovagina is part of the treatment to aid women in having a normal sexual life.

Study Objective: To review the outcome of vaginal dilation therapy in MRKH women in the local population.

Methodology: This was a retrospective cohort study. Data on women with MRKH who attended the Prince of Wales Hospital in Hong Kong from 2002 – 2019 was reviewed. Vaginal dilation therapy was taught by a specialist in a day-patient setting. Women were advised to perform 1-3 sessions per day. They were followed-up every 2-4 weeks.

Results: 52 MRKH women were identified, among them 19 patients had vaginal dilation therapy as the first line therapy for the creation of a neovagina. Their mean age of presentation was 17.1 (11-31) years old. The mean age of starting vaginal dilation therapy was 24.4 (18-36) years old. The mean starting width and length was 1.1 (1-2) cm and 1.5 (0.5-4) cm respectively. The final width and length achieved after vaginal dilation was 3 (3) cm and 6.7 (4-9) cm respectively. The average duration for completion of vaginal dilation therapy was 16 (4-35) weeks with an average of 4.6 (3-8) follow-ups. Seven patients (41%) attempted coitus before commencement of vaginal dilation therapy. However, there was no significant difference between the starting length (P=0.38) and width (P=0.08), and the time required to achieve adequate vaginal length (P=0.83). The most common complication was vaginal bleeding, which occurred in 4 (23.5%) patients. All subsided with conservative management. All our patients were sexually active after the completion of the vaginal dilation and did not complain of any dyspareunia.

Conclusion: Vaginal dilation is an effective first line treatment for creation of a neovagina in MRKH patients.
Have surgical practices in the paediatric Intersex / DSD population changed in the last 2 decades? A 20-year picture of gonadectomies and feminising genital surgical trends.

Alexander A1, Hanna C1,2, Troncoso Solar B1, Grover S1,2,3, O'Connell M1,2
1Royal Children’s Hospital, 2Murdoch Children’s Research Institute, 3Department of Paediatrics, University of Melbourne

Background
Surgical interventions for individuals with differences of sex development (DSD)/ intersex variations have become increasingly challenged internationally. Our aims were to identify:

i) Gonadectomy and feminising genital surgeries performed at our centre for DSD
ii) Trends in these procedures over the last two decades.

Methods:
HREC approval was obtained. Inclusion criteria were:

i) Child or adolescent with a DSD / intersex variation
ii) Gonadectomy or feminising genital surgery performed at our institution 01/01/1999 - 31/12/2018
iii) Age at surgery: 0 – 18yrs.

Sources searched included:
1) Clinician records of youth with a DSD / intersex variation
2) Surgical records using common Australian Medicare Billing schedule [MBS] codes
3) Anatomical pathology department database.

DSD was confirmed by review of clinical notes.

Results:
3694 possible cases were identified; n=117 met all inclusion criteria. 63 genitoplasties occurred, with peak 5-year rate 2004-2008 (n=25) and lowest rate 2014-2018 (n=9). 54 gonadectomies were identified and categorised as for gonadal dysgenesis (GD; n=41), androgen insensitivity syndrome (AIS; n=6) or ovotesticular/other DSD (n=5). Intra-abdominal dysgenetic gonads comprised the majority of gonadectomies in all time periods and all age groups. 6/41 (15%) prophylactically removed GD gonads had evidence of neoplastic change (youngest age 14mo). A downward trend in gonadectomies for AIS and ovotesticular/other DSD is evident: 1/17 (6%) in 2014-2018 compared to 5/14 (36%) 1999-2003.

Conclusion:
Surgical intervention practices for children with DSD / intersex variations have changed at our institution over the past 20 years. A reduction in feminising genitoplasty is evident. Deferrable gonadectomies (AIS / other DSD) have also reduced; prospective studies will be important to define natural history and outcomes of this approach. In contrast, early gonadectomy for non-functioning GD gonads remains our recommendation as early malignant change can occur. These data will further inform clinical management pathways and help improve transparency in clinical practices.
Challenges of establishing services for child sexual abuse

Wells D

Uncomfortable truths: Child trafficking, child sexual abuse, Plenary, December 2, 2019, 10:30 AM - 12:10 PM

Sexual and gender based violence may result in a range of destructive consequences to the individual, their family and the wider community. Addressing such violence and its immediate aftermath in circumstances of civil turmoil requires a timely, planned and coordinated multidisciplinary response. Such interventions need to be cognisant of, and address a range of challenges which might include economic barriers, religious and cultural divides, a dearth of respect for human rights and limited access or capacity of medical, policing and legal services.

In addition to addressing the immediate humanitarian prerogatives of health and safety issues, further objectives include the provision of support and justice for victims and the goal of ending impunity for perpetrators of sexual violence. Developing and maintaining a permanent service for some of the most marginalized members of a society in conflict internally and externally has peculiar challenges and rewards.
Recognising and Managing Child Sexual Abuse

Smith A¹
¹Victorian Forensic Paediatric Medical Service

Uncomfortable truths: Child trafficking, child sexual abuse, Plenary, December 2, 2019, 10:30 AM - 12:10 PM

The way we think about child and adolescent sexual abuse and how we medically manage children when sexual abuse is suspected have changed in many important ways during the last half century. The subject is no longer taboo, the public is better informed, the legal response is significantly more robust and strategies used to remediate the psychological harms and reduce risks are better funded. Why then do we still struggle to “get it right” when interpreting children’s genital examination findings, STI results, comments and behaviour? This presentation will focus on the numerous strategies used by medical professionals to determine whether a child or adolescent has been sexually abused (including discussion of past mistakes made when interpreting genital examination findings and behaviour). The components of a holistic medical evaluation of suspected child sexual abuse will be discussed as will the role of statutory child protection agencies, police and the courts.
Wharton-Sheares-George-method to create a Neovagina - a simple way of making MRKH-Patients happy?

**Dingeldein I**

*Irene Dingeldein, Anja Wuest, Michel Mueller*

Congenital anomalies, Plenary, December 2, 2019, 12:45 PM - 1:15 PM

**Wharton-Sheares-George-method to create a neovagina – a simple way to make MRKH-Patients happy?**

**Objective**

Mayer-Rokitansky-Küster-Hauser-syndrom (MRKH) has a major impact on psychological and sexual well-being. The diagnosis occurs in a lifetime phase, which is very difficult to handle for adolescents and parents. In most of the studies the interest was put on the treatment techniques and some of the postoperative sexual function. In daily work with MRKH-Adolescents we see the importance of attending those girls and women during the whole time of the treatment. Before, during and after operation. The Wharton-Sheares-George method is a minimal invasive surgical approach for the creation of a Neovagina.

**Design**

Prospective Evaluation of Quality of life, psychological well being and sexual function in patients after Neovagina according to Sheares.

**Setting**

University hospital and referral center for pediatric and adolescent gynecology

**Patients**

About 60 patients who underwent Sheares-Vaginoplasty. Now currently between 16 to 45 years old.

**Results and conclusions**

The Sheares-Vaginoplasty is a simple operating technique, safe, easy available, not needing special instruments, which costs low and leads to physiological outcome, epithelization of the vagina and to satisfying functional outcome (FSFI). The very important duty is the interdisiplinary attendance of every patient from beginning to end.
Anogenital findings in adolescents presenting with non-anogenital problems.

Phillips R

Royal Children’s Hospital

Vulvovaginal & anogenital conditions, Room 103, December 2, 2019, 12:45 PM - 1:15 PM

Paediatric trainees and consultants are becoming increasingly reluctant to perform intimate examination in adolescents. This reluctance has led to adverse outcomes that I am aware of. There is limited published data about the usefulness of such examinations. Over a three-year period (2015-2017), data was collected from specified clinics in a paediatric dermatology consultant practice on patients aged 10-17 years, at their first presentations. As part of standard medical practice, many of these patients had a physical examination including an inspection of the anogenital area. The study was approved by the research ethics committee of a major tertiary children’s hospital.

Results: 265 new patients (113 females) were seen in the enrolling clinics. Six patients (2 female) were excluded because the presenting problem was anogenital. In a further 38 patients (22 females), intimate examination was not performed as it was declined or not relevant to the clinical presentation. Data on 221 patients (89 females) were included in the study. Primary reasons for presentation were eczema, severe acne, hair conditions, vascular lesions, skin infections, vitiligo, hypersensitivity conditions and pigmented lesions. In 50 patients (9 females), there were relevant anogenital findings on examination that altered management. These anogenital findings been not been revealed in 90% of cases despite a detailed history being taken. The anogenital findings included eczema, psoriasis, hidradenitis, vitiligo and fungal infection. Over half the time, the anogenital findings were unrelated to the presenting problem.

Conclusion: Unsuspected anogenital pathology was present in 10% of female and 30% of male new patients aged 10-17 years presenting to a paediatric dermatology consultant practice. The pathology identified was often unrelated to the presenting problem. Paediatricians who choose to forgo anogenital examination during adolescent consultations should be aware of the risk of missing relevant clues to diagnosis and management.
A novel approach to cervical-vaginal reconstruction using sigmoid colon fragment in congenital cervical-vaginal agenesis

Mingle Z1, Suolin L1, Lin L1, Yanfang D1, Xiaodong L1, Yibin L1, Xianghua H1
1The second hospital of Hebei medical university

OBJECTIVE:
To report a novel technique for cervical-vaginal reconstruction in two patients with congenital cervical-vaginal agenesis.

DESIGN:
Case report.

SETTING:
Teaching and research hospital

PATIENT(S):
Two adolescent girls, aged 12 and 13 years with primary amenorrhea, cyclic abdominal pain, hematometra, and cervical-vaginal agenesis.

INTERVENTION(S):
Laparoscopic-assisted incision was performed on the uterus at distal end until the most caudal portion of the endometrial cavity was attained, and neovagina was created with a sigmoid colon fragment. The lowermost portion of the uterus was sutured to the top of the neovagina. The uterine catheter and vaginal mold was planned to remain in situ for 12 weeks to prevent closure of the new tract.

MAIN OUTCOME MEASURE(S):
Anatomic success was defined by a vaginal length over 8 cm, and a width allowing the introduction of two fingers. Pelvic ultrasonography and clinical follow-up evaluation confirmed unobstructed menstrual outflow through the neocervix and neovagina. Hysteroscope confirmed the neocervix was completely mucosalized on the insidesurface.

RESULT(S):
Neovaginal length was 8cm and adequately wide. Both patients had maintained regular menstrual cycles at the 5-years and 1-year clinical follow-up. One of them has resumed normal sexual activities.

CONCLUSION(S):
Reconstruction of the cervix-vagina using sigmoid colon fragment is effective. It offers an alternative treatment option for patients with cervical-vaginal agenesis to preserve their reproductive potential.
“No Contraception for the Unmarried”: A Qualitative Study Exploring Sexual and Reproductive Health Care for Adolescents in Eastern Indonesia

Wattimena J, Black K, Bernays S

1The University Of Sydney

Contraception, Room 104, December 2, 2019, 12:45 PM - 1:15 PM

Background: Indonesia is a middle-income Southeast Asian country undergoing significant socio-demographic changes, including rising age at marriage and decreasing age of sexual debut. Despite the priority given to adolescent pregnancy in global health strategies, we know little about adolescents’ ability to seek sexual and reproductive health (SRH) care in Indonesia. This study aims to explore factors influencing SRH care-seeking behaviour in adolescents living in eastern Indonesia and their engagement in care from the perspective of adolescents and health care workers.

Methods: Between 2018 and 2019, we undertook a qualitative study involving female patients aged 18-24 years old and female health workers in Ambon, eastern Indonesia. We conducted in-depth interviews and thematic analysis from 30 adolescents who sought health care for pregnancy and six adolescents presenting with gynaecological problems including HIV and menstrual disorders, and from 13 midwives and four pharmacy staff.

Findings: The barriers to accessing care for adolescents included a feeling that they would be judged as too young to be seen with sexual health problems. Unmarried status was seen as a greater barrier than age. Many adolescents eventually sought health care because they believed treatment for their condition (pregnancy or HIV) was important. Adolescents perceived that healthcare workers could provide an enabling environment through the careful use of language and behaviour, maintaining privacy and confidentiality, and making health service equitable. Midwives reported that they also actively engaged adolescents in public health centres through outreach services. However, they commented that their health care practice is restricted by government regulations, which, for example, only allow the provision of contraception to legally married couples.

Conclusion: The barriers adolescents perceive in relation to SRH care access relate to socio-cultural norms. Healthcare practitioners in the community work to meet adolescents’ needs but are restricted in their practice by government policy.
Trends in teen menstruation and menstrual disturbance. What have we learnt from the MDOT (Menstrual Disorder of Teenagers) studies in 2005 and 11 years later in 2016.

**Parker M**1, Sneddon A2, Shadbolt B3, Wang J4, Kent A5

1Canberra Endometriosis Centre, ACT Health; 2School of Medicine, Griffith University; 3Centre for Health and Medical Research, ACT Health; Australian National University Medical School, 4Data 61, CSIRO; 5Department of Neonatology, Golisano Children's Hospital; University of Rochester School of Medicine and Dentistry

Hormones & adolescents, Room 107, December 2, 2019, 12:45 PM - 1:15 PM

Objectives: Developing a tool that would help readily identify menstrual disorders in teenagers would be of great benefit. The objectives of this project was to: (1) replicate the original MDOT study (2005); (2) compare the typical experience of menstruation and menstrual disturbance between the 2005 and 2016 cohorts; and (3) validate the PIPPA (Period ImPact and Pain Assessment) tool for menstrual disturbance (developed from the results of the 2005 MDOT study).

Design: Cross-sectional study.

Setting: Senior High Schools in the Australian Capital Territory (ACT), Australia.

Population: A total of 2117 girls aged between 15 and 19 years.

Methods: Data based on a quantitative survey.

Main outcome measures: Self-reports of menstrual bleeding patterns, typical and atypical symptoms, morbidities and interference with daily activities. For PIPPA validation, generalised linear models compared total score and sub scores by validation criteria: pain, school absence, diagnosis of endometriosis and BMI.

Results: Comparison of data between the 2005 and 2016 cohorts (N=2117) was consistent for the following findings: school absence, medication use, cycle length. There were statistically significant increases in pain severity, irregular periods, atypical symptoms, bleeding days, mood and gut symptoms between the two surveys. Menarche was occurring 3 months earlier. PIPPA was found to be valid for identifying menstrual disturbance.

Conclusion: Menstrual pain and symptoms remain common and consistent in 15-19-year-old teenagers over an 11-year interval. Girls indicating menstrual disturbance should be effectively managed to minimise menstrual morbidity. Those girls who do not respond to first line measures should be considered for further investigation for possible underlying pathology, such as endometriosis.

Keywords: Adolescence, dysmenorrhoea, endometriosis, menstrual disturbance
Clinical value of combined application of high-risk HPV detection and thinprep cytology test in cervical cancer screening

**Xiaojie S**

1Wuhan Children Hospital

Vulvovaginal & anogenital conditions, Room 103, December 2, 2019, 12:45 PM - 1:15 PM

目的: 以病理学诊断为“金标准”，通过对高危型人乳头瘤病毒(HPV)筛查、薄层液基细胞学(TCT)检查及两者联合筛查结果的比较，研究高危型HPV筛查与TCT联合检查在宫颈癌筛查中的临床应用价值。

方法: 以478例患者为研究对象，分别行高危型HPV筛查、TCT检查及阴道镜下病理活检，联合检查阳性以高危型HPV筛查、TCT检查任意阳性为阳性，阴性以全阴为阴性，对宫颈癌的3种筛查结果进行回顾性分析评价。结果：478例患者中病理学诊断为炎症的患者有253例(52.93%)；宫颈上皮内瘤变(CIN)共225例(47.07%)；鳞癌6例(1.26%)。478例患者中高危型HPV筛查结果阳性例数为283例，阳性检出率59.21%，且随着宫颈病变严重程度的加重，高危型HPV检出率逐渐升高(P<0.01)。TCT检查结果中不典型鳞状细胞(ASC)及以上病变有219例，阳性检出率为45.82%。对3种筛查方法的总符合率进行比较，高危型HPV+TCT联合检查符合率最高，为99.58%，其次为TCT检查符合率为81.59%，高危型HPV筛查符合率为76.99%，而2种方法联合检查对CINI以上病变的筛查，灵敏度、特异度、约登指数、阳性预测值及阴性预测值均有不同程度的提高。结论：高危型HPV联合TCT检查为当前宫颈癌筛查的最佳方法。
Understanding secondary amenorrhea in adolescence: a large cross-sectional study

Tsimaris P1, Giannouli A1, Karountzos V1, Vatopoulou A1, Apostolaki D1, Iordanidou E1, Stournaras S1, Athanasopoulos N, Deligeoroglou E1

1Division of Pediatric-Adolescent Gynecology & Reconstructive Surgery, 2nd Department of Obstetrics & Gynecology, Aretaieion Hospital, Athens University, Medical School

Hormones & adolescents, Room 107, December 2, 2019, 12:45 PM - 1:15 PM

Objective: Adolescents with secondary amenorrhea (SA) are a heterogenic population. Different disorders can lead to this menstrual irregularity. We tried to recognize the specific aspects of these patients and discover differences, each particular cause of secondary amenorrhea created.

Design – Methods: Retrospective study of patient files, who visited our office over the last decade with amenorrhea after menarche. Diagnosis of SA was made on first appointment if patient reported absence of menses for a minimum of three months with history of normal menstruation or over six months in girls with previous oligomenorrhea. We collected and analyzed anthropometric and laboratory data. Patients were divided into subgroups depending on etiology (functional hypothalamic amenorrhea -FHA, PCOS, immaturity of hypothalamic – pituitary – ovarian axis, premature ovarian insufficiency -POI) and comparisons were made among groups.

Results: SA was diagnosed in 120 young patients. Three out of 120 patients (2,5%) suffered from POI, 34 (28,3%) had PCOS, 49 (40,8%) had FHA and in 10 (8,3%) we could not ascribe a single etiology. Mean age was 16,04 years (SD=2,12), mean time since menarche and the onset of amenorrhea was 3,43 years (SD=2,29). The majority of patients (66,7%) had previous menstrual disorders and presented with absence of menses for over 6 months. Age, time passed since menarche, BMI, E2, LH/FSH ratio, ovarian volume, Ferriman-Gallway score for hirsutism, fasting insulin and HOMA-IR were statistically different among groups (p<0.000, p<0.000, p=0,002, p=0.033, p<0.000, p<0.000, p=0.005, p=0.002 and p=0.005 respectively).

Conclusions: Lack of consensus regarding the definition of secondary amenorrhea, vague threshold between oligomenorrhea and amenorrhea, and ambiguous criteria for differential diagnosis often confuse gynecologists and interfere with the management of such patients. Discovering the causative factor of amenorrhea and identifying special aspects of each patient, especially in adolescence, is necessary to facilitate clinical practice and improve patient well-being.
Adolescent Gynaecological Presentations and Outcomes of Patients with Disorders of Sexual Development (DSD) in a Tertiary Paediatric and Adolescent Gynaecology (PAG) Service.

Adikari T1, O'Brien B1,2, Bagchi T1,2, Kimble R1,2
1Queensland Statewide Paediatric and Adolescent Gynaecology Services, Royal Brisbane and Women's Hospital and Children’s Hospital Queensland, 2University of Queensland, Faculty of Medicine

DSD & Transgender health, Room 101 & 102, December 2, 2019, 12:45 PM - 1:15 PM

Introduction: Adolescence is a unique period of human development during which complex medical conditions may present. DSDs present a complex management situation, with specialist PAG, endocrinological, surgical, and psychological support vital. This study evaluates common presentations of patients with DSDs in adolescence, age at presentation, age of diagnosis, karyotype, mullerian structures, gonadal histology and management.

Methods: We retrospectively reviewed the medical records of all adolescents with DSDs that presented to the Queensland PAG Service from July 2009 to July 2019.

Results: 24 adolescents with DSD were identified from the PAG database. 8 adolescents (33%) had androgen insensitivity syndrome (AIS), with 4 cases being partial (PAIS) and 4 complete (CAIS). 6 adolescents (25%) had classical CAH and 6 (25%) had Swyer syndrome (46XY DSD). The remaining cases included: 46XXp Turners variant (1), ovotesticular 46XY DSD (1), mixed gonadal dysgenesis 46X0/46XY (1), 5-alpha reductase deficiency 46XY (1) and 17-beta HSD3 deficiency 46XY (1). The most common reasons for referral were primary amenorrhea, hormone replacement, and vaginal dilation. The average age initial review was 17 years, 3 months. 19 adolescents were diagnosed in infancy with ambiguous genitalia or hernia, and 5 were unaware of their diagnosis prior to PAG assessment. Gonadectomy was performed in all cases, except in CAH and Turner’s variant. In CAIS, bilateral gonadectomies were most often done at infancy. Dysgerminoma was diagnosed in two with Swyer syndrome, with involvement of oncology.

Discussion: This study highlights that some DSDs may not be detected until adolescence and involves highly complex and multidisciplinary management. Management through PAG service included gonadectomy, pubertal induction and oestrogen replacement where indicated, vaginal dilatation, and psychological counselling. It is essential that PAG specialists be familiar with patients with DSD, and competent to assess, treat, and counsel these highly complex cohort of individuals in a multidisciplinary team.
Overview of Mullerian Anomalies and Surgical management of Complex Obstructive Anomalies: An extensive case series of adolescents presenting to the Queensland Paediatric and Adolescent Gynaecology (PAG) Service between 2004 and 2019.

O'Brien B1, Bagchi T1,2, Kimble R1,2
1Queensland Statewide Paediatric and Adolescent Gynaecology Service, Royal Brisbane And Women's Hospital and Childrens Hospital Queensland, 2University of Queensland, Faculty of Medicine

Objective: An understanding of the diversity of mullerian anomalies is essential. Complex obstructive Anomalies are sufficiently rare and require experience in recognition and management. Diagnosis, management, surgical technique, MRI images, laparoscopic surgical images and recordings will be presented.

Design: Retrospective review of all patients with mullerian anomalies seen by Queensland PAG service from 2004-2019. Patient demographics, anatomical classification (ESHRE/ESGE 2014), imaging, operative course, complications were collected.

Results: 122 of 865 patients were identified from the PAG database as having a mullerian anomaly. The most common presenting symptoms were pelvic pain, dysmenorrhoea and amenorrhoea. Sixty (60) adolescents had a mullerian anomaly that required surgical management. Two adolescents required total hysterectomy for complete vaginal/cervical atresia (U0/C4/V4). Twelve were identified as requiring hemi-hysterectomy, the most common indication was unicornuate uteri with a non-communicating functional hemi-uterus (U4a), followed by 2 adolescents with uterus didelphys, associated with unilateral cervical hypoplasia/atroisia (U3/C3). One adolescent with bilateral functional hemi-uteri with haematocolpos, with cervical/vaginal atresia, is awaiting surgery. All hemi-hysterectomies were done completely laparoscopically with mean operative time 2hours: 22minutes, and average length of stay 1.9days. There were no major intraoperative or postoperative complications observed. Thirty-three adolescents had a division of vaginal septum; this included fifteen adolescents who had a TRIAD of uterine didelphys, obstructed hemi-vagina with haematocolpos and ipsilateral renal agenesis (U3/C3/V2). Five with lower vaginal atresia or MRKH had creation of neovagina with pull-through procedure; one also had a hemi-hysterectomy of right hemi-uterus. Nine had an imperforate hymen (U0/C0/V3) requiring hymenoplasty.

Conclusions: An understanding of Mullerian anomalies, in particular the complex and/or obstructive anomalies is required for appropriate recognition, assessment, and management. Preoperative diagnosis with MRI assists with planning, including counselling the patient and family, and consent. Close multidisciplinary collaboration with PAG, Advanced Laparoscopic Surgeons and Radiologists in specialised centres is essential for optimal outcomes.
Iatrogenic causes of protracted course of childhood vulvovaginitis

Kokhreidze N1, Kutusheva G2, Govorov I1, Alieva K1
1Almazov National Medical Research Centre, 2Pavlov First Saint Petersburg State Medical University

Vulvovaginal & anogenital conditions, Room 103, December 2, 2019, 12:45 PM - 1:15 PM

In order to identify iatrogenic causes of a protracted course of vulvovaginitis (PCV) in prepubertal girls, a retrospective analysis was performed. The analysis embraced 209 outpatient records, including 23 cases of PCV. All patients were treated with pediatric gynaecologists from one of three Medical Centres in Saint-Petersburg, Russia. The average age of patients was 57,0 ± 29,5 months. Seven main types of medical errors (ME) were identified, including misdiagnosis, failure in interpreting the clinical and/or laboratory findings, treatment errors. It was established that the mean number of ME in the normal course of vulvovaginitis (NCV) was 0,5; compared with 1,7 per 1 case in PCV. Patients with NCV and PCV were similar in terms of premorbid conditions. Several variables ME were associated with PCV: underdiagnosis of vaginitis ($\chi^2 = 5,03, p = 0,02$), underestimation the type of the discharge ($\chi^2 = 4,75, p = 0,029$), delayed start of intravaginal treatment ($\chi^2 = 26,91; p <0,001$) or the lack of latter ($\chi^2 = 66,99; p <0,001$). Interestingly, non-using or overuse of the cultural methods for identifying the infectious agent in vaginal discharge did not affect the recovery ($\chi^2 = 1,38, p> 0,05$). We proposed a diagnostic and treatment algorithm based on assessment of the of the vaginal type discharge. In accordance with this, serous type of it indicates mild disease and only the use of external antiseptic agents can be effective. The purulent discharges type indicates the severe course of vaginitis and the immediate use of intravaginal therapy or in some cases systemic antibiotic are required.
Health information for adolescents with PCOS should be summarized and include fertility facts: results of an adolescent focus group session

**Pena A**\(^1\), Garad R\(^3,4\), Boyle J\(^3,4,5\)

\(^1\)The University of Adelaide Robinson Research Institute, \(^2\)Women’s and Children’s Hospital, \(^3\)Monash Centre for Health Research and Implementation, \(^4\)Monash University, \(^5\)Monash Health

Hormones & adolescents, Room 107, December 2, 2019, 12:45 PM - 1:15 PM

Providing patient information improves adherence to evidence-based care. The international evidence-based guideline for assessment and management of polycystic ovary syndrome (PCOS) published in 2018 (https://www.monash.edu/medicine/sphpm/mchri/pcos) developed freely available translation resources (https://www.mja.com.au/journal/2018/209/7/translation-and-implementation-australian-led-pcos-guideline-clinical-summary). These resources were co-designed by health professionals and adult women with PCOS but not adolescents. The aim of a series of focus groups was to capture adolescent perspectives on the accessibility of the resources for young women. The first focus group included five adolescents (15-19 years) with PCOS and 3 accompanying carers (one of them with PCOS). The group were asked to semi-structured questions on a range of resources including five fact sheet resources (What is PCOS and do I have it, lifestyle, emotional well-being, treatment and fertility and pregnancy) and the Ask PCOS evidence information for women with PCOS brochure.

Adolescents liked the printed fact sheets as a good information source as they were nice summaries with simple facts and figures, in contrast to the Ask PCOS brochure that was long and complex. Adolescents were satisfied with information in relation to fertility and wanted this information to be provided even though they acknowledged that pregnancy was not immediately relevant to them. Fact sheets were also valuable for parents of adolescents with PCOS to improve understanding of the condition and being able to provide support especially in relation to lifestyle and emotional well-being. Adolescents also acknowledged the importance of including PCOS as part of sexual development education at school.

In summary themes that emerged were: accessibility, co-design, digital engagement, augmentation of health literacy, neglected stakeholder groups, gain-framed health promotion approaches, public health approaches to PCOS education and health-related components for inclusion. Adolescents with PCOS prefer summarized complete information with figures as ways to get PCOS health information. Information about fertility and pregnancy was important.
THE 20 YEAR POPULATION INCIDENCE OF CHILDHOOD GONADOBLASTOMA IN TURNER SYNDROME AND 46XY GONADAL DYSGENESIS IN THE REPUBLIC OF IRELAND

O’Connell S1, Geoghegan A1, Lynch S1, McDonnell C2, Cody D1, McDermott M1, Quinn F1
1Children’s Health Ireland at Crumlin, 2Children’s Health Ireland at Tallaght

DSD & Transgender health, Room 101 & 102, December 2, 2019, 12:45 PM - 1:15 PM

Background: Gonadoblastoma (GB) is a rare tumour of the gonads. It is a lesion composed of a mixture of germ cells at different stages of maturation, with low malignant potential. It is associated with disorders of sex development, most commonly Turner mosaic syndrome with Y chromosome material (TMSY), and 46XY gonadal dysgenesis (GD), where prophylactic gonadectomy is recommended.

Objectives: To determine the incidence and clinical features of GB, presenting in childhood/adolescence in the Irish Republic (RoI) from 1999-2018 inclusive.

Methods: A retrospective review of those with a diagnosis of GB was undertaken using the records of the National Cancer Registry Ireland (NCRI) and the Departments of Endocrinology, Pathology and Surgery at the main children’s hospitals.

Results: Fifteen cases were identified, all except one were phenotypically female. One presented with an ovarian mass. Fourteen patients had prophylactic gonadectomy. Eight patients had TMSY, 7 of which were phenotypically female. Over the 20-year period, 23 patients were diagnosed with TMSY but only 12 (52%) underwent gonadectomy. Seven cases of 46XY GD (all female phenotype) were diagnosed with GB. Four of these were unilateral. In the remaining 3 cases, one patient had bilateral GB and one had unilateral dysgerminoma and contralateral GB. The third had bilateral dysgerminoma with features of GB.

Conclusions: This is the first reported population incidence of GB in children with a 20-year incidence of gonadoblastoma in RoI of 1/100,000 live births. The data supports the recommendation for elective gonadectomy in high risk conditions. The proportion of those with TMSY who underwent elective gonadectomy may have been related to the variety in 45X versus 46XY cell line predominance and clinical presentation leading to clinician discretion regarding referral for gonadectomy. Given the wide age range in presentations, the timing of gonadectomy should be individualised, following multidisciplinary team discussion.
Vulvovaginitis in young girls

Vatopoulou A, Tsimaris P, Dioneli M, Papanikolaou A, Athanasiadis A
13rd Dept OBS/GYNAE, Aristotle University of Thessaloniki, 2nd Dept OBS/GYNAE, Kapodistrian University of Athens, Abertay University, 2nd Dept OBS/GYNAE, Aristotle University of Thessaloniki, 2nd Dept OBS/GYNAE, Aristotle University of Thessaloniki

Vulvovaginal & anogenital conditions, Room 103, December 2, 2019, 12:45 PM - 1:15 PM

Introduction
Vulvovaginitis is a common cause to visit a Pediatric and Adolescent Gynaecology clinic. It can cause extreme distress for the girls and their mothers.

Objective
To evaluate cases with vulvovaginal symptoms treated in a Pediatric & Adolescent Gynecology clinic.

Methods
Prospective study of children and adolescents. Features of history, symptoms, findings, laboratory bacteriological and other tests, treatment and outcome were recorded prospectively. Descriptive statistics were used.

Results
Fourty children and adolescents with a mean age 12.9 ± 5.2 years old were studied in a one-year period (2017-2018). Most (71%) were non sexually active. In non sexually active patient’s streptococcus was the most common agent and often a history of upper respiratory infection (URI) coexisted or preceded. Symptoms were caused by other non infectious causes in 5 cases. In the sexually active cohort the most common agent was candida albicans and other non infectious causes were observed in 3 cases (p= 0.01, NS). A temporal variation was noticed with few cases during summer and an increased number in autumn and winter. Local hygiene was adequate treatment especially in the non sexually active patients and the rest were treated with creams and antibiotics.

Conclusion
Vulvovaginitis is a common disorder that may have important consequences on quality of life and social and emotional effects.
It is important to emphasize that not all pathology is infectious.
In children it is associated with URI. In the majority of patient’s careful local hygiene is adequate for treatment.
Safety and Tolerability of Drospirenone 4.0 mg in Female Adolescents Over 6 Cycles With a 7-Cycle Extension Phase in a multicenter trial

Apter D, Colli E, Gemzell Danielsson K, Peters K

1Vl-Medi Clinical Research Center, 2Exeltis Spain, 3Karolinska University Hospital, 4Praxis Dr Peters

Contraception, Room 104, December 2, 2019, 12:45 PM - 1:15 PM

Contrary to COC, progestin only pills do not increase the risk of VTE. Traditional POPs have poor cycle control and stringent pill rules, such as a to 3-to-12-hour time window for taking the next pill. Delays occur frequently, reducing contraceptive reliability. A new POP formulation has been developed, drospirenone 4.0 mg with 24 active tablets followed by 4 placebo tablets, designed to try to reduce unscheduled bleeding. Effective ovarian suppression and a Pearl index of 0.7 has been demonstrated, but only in adults so far. A study was undertaken to assess safety, tolerability and bleeding patterns of drospirenone 4.0 mg in adolescents.

Study Design: A multicenter, open-label trial in 111 adolescents aged 12-17 years for six 28-day treatment cycles and an optional 7 cycle extension with administration of DRSP 4.0 mg in a regimen of 24 active/4 placebo tablets.

Results: Thirteen subjects (12.7%) prematurely terminated the trial during the Core Phase. A trend towards less bleeding and/or spotting was observed over the first cycles. Incidence of both scheduled and unscheduled bleeding and spotting decreased. Proportion of subjects with absence of bleeding or spotting increased to 25% in cycles 11-13. Only five subjects (4.9%) prematurely terminated the trial due to irregular bleeding and one subject (1.0%) due to amenorrhea.

The number of subjects reporting dysmenorrhea decreased from 47 (46.1%) prior to screening, to 14 (29.8%) at the end of Cycle 6, to 8 (17.0%) at Cycle 13. The number of subjects using pain medication for dysmenorrhea similarly declined.

Overall, treatment with drospirenone 4.0 mg was well tolerated. There were no treatment related serious AEs, and no pregnancies. At the endpoint, 82.4% of subjects rated the tolerability of drospirenone as “excellent” or “good”.

Conclusions: Drospirenone 4.0 mg over 13 treatment cycles was well tolerated, safe and acceptable for the majority of adolescents.
Proactive Contraception Provision to Adolescents in New Zealand: a Concept

Duncan R\textsuperscript{1}, Anderson L\textsuperscript{1}, Paterson H\textsuperscript{1}, Pickering N\textsuperscript{1}

\textsuperscript{1}University Of Otago

Contraception, Room 104, December 2, 2019, 12:45 PM - 1:15 PM

In NZ, 98% of pregnancies in adolescents aged 11-14 are unplanned, and 93% of pregnancies in adolescents aged 15-19 are unplanned. In this population, 41% of adolescents aged 16-19 have had sex and 58% of sexually active adolescents consistently use contraception.

Barriers to contraceptive access include financial cost, opportunity cost, lack of awareness, and persistent myths and misconceptions about different methods.

We propose a proactive contraception provision programme to overcome these barriers.

With a proactive approach, all adolescents would be approached, regardless of sexual activity, and offered a free confidential consultation. Each consultation should include a discussion about safe sex (including STI protection), and a tiered contraceptive counselling approach. Adolescents would then be offered their contraceptive method of choice.

In this presentation we will look at acceptability of such a programme, and discuss three key questions:
1. Which contraceptives should be offered?
2. Which age group should this programme be offered to?
3. Should this be offered to all adolescents, or only female adolescents?

In conclusion, proactive contraception provision is a concept that offers some clear benefits. It could improve adolescents’ contraceptive knowledge, and decrease unintended teenage pregnancy by empowering adolescents to control their fertility in whatever way suits them best.
Obstructed Hemivagina and Ipsilateral Renal Anomaly (OHVIRA): An audit of patients managed at the PAG unit of a tertiary care hospital in Kuala Lumpur

Ahmed I1, Zainuddin A2, Abdul Hamid N2, Teh S2, Ali A2, Nur Azura A2
1The Aga Khan University, 2University Kebangsaan Malaysia Medical Centre

Congenital anomalies, Plenary, December 2, 2019, 12:45 PM - 1:15 PM

Introduction: Obstructive hemivagina with ipsilateral renal anomaly OHVIRA is a rare urogenital abnormality, associated with either uterus didelphys or bicornuate, vaginal septum obstructing hemivagina and ipsilateral renal anomaly.

Objective: To report on clinical presentation and management of a series of cases with OHVIRA at the Paediatric & Adolescent Gynaecology (PAG) unit at University Kebangsaan Malaysia Medical Centre (UKMMC), a tertiary-care-hospital in Kuala-Lumpur.

Methods: This audit has reviewed OHVIRA cases at UKMMC from January 2012 till July 2019. Cases were identified from electronic records and data collected on pre-designed proforma were analysed on SPSS-20. Categorical variables reported as frequency and percentage, while continuous variables as mean/standard deviation (SD).

Results: Thirteen (13) cases met the criteria for OHVIRA. All of these were external referrals and had uterus didelphys. About 70% of patients were students with mean age of 16.38(±6.9) years and had menarche at 12.33(±1.3) years. The chief complaints were dysmenorrhea (46.2%) and abdominal pain (38.5%) with associated menstrual irregularities (38.5%). Duration of symptoms ranged from 2 days to 13 years.

One of eleven patients with haematocolpos had associated haematometra, while one patient had isolated hematometra and another had pyocolpos. Ultrasound and/or MRI were used for confirmation of diagnosis in most of cases. Resection of vaginal septum was performed transvaginally in six cases and seven required the abdominal-perineal approach as well. Endometriosis was noted in six cases intraoperatively. There were no intraoperative complications. Twelve patients returned for follow-up, out of which four required repeat surgeries. Two were operated upon for recurrence of haematometra, one for hydrosalpinx while one presented with primary infertility. One patient reported prolonged bleeding and was managed with COCs.

Conclusions: OHVIRA requires early referral to a tertiary centre specialized in managing these cases. It ensures correct diagnosis, appropriate management and optimal outcomes of this rare anomaly.
New Insights from Unbiased Panel and Whole-Exome Sequencing in a Large Chinese Cohort with Disorders of Sex Development

Xu Y1, Wang Y1, Li N1, Yao R1, Li G1, Li J1, Ding Y1, Chen Y1, Huang X1, Chen Y1, Yu T1, Shen Y1, Wang X1, Shen Y1,2, Wang J1

1Shanghai Children’s Medical Center affiliated to Shanghai Jiao Tong University School of Medicine, 2Boston Children’s Hospital

DSD & Transgender health, Room 101 & 102, December 2, 2019, 12:45 PM - 1:15 PM

Context: Diagnosis of non-chromosomal type disorders of sex development (DSD) has long been challenging. There is still no research on overview of a large Chinese DSD cohort.

Objective: To determine the etiologic diagnosis through unbiased large-scale panel sequencing and whole-exome sequencing (WES) within a large Chinese DSD cohort.

Design: Patients were recruited according to the inclusion criteria of DSD. The applied panel contains 2,742 known disease-causing genes, including all known diagnostic genes for DSD.

Methods: Targeted panel sequencing (TPS) was performed, and identified candidate variants were verified. Variant pathogenicities were evaluated according to established guidelines. WES was performed for randomly selected negative samples.

Results: This study included 125 probands. Seventy-five variants were identified by TPS and 31 variants were reported for the first time. Pathogenic and likely pathogenic variants accounted for 41.3% and 32.0%, respectively. On the basis of clinical certainty, etiologic diagnostic rates of 46.9% and 10.3% were obtained for 46,XY and 46,XX DSD patients, respectively. We reported novel candidate genes (BMPR1B, GNAS, GHR) and regions of copy number variants outside the expected DSD genotype-phenotype correlation, and determined a founder mutation (SRD5A2 p.R227Q) in patients with 5α-reductase deficiency. Further WES in randomly selected negative samples identified only one among 14 negative samples as a variant of uncertain significance, indicating that WES did not improve the diagnostic rate.

Conclusions: This is the first report of the applying unbiased TPS in a large Chinese cohort of patients with 46,XY and 46,XX DSD. Our findings expand the gene, mutation and phenotype spectra of the rare types of DSD in the Chinese population and provide new insight into the current understanding of the etiologies of DSD.
THE PREVALENCE OF RAISED BMI IN THE ADOLESCENT GYNAECOLOGY CLINIC – A 3 YEAR REVIEW

Mc Donnell A, Moran S, Bartels H, Sheil O, Broderick V

1National Maternity Hospital

Hormones & adolescents, Room 107, December 2, 2019, 12:45 PM - 1:15 PM

It is estimated globally that, up to one in four child and adolescent girls are overweight or obese. In Ireland 21% of girls aged 5-19 are overweight and 8.9% are obese. Increased adiposity has an established role in gynaecological pathophysiology and presents a challenge to the treating physician.

The primary aim of this study was to examine the prevalence and impact of being overweight or obese in the setting of the adolescent gynaecology clinic.

Patients aged <18 who attended the adolescent gynaecology service at the National Maternity Hospital from 2016 - 2018 were included. A list of patients was generated using the Integrated Patient Management System and data collected retrospectively via chart review. Body Mass Index (BMI) was documented and plotted using the national UK RCPCH BMI centile chart (2-20) for girls, and BMI categories assigned. Patients were also allocated to the following diagnostic categories; menstrual disorders, polycystic ovarian syndrome, other ovarian pathology, vulvovaginal disorders, Müllerian anomalies/disorders of sexual development and other.

230 patients attended the service in the studied time period. Data were available for 223 (97%) and BMI was documented for 200 (89.7%) of these patients. Median BMI for the overall group was 22.7 (N=200). The age range was 10.3 - 17.9 (median = 16.0). 23.5% (N=47) of patients were classified as obese and 14% (N=28) as overweight. 61% (N=122) were classified as having a normal weight. 1.5% (N=3) of patients were underweight.

Almost 40% of patients were overweight with almost one quarter categorised as obese. These rates are elevated compared to national data and suggest not only a diagnostic relevance but highlight an important opportunity for targeted lifestyle interventions with the aim of improving long-term health. As a result of this study we have incorporated a dedicated nutrition and dietetics service into the adolescent gynaecology clinic.
The role of autoimmune ovarian lesion in the pathogenesis of secondary oligomenorrhea in adolescent girls

Andreeva V¹

¹Federal State Budgetary Educational Institution Of Higher Education "Rostov State Medical University" Of The Ministry Of

Hormones & adolescents, Room 107, December 2, 2019, 12:45 PM - 1:15 PM

Normogonadotropic oligomenorrhea is one of the most common causes of menstrual disorders. The role of autoimmune mechanisms in its development in adolescents still remain unexplored. Objective. To study the role of autoimmune mechanisms in the pathogenesis of normogonadotropic oligomenorrhea in adolescent.

Materials and methods. The serum levels of anti-Mullerian hormone (AMH), antiovarian antibodies (AOAs), antinuclear As (ANAs), neopterin, rheumatoid factor (RF), interferon -γ (IFN -γ) and tumor necrosis factor-α (TNF-α) in 2 groups of adolescent girls with secondary normogonadotropic oligomenorrhea were investigated. Group I included 39 girls with elevated levels of circulating AOAs (≥ 11 IU/ml). Group II - 49 girls with normal levels of circulating AOAs (<11 U/ml). The control group included 20 healthy girls with regular menstrual cycles.

Results. A reduction of AMH level in group I is 2.5 times compared to the control group (p <0.05). AMH level in group II exceeded the control data in 1.7 times (p <0.05). We revealed an increase of ANAs in group I as compared to the II and the control groups (p <0.05). Increased levels of RF were found in both groups compared with the control group, which confirms the role of autoimmune mechanisms in the development of oligomenorrhea.

IFN-γ levels were reduced in both groups compared with the control group (p<0.05), which is observed in T-cell immunodeficiency. In contrast, indicators of TNF-α and neopterin were sharply increased, relative to the control group.

It is known that the major cause of overproduction of neopterin is TNF-α, which provides a costimulatory signal for the synthesis of the neopterin molecule.

Conclusion. Autoimmunity rates are characterized by increased serum RF, neopterin, titers of organo-specific and organo-nonspecific As, and decreased levels of AMH and IFN-γ, that demonstrates the diagnostic value of these parameters as markers of autoimmune origin of normogonadotropic secondary oligomenorrhea.
Effectiveness of the extract of the plant Vitex Agnus castus in elimination of the side effects of OC in adolescents and young women

Uvarova E

1Scientific Center of Obstetrics, Gynecology and Perinatology named after V.I. Kulakov

Contraception, Room 104, December 2, 2019, 12:45 PM - 1:15 PM

In our investigation we choses 72 patients with GP history taking monophasic OC and distribute them on two groups. There were 42 patients with recurrent GP on the background of OC, took Agnucaston for the correction GP. Given this fact, 30 young women from the first application cycle OC added the drug Agnucaston in the same daily dose.

In 26 of the 42 patients on the background of the use, OC for 6 months appeared amenorrhea, and 14 – mastalgia and galactorrhea. We decided not to cancel the OC and assign Agnucaston 1 capsule per day. After 6 cycles of simultaneous use OC and Agnucaston menstrual reaction recovered 20, galactorrhea disappeared in 7-th women. Hyperprolactinemia turned out only in the girls at the age of 17-21 years. Possible significant confounding factor was the examinations or experiences at the device after school to work. Adding to the OC of the drug Agnucaston allowed normalizing the PRL level from all 42 girls. It is important to note that the use of Agnucaston normalization of weight in 22 patients and the addition of Agnucaston had an additional positive effect. When you add a drug Agnucaston 1 application cycle OK prevented amenorrhea, galactorrhea and other adverse reactions hormonal contraception in 30 young women even after the abolition of Agnucaston. The level of PRL preserved in the regulatory corridor for the past 6 months the joint use of drugs and even after 6 months after discontinuation of Agnucaston. The data obtained allowed to develop an algorithm for the management of young women wishing to use OK, who had in the past hyperprolactinemia.
The genital tract microbiome in adolescent girls: a possible player in gynaecological conditions?

Gilbee E, Grover S, Knowles S, Drever N, Peek S, Franks A

Royal Children’s Hospital, La Trobe University

Vulvovaginal & anogenital conditions, Room 103, December 2, 2019, 12:45 PM - 1:15 PM

The significance of human microbiomes, and the key role they play in maintaining health and wellbeing, has been a hot topic over the last decade. Microbiomes have been shown to be essential to a number of normal human processes, such as digestion, immunity and even survival. However, they have also been strongly implicated in a variety of disease states, from obesity to allergies, mood disorders and even cancer. Whilst the majority of research has focused on the gastrointestinal microbiome, none has investigated that of the female genital tract. Currently, it is unknown what constitutes normal utero-vaginal flora.

We recruited 30 adolescent girls from our Gynaecology Outpatient Clinic, who had consented for the insertion of a Mirena levonorgestrel intrauterine system (IUS) under general anaesthesia for management of menstrual symptoms. This specifically targeted age group reduced the likelihood of confounding variables, such as long term antibiotic use, sexual activity and hormonal medication. At time of the IUS insertion, vulval, perineal, vaginal and cervical swabs were taken, as well as an intrauterine sample. Deoxyribonucleic acid (DNA) extraction was performed using an MoBio Soil DNA extraction Kit. Quantification of microbial abundance was performed using standard quantitative polymerase chain reaction techniques. Further microbial diversity analysis was completed through ARISA and/or next generation 16S ribosome ribonucleic acid gene amplicon analysis.

RESULTS - (pending – see below)

This study has delivered a ground breaking first step in elucidating the normal uterine, cervical, vaginal and vulval microbiomes in adolescent girls. Future efforts could be directed at further evaluating potential correlations between utero-vaginal flora and specific gynaecological symptoms (such as abnormal uterine bleeding, dysmenorrhoea, chronic pelvic pain).

NB: our data is yet to be analysed. However, this exciting area has such promise that we felt it still worthwhile submitting our abstract. Analysis will be completed well before the congress.
University Students Presenting to a Specialized Contraception Clinic: An Analysis of the University of British Columbia IUD clinic

Todd N1, Sachedina A1,2, Cameron B1, Nelson M1, Tsang-Cheng J1
1University Of British Columbia, 2Royal Children’s Hospital

Contraception, Room 104, December 2, 2019, 12:45 PM - 1:15 PM

BACKGROUND: Intrauterine devices (IUDs) are highly effective, long-acting, reversible forms of contraception (LARCs). The SOGC states that IUDs are as effective as permanent contraception methods.

A 2016 study showed that only 55% of American college students at risk for pregnancy use contraception, and they primarily choose less effective, non-LARC methods. Cost and insurance were the most commonly stated barriers to using their preferred method of contraception.

In 2017, the UBC IUD clinic was opened to increase access to LARCs for UBC students. This study aimed to review the cases of patients attending the clinic thus far, in hopes of achieving a better understanding of the patient population, their needs, and ways in which we may improve the clinic going forward.

METHODS: The study is a retrospective chart review. Charts of patients presenting to the UBC IUD clinic were identified and obtained from the UBC student health services, and reviewed in detail to identify the study outcomes.

RESULTS: 53 patients were booked for insertion during the first year of clinic operation. The average age of the patients was 25, and all were nulliparous. Regarding previous contraceptive methods, 47% previously used the OCP, 26% barrier or withdrawal methods, and 15% LARC methods. 46 IUDs were inserted, with over 80% of insertions classified as ‘easy’. There were 4 unsuccessful attempts and 1 expulsion. There were no infections or uterine perforations.

CONCLUSIONS: The UBC IUD clinic was successfully established, and 46 patients underwent successful IUD insertions in the first year. They were generally well-tolerated and there were no significant complications. This equivalent cost model could be adopted by post-secondary institutions across Canada in order to increase LARC access for Canadian students. Further prospective studies will aim to identify barriers to, motivations for, and satisfaction with using LARC methods amongst our patients.
Differential diagnosis of sexual differentiation in a patient with Fanconi anemia

Kumykova Z1, Kiseleva I1, Bujanovskaya O1, Batyrova Z1

1The National Medical Research Centre Of Obstetrics, Gynaecology And Perinatology Named After Academician V. I. Kulakov O

DSD & Transgender health, Room 101 & 102, December 2, 2019, 12:45 PM - 1:15 PM

Delay in sexual development is observed in various conditions, including violations of the formation of sex. The most dangerous complication of late diagnosis of it and delayed surgical treatment is malignancy of the genital glands, and therefore, when a patient with a female Y-chromosome phenotype is detected in the blood, bilateral gonadectomy is indicated. Delayed sexual development is also characteristic of patients with Fanconi anemia.

Case report of the girl 13.5 y sent to the hospital for the removal of the gonads in connection with the detection of the examination at the place of residence in the karyotype of the Y ch. At the age of 5 y, the girl underwent surgery for ureteral diverticulum, after which she had a tendency to hemorrhage, at 6y was diagnosed with FA. At the age of 7 underwent allogeneic bone marrow transplantation from an HLA compatible unrelated male donor from the international registry.

When examined in the Department drew attention to the signs of delay in both sexual and physical development of the child. In the blood, an increased level of FSH was determined against the background of relative hypoestrogenia, biological age lagged behind the calendar by only 2 y, liquid vaginoscopy showed the presence of a long narrow vagina and a flat cervix. Taking into account the lack of clear clinical data, to determine further management tactics, genetic counseling was prescribed, which revealed tissue mosaicism in 100 cells of the buccal epithelium, 2 signals corresponding to the X chromosome were found, which confirmed the true karyotype 46XX.

A multidisciplinary approach to the management of the child allowed to avoid unjustified castration, preserving the patient’s ovaries, resulting in a month after discharge from the hospital, the girl noted puberty spurt which indicates the correctness of the chosen tactics of management.
10 years experience in women with obstructing vaginal anomalies in a tertiary hospital

Law S

Department of Obstetrics and Gynaecology, The Chinese University Of Hong Kong

Congenital anomalies, Plenary, December 2, 2019, 12:45 PM - 1:15 PM

OBJECTIVE: To evaluate the presentation and clinical outcome of female with obstructing vaginal anomalies

DESIGN:
A retrospective study in a tertiary hospital in Hong Kong.

METHOD:
Female with obstructing vaginal malformations including imperforate hymen and transverse or longitudinal vaginal septum from 2009 to 2018 were included.

RESULTS:
A total of 16 women suffering from obstructing vaginal malformation from year 2009 to 2018. 5 had imperforate hymen, 10 had Obstructed Hemi-vagina and Ipsilateral Renal Anomaly(OHIRA) and 1 had transverse vaginal septum. The age ranging 11 to 34 years old with elder patients having microperforation of vaginal septum. The time frame from primary symptoms to diagnosis was from 2 days to 24 months. 12 out of 16 (75%) women presented with abdominal pain. 2 out of 16 (12.5%) presented with acute retention of urine. 2 out of 16 (12.5%) had abnormal vaginal discharge and pelvic abscess due to microperforation of longitudinal vaginal septum. All 6 patients with imperforate hymen had hymenectomy performed and all uncomplicated with no residual symptoms or complaint on follow up. For OHIRA, all underwent excision of vaginal septum +/- laparoscopy depending on any abnormalities of adnexa on pelvic imaging. There were 2 out of 10 (20%) OHIRA patients required hysterectomy of hemi-uterus due to recurrence of obstruction. One was due to cervical agenesis and the other was due to very high position of vaginal septum with difficult re-excision of uterine septum after two surgeries. Of the 6 patients underwent laparoscopy, only 1 patient (16.7%) suffered from endometriosis with endometrioma. All patients were followed up closely at first year then yearly and most of them remained asymptomatic. There is no pregnancy among all patients upon the time of this review.

Conclusion: Accurate diagnosis and treatment is essential in treating women with obstructing vaginal anomalies.
Molecular and phenotypic spectrum of Noonan syndrome in Chinese patients

Li X1, Yao R1, Tan X2, Li N1, Ding Y1, Li J1, Chang G1, Chen Y1, Ma L1,2, Wang J1, Fu L1, Wang X1

1Shanghai Children’s Medical Center affiliated to Shanghai Jiaotong University School of Medicine, 2Shanghai Jiao Tong University, 3East China Normal University

Hormones & adolescents, Room 107, December 2, 2019, 12:45 PM - 1:15 PM

Background: Noonan syndrome (NS) is a common autosomal dominant/recessive disorder. No large-scale study has been conducted on NS in China, which is the most populous country in the world.

Methods: Next-generation sequencing (NGS) was used to identify pathogenic variants in patients that exhibited NS-related phenotypes. We assessed the facial features and clinical manifestations of patients with pathogenic or likely pathogenic variants in the RAS-MAPK signaling pathway. Gene-related Chinese NS facial features were described using artificial intelligence (AI).

Results: NGS identified pathogenic variants in 103 Chinese patients in eight NS-related genes: PTPN11 (48.5%), SOS1 (12.6%), SHOC2 (11.7%), KRAS (9.71%), RAF1 (7.77%), RIT1 (6.8%), CBL (0.97%), NRAS (0.97%), and LZTR1 (0.97%). Gene-related facial representations showed that each gene was associated with different facial details. Eight novel pathogenic variants were detected and clinical features due to specific genetic variants were reported, including hearing loss, cancer risk due to a PTPN11 pathogenic variant, and ubiquitous abnormal intracranial structure due to SHOC2 pathogenic variants.

Conclusion: NGS facilitates the diagnosis of NS, especially for patients with mild/moderate and atypical symptoms. Our study describes the genotypic and phenotypic spectra of NS in China, providing new insights into distinctive clinical features due to specific pathogenic variants.
Complete XY gonadal dysgenesis - when should the prophylactic gonadectomy be performed?

**Bumbuliene Z**

*Vilnius University, Faculty of Medicine, Clinic of Obstetrics and Gynaecology*

DSD & Transgender health, Room 101 & 102, December 2, 2019, 12:45 PM - 1:15 PM

Swyer syndrome – complete gonadal dysgenesis – is a rare disorder of sex development. Phenotypically patients have female genitalia and normal Mullerian structures. The gonads are usually fibrous streaks with no hormonal activity (neither testosterone nor AMH), no reproductive potential, which can not be indentified neither as ovaries nor testicles. The patients usually present with delayed puberty and primary amenorrhea.

Disgenetic gonads, containing Y-chromosome material, are at risk of development of gonadoblastoma, which is estimated to undergo a malignant transformation in most of cases to dysgerminoma. Owing to the high risk of malignant tumor formation, most authors agree that in case of Swyer syndrome, streak gonads should be removed as soon as the diagnosis is established.

Our patient was admitted to the Children’s Hospital at 3 weeks of age for abdominal colic and was diagnosed with situs viscerum inversus. At age 6 she underwent genetic testing and a karyotype of 46, XY with SRY gene mutation was found. Pelvic ultrasound was performed, uterus and gonads fit the biological age, the volume of right gonad was 0.5 cm³, left – 0.3 cm³. Next gynecological examination was performed at 8 years, and as gonadal dysgenesis is associated with increased risk of gonadal malignancy, gonadectomy was assigned, but operation was performed only one year later.

Histological analysis of gonads: left gonad — gonadoblastoma, right gonad — dysgerminoma (80%), and gonadoblastoma (20%). Diagnosis: pT1a

Usually Swyer syndrome is diagnosed during adolescence, in our case it was diagnosed before puberty and was operated before puberty. Nevertheless, one gonad was already malignant.

Conclusion: In case of Swyer syndrome, the prophylactic gonadectomy should be performed as soon as the diagnosis is established, even if the patient is of pre-pubertal age.
Lichen Sclerosus: An Uncommon but Treatable Cause of Lower Urinary Tract Symptoms in Prepubertal Girls

Vash-Margita A, Arlene A, Wang M

Yale University

Vulvovaginal & anogenital conditions, Room 103, December 2, 2019, 12:45 PM - 1:15 PM

Background:
Lichen sclerosus (LS) is a chronic inflammatory dermatosis affecting anogenital region. LS is known to increase lower urinary tract symptoms (LUTS), including incontinence and urinary tract infection (UTI) in postmenopausal women. There is paucity of data on prepubertal girls. Lack of familiarity among pediatric providers may lead to diagnostic and treatment delay. We report case series of prepubertal girls diagnosed with LS and association with LUTS.

Methods:
Prepubertal girls diagnosed with LS during a 24-month period were identified. All girls were treated with topical corticosteroids according to the protocol. Patient demographics, clinical presentation, time from onset of bladder-bowel symptoms to lichen sclerosus diagnosis, and treatment response were assessed.

Results:
Thirteen prepubertal girls with LS were identified through our Pediatric Urology and Pediatric Adolescent Gynecology Clinics. Median age at diagnosis was 8.2 yrs. Majority of girls with LS (76.9%) presented initially with LUTS. Median age was 4.6 yrs. 54% patients had a history of constipation and 38.5% reported daytime urinary incontinence. Other voiding symptoms included difficulty with urination, dribbling, urgency, incomplete emptying, nocturnal enuresis and urinary frequency, sprayed stream, dysuria and pain with defecation. LS symptoms started at median age 5.1 yrs. LS symptoms included classic pigment change in all 13 girls. Other LS symptoms included pruritis, fissures, perineal pain as well as vulvar discharge. Patients were treated with standard course of topical steroid therapy; 46.2% girls had resolution of LS while the remainder had improved but persistent disease. Of patients with LUTS, 80% had resolution with LS treatment while 20% had unchanged voiding symptoms.

Conclusions:
Lichen sclerosus presents with LUTS in prepubertal girls, highlighting the need for pediatric providers to be able accurately identify this subset of patients. LS treatment results in resolution or improvement of voiding symptoms. It appears that treatment of LUTS augments healing in lichen sclerosus.
A Rare case of a large Leiomyoma in Mayer-Rokitansky-Küster-Hauser syndrome

Bartels H1, Broderick V1, McVey R1,2
1National Maternity Hospital, 2Mater Misericordiae University Hospital

Congenital anomalies, Plenary, December 2, 2019, 12:45 PM - 1:15 PM

Mayer-Rokitansky-Küster-Hauser syndrome (MRKH) is a rare congenital anomaly characterised by the absence of the upper 2/3 of the vagina & absent or hypoplastic uterus. The incidence is approximately 1:5000 female live births & arises due to agenesis of the müllerian ducts. Affected individuals have normal ovarian function and external genitalia. The presence of leiomyoma in MRKH is very rare with only isolated cases reported in the literature.

We present a case of a 27 year old with MRKH who attended our gynaecology service. She initially presented aged 17 with primary amenorrhea and was diagnosed with MRKH. She was successful using vaginal dilators and was sexually active.

On examination a large pelvic mass was noted. Differential diagnosis included ovarian pathology, haematometra, leiomyoma & leiomyosarcoma. Pelvic ultrasound revealed a large pelvic mass suggestive of a fibroid. MRI confirmed a 18x19cm mass in the pelvis, appearing to arise from a left uterine remnant with two large vascular pedicles, consistent with a large leiomyoma in a rudimentary uterine horn. The patient had no other anatomical variations associated with MRKH such as renal agenesis. Tumour markers were normal and Karyotype 46 XX. After discussion at a multidisciplinary meeting, a decision was made to proceed with a midline laparotomy and resection of uterine horns.

She underwent a midline laparotomy, myomectomy and resection of bilateral uterine remnants. There was minimal intraoperative blood loss and the patient made a good post-operative recovery. Histology confirmed a benign leiomyoma with ischaemia and degenerative changes.

This case highlights the potential for very large leiomyomata to develop in a rudimentary uterine horn in a patient with MRKH. Multidisciplinary Team input from adolescent gynaecology, radiology and gynaec oncology ensured a successful outcome for a patient with a rare syndrome and a rare diagnosis.
“We're kidding ourselves if we say that contraception is accessible”: A Qualitative Study of General Practitioners’ Attitudes Towards Adolescent LARC use and Proactive LARC Provision

Duncan R¹, Paterson H¹, Anderson L¹, Pickering N¹
¹University Of Otago

Contraception, Room 104, December 2, 2019, 12:45 PM - 1:15 PM

Introduction: Adolescent uptake of long acting reversible contraceptives (LARCs) in New Zealand is low. In response, we created the concept of a proactive LARC provision (PLP) programme to overcome barriers to LARC uptake. Previously, this concept was discussed with adolescents, and was positively received. As one of the barriers to LARCs identified in the literature and by adolescents was lack of provider awareness, we sought the views of primary healthcare providers, specifically general practitioners (GPs).

Aim: To gauge whether LARCs and their proactive promotion for use in adolescents acceptable to GPs?

Methods: Nine New Zealand GPs were interviewed about their contraception provision to adolescents, and were then asked to comment on the concept of a PLP programme. The data collected were transcribed and analysed using a general inductive approach to identify common themes and ideas. We concurrently interviewed and analysed interviews, and continued to recruit GPs until we reached thematic saturation.

Results: Six themes were identified from the interviews: These themes were: Contraceptive Decision-making; the GP Role; Sexual Activity; Social Context; Gauging Adolescent Understanding; and Youth. When we proposed PLP, the GPs responded positively.

Discussion: The research demonstrates that LARC uptake is affected by a lack of provider awareness. These findings align with other international studies that identify barriers to adolescent contraceptive use. Many GPs would be supportive of a PLP programme in New Zealand.
Uterovaginal anastomosis for cases of MRKH syndrome with rudimentary cavity

Pan H
1The 3rd Affiliated Hospital Of Shenzhen University

Congenital anomalies, Plenary, December 2, 2019, 12:45 PM - 1:15 PM

Objective
MRKH Syndrome with rudimentary cavity is a rare Mullerian anomaly. Surgical excision remains the classical treatment of the uterine horn with an endometrial cavity. The purpose of this study was to evaluate functional results of uterovaginal anastomosis done for cases of MRKH syndrome with functional rudimentary cavity.

Methods
Surgical procedures were done between May 2017 and December 2018 at the department of Obstetrics and Gynecology, the 3rd affiliated hospital of Shenzhen University. twelve patients who had diagnosed MRKH syndrome with rudimentary cavity were included. Combined laparoscopic Luohu vaginoplasty and anastomosing the uterine horn to the neovagina were performed. Follow-up was done by gynecological and MRI examination in a duration ranged from 6 to 18 months.

Results
The utero-vaginal anastomosis procedure was performed successfully in all cases. All patients had relief of the cyclic pain and had regular menstrual flow. two patients developed low vaginal stenosis without occlusion of the track.

Conclusions
Utero-vaginal anastomosis should be a promising conservative management option for MRKH syndrome with rudimentary cavity. Early diagnosis and surgery appear necessary to avoid the development of pelvic associated lesions.
"I don't think we can ever have absolute surety that this is the right thing right now": Navigating patient and clinician uncertainties in fertility counselling for transgender adolescents.

Lai T1, McDougall R2, Feldman D1,3, Elder C1,4,5, Pang K1,3,6

1The Royal Children’s Hospital, Parkville, 2Melbourne School of Population and Global Health, University of Melbourne, 3Murdoch Children's Research Institute, 4Austin Hospital, 5Mercy Hospital for Women, 6The University of Melbourne

DSD & Transgender health, Room 101 & 102, December 2, 2019, 12:45 PM - 1:15 PM

Background: International guidelines recommend fertility counselling for transgender young people prior to the commencement of puberty suppression or gender-affirming hormones due to their potential to impair fertility. However, these recommendations provide little actual guidance to clinicians on what to say or recommend to patients, and published rates of fertility preservation uptake vary considerably. The aim of this study was to understand both patient and clinician experiences of fertility counselling at one multidisciplinary gender service to increase knowledge in this new area in transgender adolescent healthcare.

Methods: Qualitative semi-structured individual interviews were conducted with 12 clinicians from a range of disciplines and 13 patients with a range of ages, gender identities, and treatments (puberty blockers, testosterone, oestrogen)—all of whom were associated with the Royal Children’s Hospital Gender Service. Interviews explored not only clinician fertility counselling practices, concerns, and challenges, but also patient family plans, experiences of fertility counselling, and decision making. Data were analysed using inductive content analysis.

Results: Broadly, various uncertainties characterise the experience of fertility counselling for both transgender adolescents and their clinicians. Whilst most patients recognised their parenting desires may change in the future, at the time of counselling they strongly focused on other priorities such as transitioning. Clinicians were more concerned about how patients’ desires around fertility might change over time—given the likely role of age, maturity, and life stage for such decisions. Others accepted the risk of future regret. Patients appreciated accurate and detailed information from professionals. However, fertility counselling is difficult in practice; clinicians identified further challenges and recognised a need for detailed guidelines on clinical practice.

Conclusions: Various uncertainties around future fertility desires, potential impairment, and preservation add complexity to fertility counselling for transgender adolescents. Detailed guidelines and decision aids may help clinicians to empower patients in making considered decisions regarding these uncertain outcomes.
Congenital uterine anomaly: Pitfalls of MRI based diagnosis

Kim D1, Lee S1, Kang B1, Jeon G2, Park E3, Park S4, Lee M5

1Ulsan University, college of medicine, Asan Medical Center, 2Inje University, College of medicine, Haeundae Paik Hospital, 3Eulji University, College of medicine, Eulji Medical Center, 4Jeju National University, School of Medicine, Jeju National University Hospital, 5CHA University, School of Medicine, CHA Bundang Medical Center

Congenital anomalies, Plenary, December 2, 2019, 12:45 PM - 1:15 PM

Background
Congenital uterine anomaly is relatively common and diverse types are reported. Precise diagnosis is very important to determine the appropriate treatment. The gold standard imaging modality of congenital uterine anomaly is known to be the pelvic magnetic resonance imaging (MRI). However, in some cases, even in textbooks, the MRI finding can lead to the misdiagnosis.

Objectives
To analyze the concordance of MRI diagnosis with final diagnosis in patients with Mullerian Duct anomalies and to suggest the diagnostic clue of congenital uterine anomaly.

Materials and methods
A total of 80 cases of young female pelvic MRI (40 cases of congenital uterine anomaly and 40 cases of normal genital organ) taken from January 1995 to February 2019 at Seoul Asan Medical Center were reviewed. The age of the patients when underwent the pelvic MRI was 9 to 25 years. The final diagnosis of the uterine anomaly was compared with the preoperative MRI findings in patients who underwent the corrective surgery. The MRI characteristics including the shape and wall thickness of the hematometra or hematocolpos were collected. The biopsy result and un-operated uterus were reviewed to compare the uterus, cervix and vagina of the normal MR image to the physical examination.

Results
The differential diagnosis of cervical agenesis and upper vaginal agenesis was extremely important and easily misinterpreted in MRI finding. The tissue biopsy taken on the leading edge of the hematometra or hematocolpos made us the accurate diagnosis on the difficult diagnosis. Two cases of upper vaginal dysgenesis and normal cervix was not matched with the final diagnosis. Moreover, 3 cases with transverse vaginal septum were previously read as vaginal stenosis or normal pelvic findings.

Conclusions
A clinician should be aware of this imaging modality’s limitations. The multidisciplinary access can be essential for the accurate diagnosis and treatment of congenital uterine anomaly.
Results of treatment of central precocious puberty with GnRh analogues.

Vytopoulo A, Tsimaris P, Dionelli M, Dinas K
1Aristotles University Of Thessaloniki, 2Aristotles University Of Thessaloniki, 3University of Abertay Dundee, 4Aristotles University of Thessaloniki

Hormones & adolescents, Room 107, December 2, 2019, 12:45 PM - 1:15 PM

Introduction
Central precocious puberty in females involves early maturation of the HPG axis and is usually idiopathic. GnRh analogues are the treatment of choice for central precocious puberty with an aim to reverse pubertal maturation changes, to recover the adult height and avoid early sexual maturation with its consequences.

Objective
To evaluate the results of treatment with GnRh analogues in arresting pubertal changes in patients attending a Pediatric and Adolescent Gynecology Clinic.

Methods
Retrospective study on young female patients with precocious puberty that underwent treatment with GnRHa for a period of two years. Final height achievement and related factors on bone age, BMI, menstrual period, hormone values and its effects on bone density were reviewed. Descriptive statistics and students’ t test were used.

Results
Twenty-four patients with a mean age of 7 years old (range 5-8 yrs) were treated in a period of two years with a follow up of 2-5 years. Main initial complain was abdominal pain from multifolicular ovaries, followed by early appearance of thelarche, bleeding and hirsutism. Initial height was 133,25 cm and final height achieved was 144,8cm. Bone age was on average 2 years advanced initially and was arrested successfully in all. Bone density was normal or slightly increased after treatment. Menstrual period was achieved after the end of treatment in 75%.

Conclusion
Puberty is a multifactorial process and the decision to treat with GnRh analogues is based on clinical grounds and bone age data. GnRh analogues are effective in the treatment of CPP and result in a normal psychologic and somatic development of the adolescent without any observed side effects.
Contraceptive practice and prevalence of sexually transmitted infections among adolescents requesting termination of pregnancy in Hong Kong

Cheung C1
1Queen Mary Hospital

Introduction
It is known that teenage pregnancy is associated with high-risk behaviours and adverse health hazards including sexually transmitted infections. These issues have been largely unobserved in Hong Kong in past decades because of social and cultural factors. This study aims to understand the current situation and reproductive health needs of adolescent girls in Hong Kong.

Methods
All adolescent females aged 18 or below admitted for termination of pregnancy in a university affiliated tertiary hospital in Hong Kong between January 2014 to December 2018 were identified. Retrospective review of medical records was performed to evaluate their demographic data, past health, obstetric history, contraceptive practice, prevalence of sexually transmitted infections, and high-risk behaviours including smoking, alcohol and illicit drug use.

Results
A total of 200 terminations involving 194 adolescent girls were identified in the 5-year period. 198 medical records were available for review. Thirty (15%) were below the age of 16, with the youngest aged 13. 88 (44%) were student, 69 (35%) were unemployed. 146 (74%) were primigravida. 36 (18%) had prior abortions. Gestation age ranged from 7 to 20 weeks. Majority (85%) underwent second trimester medical termination of pregnancy. 93 (47%) had no contraception. 46/185 (25%) were screened positive for chlamydia, amongst them 10 were positive for other sexually transmitted infections. 20 were found to have Gardnerella vaginalis. Concerning other at-risk behaviours, 96 (48%) were smokers, 24 (12%) were drinkers, 20 (10%) volunteered illicit drug use.

Conclusion
The issue of teenage pregnancy has been overlooked in Hong Kong. Significant proportion of underage sex resulting in termination of pregnancy was alarming. There was poor practice of contraception and high prevalence of chlamydia infection in this vulnerable population. Enhanced education channels and provision of reproductive health information to adolescents are warranted.
PANEL - Sexual and reproductive health of young people in Asia and the Pacific: challenges and opportunities

Azzopardi P\textsuperscript{1,2}, Kennedy E\textsuperscript{1,2,3}, Myat S\textsuperscript{4}

\textsuperscript{1}Burnet Institute, \textsuperscript{2}Murdoch Children’s Research Institute, \textsuperscript{3}School of Public Health and Preventive Medicine, Monash University, \textsuperscript{4}Ministry of Health and Sports

Risky lives: Global adolescent sexual and reproductive health challenges, Plenary, December 2, 2019, 1:30 PM - 3:15 PM

Asia and the Pacific are home to almost one billion young people, accounting for more than a quarter of the population in this region, and over 60% of the world’s 10-24 year olds. These young people live in diverse sociocultural and economic contexts, yet they share important challenges and opportunities in relation to their sexual and reproductive health. Many young people in this region lack access to comprehensive sexuality education and information, have high unmet need for quality sexual and reproductive health services, and face considerable policy, legislative and sociocultural barriers, including rigid gender norms and gender inequality. As a result, young people are at risk of poor outcomes such as early and unintended pregnancy, unsafe abortion, sexually transmitted infections, harmful practices (such as child marriage), and violence. There are, however, examples of innovative approaches in this region to overcome key barriers, and important opportunities to advance young people’s sexual and reproductive health and rights. This session will: describe the global context of adolescent health and the unfinished agenda to improve adolescent sexual and reproductive health; provide an overview of the current status, trends and determinants of adolescent pregnancy, unsafe abortion, and gender-based violence in low- and middle-income countries in Asia and the Pacific; and describe the policy context and a multi-sectoral approach to improve adolescent sexual and reproductive health in Myanmar.
Youth-led research on adolescent sexual and reproductive health in Poland - POLKA 18 pilot study results

Drejza M1, Łopiński G2, Rylewicz K3, Klein P4, Szymuś K5, Majcherek E6, Jarząbek-Bielecka G1

1Centre of Sexology and Adolescent Gynecology, Department of Perinatology and Gynecology, Poznan University of Medical Sciences, 2Medical University of Warsaw, 3Medical University of Silesia, 4Medical University of Lublin, 5Medical University of Gdańsk, 6Poznan University of Medical Sciences

Risky lives: Global adolescent sexual and reproductive health challenges, Plenary, December 2, 2019, 1:30 PM - 3:15 PM

Background
Poland is a country with restrictive adolescent health policies including lack of comprehensive sexuality education at school, a need for parental consent in order to access contraception and family planning and provider bias towards adolescents in need for sexual and reproductive health services.

POLKA18 is a youth-led cross-sectional analytical study of young people of the age of majority (which is 18 years old in Poland) conducted by youth for youth, as all research associates are medical students.

The special focus of the study is on positioning sexual and reproductive health and rights as a part of a holistic approach to health.

Methods
A paper-based self-reported questionnaire, building up on the interdisciplinary model of holistic approaches in adolescent gynaecology, has been used to collect data from schools in five polish regions. The questionnaires were distributed in the schools during the time of April-June 2019 by local research associates.

Results
We received 650 valid responses and statistical analyses were conducted using STATA 15.IC. Appropriate weighting was applied for five Polish regions. 48.8%(n=317) responded they are sexually active at the age of 18. 75.4%(n=490) declared heterosexual orientation. 15.7%(n=102) reported being vaccinated for human papilloma virus. Only 51.6%(n=336) reported attendance of the sexuality education classes, rating classes 5.7 out of 10. 44.7% of women have not yet had their first gynaecological consultation, 9 reported being refused services based on their age.

Conclusions
Based on the results, there is a clear need of comprehensive curriculum of the sexual education in Polish high schools. Such research in the field of adolescent sexual and reproductive health has never been conducted in Poland before thus there is a lack of data concerning this subject.

Disclaimer:
The study has been funded by European Society of Contraception and Reproductive Health and is report of a pilot phase.
Menstrual Practices Among Adolescent Girls in a Semi Urban City, South East Nigeria.

Okiche C\textsuperscript{1}, Nwobashi L\textsuperscript{1}, Madubueze U\textsuperscript{1}, Okorowo C\textsuperscript{1}
\textsuperscript{1}Federal Teaching Hospital Abakiliki

Risky lives: Global adolescent sexual and reproductive health challenges, Plenary, December 2, 2019, 1:30 PM - 3:15 PM

Introduction
In many societies including Nigeria, menstruation is regarded as very private and is seldom discussed in public or taught openly hence the adolescent girl child is left with a lot of myths, taboos and cultural beliefs that can affect her menstrual and reproductive health adversely.

Objectives
The study explored the menstruation knowledge and practice among high school girls, how menstruation affects school attendance and also to education in areas where there was knowledge gap.

Methods:
This was a cross sectional study of 566 girls with 2 schools participating. A pretested self-administered questionnaire was completed by the girls in the two schools visited. Focus groups discussions was also held. After collection of data, a health education session was conducted where answers to the questions the girls had were provided. Data was analysed using SPSS version 24

Results
Of 566 girls sampled (aged 12-18), only 77.4% of the girls had pre-menarcheal training and parents were the major source of education. 127 (22.4%) of the girls used unhygienic menstrual absorbent during menstruation. A total of 140 respondents agreed to missing school because of menstruation and 377 (66.6%) of the respondents consented to having restrictions during menstruation example to certain foods (19.8%), playing (24.7%), religious activities (13.4%). The commonest problem encountered during menstruation was dysmenorrhea (45.2%). Only 323 (57.1%) girls had the practice of washing hands before and after changing absorbents. Also, 53.3% of girls had a bath 2 or more times during menstruation. Better practice was noticed among girls who had pre-menarcheal training and whose mothers had tertiary education.

Conclusion
From our discussion with the girls and the results, there is need for inclusion of pre-menarcheal training in pre secondary school curriculum that will address the practical aspects of the management of menses.
The science of menstruation and pain

Evans J1
1The Centre For Reproductive Health, The Hudson Institute of Medical Research

New Frontiers: The science of periods, pain and the microbiome, Plenary, December 2, 2019, 3:45 PM - 5:00 PM

The molecular mechanisms underpinning menstruation are still little understood. Thus, many menstrual related disorders remain poorly treated. Understanding the mechanisms underlying ‘normal’ menstruation will progress development of treatments for ‘pathological’ menstruation.

The process of decidualization, hormone mediated terminal differentiation of endometrial stromal cells, is fundamental to menstruation. These terminally differentiated cells must be shed to initiate a new potential conception cycle. We exploit decidualization in vitro to gain understanding of menstruation.

In vitro decidualized primary human endometrial stromal cells respond to the withdrawal of steroid hormone support (mimicking end-of-cycle hormone decline) to activate inflammatory signalling. Intracellular NFκB and NLRP3 inflammasome signalling is up-regulated upon hormone withdrawal, accompanied by extracellular release of chemokines and cytokines including those downstream of NLRP3 inflammasome activation (IL-1β & IL-18).

Examination of carefully staged human endometrial tissue biopsies demonstrates similar inflammatory activation in vivo, reinforcing the validity of the model. Further, local endometrial inflammatory activation is mirrored systemically, with serum concentrations of IL-1β & IL-18 demonstrating dynamic changes across the menstrual cycle. Given the impact of inflammation on multiple health parameters, menstrual cycle stage may need to be considered in assessments of female physical and psychological health.

Intriguingly, menstruation ‘feeds-forward’ to influence the subsequent cycle. We have recently demonstrated the unique protein milieu of menstrual-fluid contributes to post-menstrual endometrial repair and specific menstrual fluid proteins may be used as an indicator of endometrial disease.
Microbiome, mood, brain and pain: the science and promise of the gut-brain axis

Loughman A¹
¹Deakin University

New Frontiers: The science of periods, pain and the microbiome, Plenary, December 2, 2019, 3:45 PM - 5:00 PM

Converging evidence from animal and human studies alike demonstrates the relevance of the gut microbiome to mental health and brain function. The so-called gut-brain axis comprises bidirectional communication pathways between the gastrointestinal and the central nervous systems via endocrine, neural and immune mechanisms. The effects are also bidirectional, with brain signals affecting gut physiology from motility to immune function, and ‘bottom-up’ signalling from gut to brain influencing neurotransmitter availability, mood states and brain activity as measured by fMRI.

Altered gut microbial composition and dysfunction of the gut-brain axis is observed in symptomatic mental illness and neurological disease as well as in metabolic and immune disorders. Indeed, several bacteria found to be altered in people with diagnosed mood disorder are known to relate to lipid metabolism and systemic inflammation. The gut microbiome appears to be key interface between physical and mental health.

Probiotics, faecal microbiota transplants and ‘crapsules’ are being mooted as the new game-changers of psychiatry. How established is the science of these psychobiotic treatments, and how can it be applied to clinical practice? This talk will review the evidence for the gut-brain axis, the current state of the science and provide an opinion about where the research is heading.
Circulating adipokines levels in adolescent girls with menstrual irregularities

Bielecki T, Torres K, Torres A

1Laboratory of Biostructure, Medical University of Lublin, 2Pediatric and Adolescent Gynecology Unit, University Children’s Hospital, Medical University of Lublin, 3Department of Didactics and Medical Simulation, Medical University of Lublin, Poland

New Frontiers: The science of periods, pain and the microbiome, Plenary, December 2, 2019, 3:45 PM - 5:00 PM

Background. Irregular menstrual cycles are the most common clinical presentation in PAG setting. Recent studies performed in adult population suggested possible role of adipokines in the pathogenesis of PCOS. The association between these markers and cycle alterations has not been described well in pediatric population. Therefore, in the presented study we aimed to explore possible alterations in circulating adipokines levels in pediatric patients with irregular menstrual cycles

Methods: Concentrations of adiponectin, resistin, chemerin, leptin and IL-8 were measured using MAGPIX® System in plasma samples of patients aged 12-18, with regular (R, n=26) and irregular cycles (IR, n=46). Patients with irregular cycles were divided based on the type of cycle irregularity into abnormally long cycle (IRL, n=36) and abnormally short cycle (IRS, n=10) groups. They were further subcategorized into obese and normal-weight individuals according to their BMI. The comparisons were performed between subgroups.

Results. Plasma concentrations of chemerin was lower in IR (p=0.027), whereas adiponectin, resistin, leptin and IL-8 did not differ between R and IR groups. Concentrations of IL-8 (p=0.033), chemerin (p=0.016) and resistin (p=0.071) were lower in IRL as compared to R-group. In IR-group, overweight patients had higher concentrations of chemerin (p=0.005), leptin (p=0.001) and resistin (p=0.002) as compared to normal-weight patients. In R-group, only leptin was increased in overweight patients (p=0.007). Comparison based on BMI in the whole studied population revealed increased concentrations of chemerin (p=0.001), leptin (p<0.001) and resistin (p=0.003) in overweight as compared to normal-weight patients.

Conclusions. Patients with irregular cycles and obesity tend to have higher circulating adipokines levels as compared to normal-weight adolescents, whereas such phenomenon is not observed in girls with regular cycles. In addition, the finding of lower chemerin and resistin concentration in adolescents with long cycles is not consistent with the studies in adult population and warrants further studies.
Sleep habits and premenstrual syndrome-induced athletic disturbance in Japanese adolescent athletes: a prospective study

Takeda T1, Yoshimi K1, Shiina M1
1Kindai University

New Frontiers: The science of periods, pain and the microbiome, Plenary, December 2, 2019, 3:45 PM - 5:00 PM

Background: Previously, we reported that premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) were common menstrual problems among female high school and collegiate athletes, and almost half of these athletes felt that premenstrual symptoms had a negative effect on their athletic performance. These findings highlight the importance of directing proper attention to PMS/PMDD in young athletes. The precise pathophysiology of PMS remains unknown. Various causes of PMS have been suggested, including hormonal changes, serotonergic dysfunction, stress, and poor lifestyle habits.

Objectives: To investigate the relationship between sleep habits and PMS-induced athletic disturbance among Japanese adolescent athletes, prospective study was performed.

Methods: A school-based survey on menstruation and school life was conducted with 623 Japanese female first-year high school students in 2015. All subjects belonged to two public high schools in Sendai, the largest city in northeastern Japan. In 2016, they were surveyed again using the same questionnaire. In total, 262 students completed the questionnaire in the first and second years. For this study, we recruited 108 student athletes with regular menstrual cycles (25–38 days). Participants completed a questionnaire about their premenstrual symptoms and lifestyle habits.

Results: The prevalence of short sleep duration was high (95.4%). The differences in premenstrual symptom severity in individual students between the first and second years were not statistically significant. Unexpectedly, premenstrual symptoms showed less disturbance for “Athletic performance in training or competition” in the second year than in the first year (P=0.001, Wilcoxon signed rank test). Multivariate analysis revealed that “Longer sleeping time” was associated with preventing the risk for PMS-induced athletic disturbance (odds ratio 0.982, 95% confidence interval: 0.970–0.994).

Conclusions: This study indicates that shorter sleep duration may contribute to worsening PMS-induced athletic disability among Japanese adolescents.
"Is PCOS just Obesity or is it more than that?"

Cramer V

1SAGU’s Vicepresident/ Adolescent Service Run State Argerich Hospital

The Global epidemics of obesity and PCOS, Plenary, December 3, 2019, 8:45 AM - 10:30 AM

The question would be that it is the egg or the chicken first. It is known that PCOS is a polygenic syndrome in which the driving axis is the Insulin Resistance, and defined its high endothelial and metabolic impact. Consequence of this, is the increased risk to suffer Heart disease, Stroke and DBT. Obesity is a condiment that worsens even more the prognosis, since it is a risk factor by itself. 8% of patients with MS have PCOS in contrast, even greater, 45% of patients with PCOS are associated with MS.

In a cohort 2009-2014, at the Adolescent Service Run State Hospital Dr Cosme Argerich in Buenos Aires Argentina, the 94% of the patients referred to the Metabolic Endocrine Space are Overweight and Obese, of which 46% meet MS criterion and of these 18 % are associated with PCOS according to Rotterdam Consensus.

The Obesity worsened the PCOS Metabolic Disorders. Obesity and PCOS share many of the same metabolic disorders; for example, hyperandrogenism and hyperinsulinemia with subsequent insulin resistance. Obesity exacerbates metabolic disorders in adolescent PCOS. Chronic inflammation in adolescents with PCOS render them at a potential increased risk for the development disease.

Therefore, we can consider The Metabolic Continuous PCOS-DBT as an Inflammatory State, Insulin Resistance driver shaft, Endothelial Impact, Prognosis minor of life, High Oncology Disease Risk. Pcos should be in the imagination of the general practitioner, pediatrician and clinician to perform an early detection and then avoid long-term
Mitochondrial Dysfunction, Oxidative Stress and Systemic Inflammation in Adolescent Girls with Polycystic Ovary Syndrome with regard to Excessive BMI and Insulin Resistance

Khashchenko E1, Uvarova E1, Vysokikh M1, Sykhanova J1, Pyataeva S1, Vtorushina V1, Krechetova L1, Sukhikh G1

1National Medical Research Center For Obstetrics, Gynecology And Perinatology Named After Academician V.i.kulakov

The Global epidemics of obesity and PCOS, Plenary, December 3, 2019, 8:45 AM - 10:30 AM

Context: Oxidative stress (OS) and systemic inflammation due to mitochondrial dysfunction (MD) plays an essential role in the pathogenesis of PCOS

Objective: To evaluate the impact of MD in PCOS pathogenesis during adolescence with regard to body weight and insulin resistance (IR)

Methods: Clinical and laboratory examination; CRP, malondialdehyde (MDA), reduced (GSH) and the oxidized glutathione (GSSG) (spectrophotometry); catalase (CAT), glutathione peroxidase (GPx) and reductase (GR) activity in plasma (GPx) (kinetic analysis), % of highly polarized mononuclear cells (MNC), leptin, apoptotic factor and it’s ligand (sFas/sFasL, Elisa).

Patients: The study included adolescents from 15 to 17 years old: 90 girls with PCOS according to the Rotterdam criteria (60 lean with BMI<25 kg/m²; 30 - with excessive BMI>25 kg/m²); 30 healthy girls with regular menses in control group.

Results: In lean and obese girls with PCOS compared between themselves and the control group OS indicators and MD parameters appeared to be diametrically different: MDA, uM (4,4±1,01:3 vs. 5,3±0,71:3 vs. 5,0±0,7, 1:3, 1:2p<,005), GSH, uM (1258,7±551,61:3 vs. 961,5±181,21:2 vs. 889,5±168,1, 1:3p<,0001, 1:2p<,005) GR, A,Umin-1 (0,021±0,01:3 vs. 0,027±0,01:2 vs. 0,029±0,0, 1:3, 1:2p<,0001), GPx, A,Umin-1 (0,312±0,11:3 vs. 0,291±0,1 vs. 0,339±0,1, 1:3p<,005), CAT (34,7±28,51:3 vs. 39,1±18,2 vs. 43,8±31,8, 1:3p<,005), %of highly polarized MNC (57,3±12,91:3 vs. 54,2±11,8 vs. 51,2±8,7, 1:3p<,05). Multifactorial analysis confirmed excessive weight is an independent factor of OS activation (MDA, p<0,0001; GPx,=0,0088), MD (% MNC with highly polarized mitochondria,=0,0286) and systemic inflammation (CRP,=0,0028; Leptin,=0,0007). Metabolic disorders – factor of systemic inflammation (Leptin,=0,0083) and apoptosis activation (sFas/sFasL,=0,0163). Excessive weight and MD combination leads to a double activation of OS (MDA,=0,0273)

Conclusions: Lean girls with PCOS demonstrate the protective mechanism of activation of antioxidants, reduction of lipid peroxidation and systemic inflammation. Excessive weight in adolescents with PCOS is the most significant factor in reducing the capacity of antioxidant systems, activation of OS, MD and systemic inflammation.
The role of some proinflammatory cytokines and Toll-like receptors in the pathogenesis of ovarian dysfunction in adolescent girls with obesity.

Andreeva V¹
¹Federal State Budgetary Educational Institution Of Higher Education "Rostov State Medical University" Of The Ministry Of

The Global epidemics of obesity and PCOS, Plenary, December 3, 2019, 8:45 AM - 10:30 AM

Obesity is a chronic relapsing disease, causes the adipose tissue inflammation, leading to the development of metabolic disorders and affects the reproductive axis.

Objective the study of the role of some proinflammatory cytokines in pathogenesis of ovarian dysfunction in adolescent girls with obesity and oligomenorrhea.

Materials and methods.
The content of gonadotropins, leptin, ghrelin, IL-1β, TNF-α, monocyte chemoattractant protein-1 (MCP-1), adiponectin in two groups of overweight adolescent girls were established by the ELISA. The group I included 43 patients with oligomenorrhea and insulin resistance (IR), group II - 31 patients with regular menstrual cycle, without IR. The control - 25 healthy girls without obesity.

Results.
It was established that in two groups of patients the levels of leptin increase and adiponectin decrease as well as changes of immunity factors in the form of increase of IL-1β, TNF-α, MCP-1 production as compared to the control group.

In control group leptin level was lower, and the ghrelin was higher compared to the patients of group II. Increasing of leptin/ghrelin index in patients of group II compared to the control was corresponded to the normal physiological mechanisms of regulation of body weight. In group I leptin and ghrelin levels exceeded the values of the II and control groups, that indicates of grelin resistance.

Established inverse correlation between indicators of FSH, leptin and ghrelin in group II indicates a threat for patients with obesity and hyperleptinemia, hypogrelinemia to disrupt the central regulation of ovarian function.

The increase of MCP-1 levels in the I and II groups maintains the process of adipose tissue inflammation.

Conclusion.
Consequently, in case of obesity products of adipocytes increase the secretion of proinflammatory cytokines, which can change the metabolic and secretory activity of adipocytes; it results in the further growth of the inflammatory reaction, development of IR and ovarian dysfunction.
Teenage sexual behaviours are known to be associated with risks of unplanned pregnancy, sexually transmitted infections (STIs) and potential negative emotional consequences. This is a global concern. As influenced by cultural, political or religious reasons, Asian and Chinese cultures are generally considered more conservative. Sexual education starts relatively late at home or school. However, situation has changed over the years. Adolescents nowadays reach physical maturity earlier. They have expanding resources and accesses to explore on sexuality issues.

We did not talk much about it. We have not understood our teenagers well enough. A local review showed that the prevalence of contraceptive uptake among sexually active adolescents was low. This resulted in significant rates of STIs, including chlamydia infection, in this vulnerable group. Their lack of knowledge on reproductive health also led to unintended pregnancies, for which teenagers often chose to terminate, due to lack of psychological, financial and social capacity.

This session provides a platform to share our experience and views on this important topic. There is certainly room and need for improvement in filling this educational gap, in order to protect our future generation from high risk sexual behaviours and their health consequences.
Children and adolescents cannot be managed as “small adults”. The gynaecological health issues of children and adolescents would be most optimal to be managed by specialists specialized or having special interest in the field of Paediatric and Adolescent Gynaecology (PAG). This is not only because one may need to acquire special skills in order to communicate with and perform assessment on the children and adolescents, but also equip with knowledge to manage some uncommon PAG conditions. PAG has been developed in Europe, North and South American and Australia etc for many years. The first FIGIJ recognized training center in Asia is located in Philippines. They also have a long history of national PAG society. Other places and countries in Asia also developed PAG in recent years. More training centers were established in Asia in the past few years. These will be shared in the talk.
The diagnosis of polycystic ovary syndrome (PCOS) in adolescents is different from that in adults. In 2016, experts from the Chinese Xiehe medical university’s hospital published a consensus on diagnosis and treatment of adolescent PCOS, suggesting that all three indicators in the 2003 Rotterdam diagnostic criteria should be met in order to avoid over-diagnosis and over-treatment. But what puzzles clinicians is that normal physiological changes in adolescence and pathological physiological changes of puberty PCOS have many similarities. It is currently lack of a variety of standard thresholds of biochemical values of PCOS in adolescents. Additionally, there are scarce researches on the relationship between symptom severity and disease severity, on the effect assessments of the intervention, and so on. Chinese PAG doctors, adult gynecologists and pediatric endocrinologists are increasingly pay more attention to the diagnosis and treatment of adolescent PCOS.
Since 1930, the Chilean Health Code allowed termination of pregnancy for therapeutic reasons. In 1988, during the last year of the 17 year long dictatorship of Augusto Pinochet, a law penalizing all type of abortion was passed by the military junta in agreement with the Catholic Church.

After returning to democracy, legislators, social organizations and recommendations of international law and human rights organizations pushed therapeutic abortion decriminalization and lead the final project presented to the parliament that establishes that by mediating the will of the woman, a surgeon is authorized to terminate a pregnancy on three grounds: vital risk to the mother’s life, fatal fetal anomalies and rape of the mother leading to pregnancy. It also established that the surgeon who is required to terminate the pregnancy, may refrain from doing so for conscientious objection. The project was approved on 2017 and came with new directions.

1. Rape related pregnancy terminations are only to twelve weeks of gestation and in the case of a girl under 14 years of age, fourteen weeks of gestation.
2. Conscientious objection is personal, but may be invoked by an institution.

Until now, 672 pregnancies susceptible to voluntary termination were credited: and 12% of the women have chosen to carry on with their pregnancy, reinforcing that this is a law that first respects the will of the woman.

A current challenge is the 50% rate of conscientious objectors among gynecologists in the public network that serve 85% of Chilean health.

Today Chile is no longer a country where therapeutic abortion is criminalized but there are still steps needed to insure reproductive rights or our women.
Interlabial masses in children and adolescents (儿童、青少年唇间肿物)

It is not uncommon for children and adolescents to have interlabial masses in gynecology clinics. And the types and causes are complicated. The rare interlabial masses can not be diagnosed clearly after operation. The causes of interlabial masses include urethral prolapse, paraurethral cyst, hydro(metro)colpos, rhabdomyosarcoma of the vagina (botryoid sarcoma), yolk sac tumor of vagina, prolapsed ectopic ureterocele, condyloma acuminatum, hemangioma, ure-thral polyp, congenital perineal lipoma, and vaginal or cervical prolapse. The causes of rare interlabial mass include Subcutaneous fibrolipomatous hyperplasia of clitoris, Fibrovascular hyperplasia of vulva with water and mucoid change.

The main clinical features of urethral prolapse is bleeding. The characteristic friable red–blue annular mass is visible in the perineum. Constipation and chronic cough may be the contributing factors of the disease. The age range of prolapse is from 5 to 8 years. Prolapse usually is managed with nonsurgical treatment and follow-up. Hydro(metro)colpos may present in the nursery with a bulging imperforate hymen or obstruction from a low vaginal septum such as transverse septum or vaginal oblique septum syndrome. One of them is often associated with genitourinary and gastrointestinal anomalies.)
特纳综合征和努南综合征

Xiumin W

1Department of Endocrinology and Metabolism, Department of Medical Genetics

Chinese Session, Room 103, December 3, 2019, 11:00 AM - 12:45 PM

Turner Syndrome
TS occurs in 1 out of 2,000–4,000 females, when only one complete X chromosome is present and the second X chromosome is missing entirely or partially, or has a different structure. The most frequent chromosomal changes in individuals with TS are: 45,X (monosomy X), affecting 40–50%; 45,X/46,XX (TS with mosaicism), affecting 15%; and 45,X/46,XY (mosaicism with Y chromosome materials), affecting 10–12%. Major Symptoms and Characteristics of TS: Facial appearance, such as down-turning eyelids, low-set and prominent ears, small jaw, narrow roof of mouth, Neck webbing (thick, short) • Lymphedema (puffy hands/feet), Short stature, Ovarian insufficiency (delayed puberty, infertility) and other characteristics. Most girls will require female hormone replacement (estrogen and progestin) to initiate and/or complete the puberty process while receiving GH therapy.

Noonan syndrome (NS)
Noonan syndrome (NS) is a common autosomal dominant/recessive disorder. No large-scale study has been conducted on NS in China, which is the most populous country in the world. Next-generation sequencing (NGS) was used to identify pathogenic variants in patients that exhibited NS-related phenotypes. NGS identified pathogenic variants in 103 Chinese patients in eight NS-related genes. Gene-related facial representations showed that each gene was associated with different facial details. Eight novel pathogenic variants were detected and clinical features due to specific genetic variants were reported, including hearing loss, cancer risk due to a PTPN11 pathogenic variant, and ubiquitous abnormal intracranial structure due to SHOC2 pathogenic variants. NGS facilitates the diagnosis of NS, especially for patients with mild/moderate and atypical symptoms. Our study describes the genotypic and phenotypic spectra of NS in China, providing new insights into distinctive clinical features due to specific pathogenic variants.
儿童及青少年女性阴道流血

**Hong Y**

1. *Chinese Medical Association*

Chinese Session, Room 103, December 3, 2019, 11:00 AM - 12:45 PM

0-24岁儿童青少年女性阴道出血是一种专科常见症状。未成年人需要在监护人陪同下在无菌私密的医疗环境下进行科学诊疗。常见病因涉及染色体基因、畸形、感染、外伤、创伤、性早熟、功血、肿瘤等。涉及大脑皮层、下丘脑、垂体、松果体、甲状腺、肾上腺、性腺等器官组织和细胞的功能。详尽的问诊、查体、影像检验综合评估是必要手段。需要与血尿、尿道黏膜脱垂、血便相鉴别。必要的观察、综合治疗、定期复查、及时调整、长期管理是治疗原则。

Vaginal bleeding of children and teenager women

Vaginal bleeding is a common symptom in children and teenagers aged from 0-year old to 24-year-old. Clinical work should proceed accompanying with their guardians in a private environment for diagnosis and treatment. The common causes include chromosome gene mutation, deformity, infection, trauma, precocious puberty, dysfunctional uterine bleeding, tumor, etc. It is related to the disfunction of many organ, tissues and cells, such as cerebral cortex, hypothalamus, pituitary gland, pineal gland, thyroid gland, adrenal gland, gonad, etc. The comprehensive evaluation through detailed consultation, physical examination and image examination is necessary. Hematuria, prolapse of urinary mucosa and Hematochezia should also be considered. Therapeutic Principle should include careful observation, comprehensive treatment, regular follow-up, timely adjustment and long-term management.
Violencia en el inicio sexual en la adolescencia

Pons J

Spanish Session, Room 104, December 3, 2019, 11:00 AM - 12:45 PM

En muchas sociedades la iniciación de la vida sexual de las mujeres es más precoz. Esto no es un juicio moral sino la constatación de un fenómeno social. Las adolescentes son sujetos de derechos sexuales y reproductivos y estos incluyen libertad de violencia y coerción, poder decidir ingresar o no en relaciones sexuales, que estas se basen en equidad y puedan dejarlas si lo deciden. Pero en muchas sociedades son pocos los esfuerzos realizados para superar siglos de imposición masculina, resultando en la persistencia de iniciaciones sexuales forzadas, en control de la vida sexual por los hombres y en riesgos para la salud y la vida de las mujeres.

La iniciación violenta de la vida sexual ocurre hasta en una tercera parte de mujeres, perpetuada por inadecuada educación.

No se requieren más investigaciones mostrando elevadas cifras de abuso y coerción, sino otras que exploren y muestren programas exitosos, mejorando y generalizar la educación sexual, incorporando perspectivas de derechos, basándose en valores, y alcanzando no solo a adolescentes sino también a progenitores y otros adultos, a educadores y trabajadores sociales y apuntando a promover la aprobación de leyes adecuadas.

VIOLENCE IN THE INITIATION OF SEXUAL ACTIVITY IN ADOLESCENTS

José Enrique Pons

Sexual initiation of young women occurs earlier than before in many societies. This assertion is not a moralizing one, but just taking note of a social fact. Adolescent girls are subjects of Sexual and Reproductive Rights, including freedom of violence and coercion, ability to decide, or not, initiating sexual activity based on equity, and abandoning it at own decision. But in many societies the efforts directed to overcome centuries of male imposition are scarce, resulting in persistent forced sexual initiations, imposed sexual life controlled by men, and higher risks for women’s health and life.

Violence in sexual initiation is a fact demonstrated for up to one third of women in many places. Lack of proper education perpetuates this condition.

More investigation, showing once and again these facts is not needed. Instead, what is required is to explore and demonstrate successful programs, incorporating rights perspectives, based in values, and reaching adolescents themselves, but also parents, responsible adults, teachers and social workers. Besides, efforts are needed to promote passing purposeful laws.
AMH: Assessing ovarian reserve

Anderson R1
1MRC Centre for Reproductive Health, University of Edinburgh, Scotland

Oncofertility Preservation, Plenary, December 3, 2019, 11:00 AM - 12:45 PM

Anti-mullerian hormone was first identified for its role in male sexual differentiation, but it was subsequently found to be a product of the granulosa cells of the ovarian follicle. Recent years have seen a huge increase in its clinical use, largely in assisted reproduction, where it is of value in predicting the ovarian response to stimulation. While this is its most established use, its value in several other clinical situations are also being explored, and some are becoming established. These include diagnosis of menopause and of PCOS, and in the assessment and indeed prediction of ovarian damage from chemotherapy. As AMH is produced by growing follicles and these are present in the ovaries of girls as well as adult women, AMH can be detected throughout childhood and shows a temporary neonatal rise, followed by a progressive rise through childhood reaching a peak in the mid 20’s. This presentation will explore the interpretation and value of AMH measurement across the female reproductive lifespan.
Barreras profesionales en la atención de adolescentes y en el respeto de sus derechos sexuales y reproductivos

Laufer D

Spanish Session, Room 104, December 3, 2019, 11:00 AM - 12:45 PM

Las barreras profesionales son factores que condicionan y se interponen en el adecuado abordaje del adolescente y el respeto de sus derechos por parte del profesional. Exceden el concepto médico, implican aspectos éticos, morales, religiosos, políticos que varían en cada época, en cada lugar y para cada individuo.

En el vínculo no horizontal que se establece entre un médico y un adolescente, se enfrentan creencias y valores así como derechos de cada uno, que pueden ser compartidos o no, pero que deben ser respetados. Es por la confrontación de esas diferencias que pueden surgir las barreras por parte del profesional.

Sin embargo, la responsabilidad de adecuación y de brindar una adecuada asistencia al adolescente es del médico.

Es primordial conocer y respetar los derechos del adolescente, pero también entender que el profesional tiene derecho a actuar según sus convicciones.

Sin embargo, el médico debe comprender que sus valores son propios y debería dejarlos de lado cuando atiende a un joven, respetando así sus derechos sexuales y reproductivos.

Cuando el profesional sienta un conflicto o no pueda flexibilizar sus ideas, deberá dar un paso al costado y dejar lugar a otro médico que atienda al adolescente.
Female genital tract congenital malformations are of different types and protean clinical manifestations, series of LuoHu Procedures could be applied to their surgical treatment. LuoHu II procedure (laparoscopic peritoneal vaginoplasty) is an effective and simple surgical treatment for MRKH syndrome. Trachelectomy and uterus-neovagina anastomosis (LuoHu III procedure) is used to treated patients with type II vaginal atresia (completed atresia), which can relieve symptoms and restore fertility.

Laparoscopic vaginal section and vaginoplasty with hyphemia cyst wall and peritoneum (LuoHu IV procedure) is used to treated patients with type I vaginal atresia (partial atresia), which surgically restored a patent outflow tract and preserved fertility. Preoperative imaging examination was of great importance to classification of Female genital tract congenital malformations and the choice of treatment. Selecting the appropriate timing of operation in the treatment play a key role. Patients were instructed to dilate the neovagina each day for a period with vaginal mould. Medical intervention was used in patients with endometriosis. Its long-term outcome of treatment in vaginal atresia in pregnancy and labor need to be assessed in the further.

Laparoscopic peritoneal vaginoplasty (LuoHu Procedure) in MRKH syndrome: 20 years' experience in 1500 patients

Numerous nonsurgical and surgical techniques have been described for the creation of a neovagina in patients with MRKH syndrome which suggests there is no single superior surgical technique. This study aims to demonstrate that a novel laparoscopic peritoneal vaginoplasty (LuoHu II procedure) provides adequate anatomic and functional outcomes in terms of stable length over time and sexual function in a cohort of 1500 patients with MRKH syndrome. LuoHu II procedure creates a neovagina of adequate size and secretory capacity for normal coitus, the procedure may be regarded as a fast, effective and minimally traumatic technique that has satisfactory anatomical and functional outcomes for patients with MRKH syndrome.
A patient’s perspective on the Anti-Mullerian Hormone (AMH) test and its challenges

Lavoipierre A

Oncofertility, Plenary, December 3, 2019, 11:00 AM - 12:45 PM

The Anti-Mullerian Hormone (AMH) test is increasingly being marketed in Australia as a useful measure of women’s fertility. As a patient who’s received three very disparate AMH test results, the first of which lead to multiple rounds of unnecessary IVF treatment, I’ll be offering a patient’s perspective on this clinical tool. I hope to share my insight into the impact this flawed test in my particular case and reveal aspects of the patient experience with the AMH test which could still be improved. I’ll cover how the test was explained, the setting of expectations, the delivery of test results, and the multiple factors contributing to my own unreliable results. Some of the themes I’ll be exploring are communication in a clinical context, the perception of accuracy in testing, and the margin for error in a complex health system.
A review of the paediatric and adolescent oncofertility program: uptake of practice and procedures at a single institution


1The University Of Melbourne, 2The Royal Children's Hospital, 3The Royal Women's Hospital, 4Melbourne IVF, 5National University Hospital

Oncofertility, Plenary, December 3, 2019, 11:00 AM - 12:45 PM

Background/Motivation: Discussions regarding fertility preservation (FP) in childhood cancer patients are often difficult for families and clinicians. There are few publications on safety, efficacy or delays to cancer treatment due to paediatric oncofertility care. We aim to report fertility discussion and FP rates over time, as well as any delays to commencement of treatment.

Approach/Methods: Bidirectional cohort study. In August 2013, the first paediatric and adolescent FP service was formalised in Australia under three levels of governance (institutional, research and clinical ethics governance). Families with a new cancer diagnosis who had a fertility discussion were invited to participate in fertility research including collection of their oncofertility data, and consent for future research. Those seen prior to August 2013 were contacted via mailout.

Findings/Results: 491 patients were recruited to the study, (n=335 after the introduction of the formal program). Discussion rates progressively increased from 15% in 2013 to 100% by June 2019. The median age of patients who had fertility discussions decreased from 14.6 (IQR 10.3-15.9, range 0.9-23.7) pre-program, to 8.3 years (IQR 3.9-13.3, range 0.1-17.6) post-program. Post-program, the breakdown of FP procedures (n=213) was, 96 (45.0%) OTCP, 89 (41.8%) TTCP, 14 (6.6%) GnRH agonist, 1 (0.5%) oocyte collection and 13 (6.1%) sperm collections. Two-hundred patients (93.9%) began treatment on time with the remaining 13 (6.1%) beginning treatment within a week of the planned start date. No complications were experienced in 201 (94.4%) patients and 12 (5.6%) had minor complications (pain and minor infection). Of post-program participants, the proportion of deceased patients was 10.8% in patients who had FP compared with 36.9% in those who did not.

Conclusions/Implications: Fertility is being discussed with patients of a broader age group after the program was introduced. FP procedures are associated with limited delays to treatment and complications within a tertiary paediatric setting.