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Abstract ID: 1

Adolescent PCOS: Unravelling Secondary Amenorrhea in Teenage Girl

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Presenter: Muhammad Hairie Hakimi Harun

ABSTRACT

Introduction: PCOS affects approximately 6-10% of adolescents, typically presenting between the ages of 10 and 19 with irregular menstruation and signs of hyperandrogenism. Diagnosis is challenging due to overlap with normal pubertal changes, highlighting the need for agespecific criteria to accurately differentiate pathological features from physiological changes.
This enables timely intervention and improves long-term outcomes.
Case presentation: A 16-year-old girl with secondary amenorrhea, hirsutism, and obesity (BMI 31.7). Menarche occurred at 10, with few subsequent cycles. After discontinuing oral contraceptives previously used to induce menses, her periods did not resume. Investigations revealed polycystic ovarian morphology and elevated testosterone. She was treated with Provera, Diane-35, metformin, and lifestyle modifications. After three months, she reported symptomatic improvement and expressed satisfaction with her progress.
Discussion: Adolescent PCOS is a prevalent endocrine disorder, particularly among individuals with obesity or features such as hirsutism and acne. However, diagnosis in this age group is complicated by the similarity of symptoms to normal pubertal development-such as irregular menstrual cycles and dermatologic changes-raising the risk of both under- and over-diagnosis. These diagnostic challenges can delay appropriate management and contribute to adverse psychological outcomes, including reduced self-esteem, anxiety, and depression. Age-specific diagnostic criteria are essential, as menstrual irregularity is common for up to three years post-menarche, and polycystic ovarian morphology on ultrasound may persist into late adolescence. Therefore, these features alone are unreliable indicators of PCOS in adolescents. Tools such as pelvic ultrasound and AMH levels are not currently recommended for diagnostic use in adolescents. Elevated serum testosterone, however, may serve as a more specific marker. It is also crucial to exclude other causes, such as thyroid dysfunction, CAH, and hyperprolactinemia. Management should be individualised; typically involves COCP with or without metformin, alongside a strong emphasis on lifestyle changes targeting weight management. Long-term care strategies should aim to prevent metabolic complications, preserve reproductive health, and support emotional well-being.
Conclusion: Early recognition and tailored management of adolescent PCOS are crucial to prevent disease progression, reduce long-term complications, and improve quality of life. Prompt intervention can minimise the need for more intensive therapies later, ultimately reducing the burden on both the individual and the healthcare system.

Abstract ID: 2

An Angry Benign Nodule - A Rare Case

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Presenter: Noorkardiffa Syawalina Omar

ABSTRACT

Introduction: Structural cause of abnormal uterine bleeding (AUB) is very rare in adolescents. This is a case of severe AUB due to a structural uterine pathology which cause significant morbidity.
Case presentation: A 16-year-old girl had 8 months history of intermittent lower abdominal pain associated with heavy menstrual bleed. She presented with lethargy and clinically was anemic. Previously, her menses was regular and normal flow. She didn't have any bleeding tendency like easily bruising, or gum bleeding or epistaxis. She didn't have hyper or hypothyroid symptoms. She had normal appetite and no weight loss. She was able to have normal urination and bowel habit. Abdominal examination revealed palpable uterine mass corresponding to 14 weeks size gravid uterus. Magnetic resonance imaging (MRI) pelvis revealed multiple cystic lesions in the uterus. She was given blood transfusion and followed by intravenous iron. In order to control the heavy menses, she received gonadotrophinreleasing hormone (GnRH) agonist for 6 months and remained amenorrheic. Following that, her menses normalised for another 6 months. However, she was then started to have prolonged menses again with anemic symptoms. Clinically the mass was getting larger and uterus palpable at 16 weeks size. Ultrasound showed a uterine mass with cystic degeneration 12.4 x 9.6 cm. She was counselled and finally agreed for surgery. Intraoperative finding noted huge well-capsulated mass 20 x 20 cm with multiple cystic and solid lesion at the anterior part of the uterus and removed completely. She was seen after 6 weeks and already had normal menses. Histopathological examination (HPE) revealed endometrial stromal nodule without any tumor-myometrial invasion noted.
Discussion: Structural cause of AUB in adolescent is rare. It is associated with severe symptoms and may recur with medical treatment. Endometrial stromal nodule is a rare cause of heavy menstrual bleeding. Even though it is benign it can cause profuse bleeding and histologically it resembles the stromal cell of a proliferative endometrium. Thorough counselling is needed for surgical treatment however uterine conserving surgery is preferred.
Conclusion: A rare structural cause of AUB may need prompt surgery to improve quality of life

Abstract ID: 3

More Than Just Discharge: Unveiling OHVIRA Syndrome in a Prepubertal Girl

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Presenter: Siti Nur Dina binti Ahmad Khairuddin

ABSTRACT

Introduction: Vulvovaginitis is the commonest gynecology complain in prepubertal period due to hypoestrogenic milieu and the anatomical itself. Symptoms included vaginal discharge, itchiness, redness and dysuria. Most of the time, the problem resolved with standard measure such as maintaining proper perineal hygiene and addressing the infection. However, recurrent or persistent symptoms warrant further investigation as it may uncover rare congenital anomalies.

Case presentation: We report two cases of 8 months and 8 years old girl who sought the gynaecologist with complains of recurrent vaginal discharge. Physical examination showed normal prepubertal development with no other abnormality noted on abdominal palpation or perineum inspection. Both patients underwent routine ultrasound imaging which revealed hydrocolpos with single kidney, which later the diagnosis of Obstructed Hemivagina and Ispilateral Renal Anomaly (OHVIRA) was made after confirmation with MRI. Resection of the septum was performed under anesthesia in the older patient due to troublesome symptoms, while expectant management was continued for the baby. Both patients are still under follow-up.

Discussion: OHVIRA is a rare Mullerian duct anomaly typically identified post menarche due to obstructive symptoms. However, in prepubertal girls they will not present with the classic symptoms, thus making the diagnosis challenging. Instead, it may be associated with nonspecific symptoms such recurrent or persistent vulvovaginitis. In some cases, they can be asymptomatic and incidental finding during management of urinary problem such as incontinence. The diagnosis of OHVIRA require multimodal approach including detailed history, meticulous examination and appropriate imaging. Given the rarity of such cases in vulnerable group, management should involve a multidisciplinary team, including a pediatric gynecologist and pediatric radiologist. While surgical correction remains the primary treatment, it may be postponed in very young patients, as spontaneous resolution is expected within two years.

Conclusion: These cases highlight the importance of considering structural abnormalities in persistent pediatric vulvovaginitis and emphasises the diagnostic value of early imaging and interdisciplinary collaboration. Such an approach can help alleviate parents' anxiety and prevent long-term complications

Abstract ID: 4

A Rare Case of Turner Syndrome Complicated with Hyperthyroid Disease

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Presenter: David Halim

ABSTRACT

Introduction: Turner syndrome with hyperthyroid stands as a very rare intersection of two distinct endocrine conditions. Turner syndrome commonly complicated with hypothyroid disorder. Early diagnosis could lead to proper management especially in fertility outcome. This case report details a unique instance of Turner syndrome complicated by hyperthyroidism, shedding light on the diagnostic challenges, clinical considerations, and therapeutic approaches in such cases.

Case presentation: A 24-year-old female came to endocrinology clinic with complaints of primary amenorrhea. Complaints accompanied with palpitations, heat intolerance, and loss of weight over 3 years. Clinical examination revealed short stature and cubitus valgus, Tanner stage of 1. Ultrasound result showed hypoplasia uterus with uterine axis 2.07 x 0.74 x 1.19 cm. Fundus to cervix ratioa 1:1 confirming prepubertal state. She was diagnosed with hyperthyroidism since 3 years and treated by internal medicine department. Karyotyping confirmed with Mosaic Turner Syndrome. FT4 hormone examination result 1.5 ng/dL TSHs <0.02 nIu.mL. FSH 57.97 mIu/mL, LH 11.49 mIU/mL, Estradiol 17.29 pg/mL, PRL13.4 ng/mL. Other examinations within normal limits. Patient treated with cycloprogynova for 3 months and levothyroxine for thyroid therapy. 3 months after therapy, menstruation occurred with developing secondary sex characteristic and improving TSH level.

Discussion: The intricate interplay between chromosomal abnormalities and endocrine dysfunction observed in this case underscores the complexity of managing Turner syndrome. The cooccurrence of hyperthyroidism in individuals with Turner syndrome is not rarely documented in the literature, necessitating a thorough evaluation to determine the underlying etiology and guide appropriate management. Ovarian tissue rapidly degenerates before birth, leading to a markedly reduced number of oocytes compared to normal woman. Early diagnosis and timely intervention are crucial for optimising outcomes, as hormone replacement therapy can promote pubertal development, prevent osteoporosis, and improve fertility rate. Appropriate management necessitates a multidisciplinary approach, including endocrinologists, geneticists, and cardiologists, to address the various clinical manifestations and potential complications associated with both conditions.

Conclusion: Hyperthyroidism coexistence with turner syndrome is a rare intersection of two endocrine conditions. Early detection and treatment can prevent significant morbidity and improve fertility outcome.

Keywords: Hyperthyroidism; rare coexistence; turner syndrome

Abstract ID: 5

Secondary Amenorrhea in a Cachectic Patient with Intracranial Tuberculosis: A Case Report

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Presenter: Anna Theresia Regina Ritonga

ABSTRACT

Background: Secondary amenorrhea is a multifactorial condition often precipitated by endocrine disorders, structural abnormalities, or chronic diseases such as tuberculosis, which has been known to disrupt the hypothalamic-pituitary-ovarian HPO axis through chronic inflammation. The global prevalence of central nervous system tuberculosis (CNSTB) is estimated to be 2 cases per 100,000 people, while CNS TB prevalence in Indonesia is estimated at 2-5% of TB cases, with intracranial tuberculomas around 1% of intracranial TB. Cachexia is another risk factor forthrough its' role in disturbing normal ovarian steroidogenesis.
Case Report: A 15-year-old female presented with secondary amenorrhea and cachexia (BMI 12.2 kg/m^2), following a diagnosis of tuberculosis confirmed by a positive Mantoux test and ongoing anti-TB therapy. Head MRI revealed multiple intracranial tuberculomas, abdominal ultrasound revealed hepatomegaly,lymphadenopathy, whereas laboratory parameters depicted a hypogonadotropic hypogonadism with low LH levels (0.29 mIU/mL) and estradiol levels (20.49 pg/mL). The patient was diagnosed with secondary amenorrhea due to suspected Intracranial tuberculosis, chronic disease, and cachexia, and was managed with an estrogen-progesterone test and is referred to neurology and clinical nutrition department.
Discussion: Both tuberculosis-related HPO dysfunction and energy deficit from cachexia contributed to hormonal imbalance, inducing secondary amenorrhea and posing future health risks such as osteoporosis, neurological complications, and cardiovascular disease. Comprehensive management, comprising of anti-tuberculosis therapy, nutritional rehabilitation, and hormonal therapy is imperative to address the underlying causes and prevent long-term complications.
Conclusion: Given the difficulty in pinpointing the primary cause of secondary amenorrhea, an integrated management plan should be well-established.
Keywords: Cachexia; intracranial tuberculosis; secondary amenorrhea

Abstract ID: 6

Mosaic Turner Syndrome and Hypogonadotropic Hypogonadism in a 17-Year-Old Female: A Diagnostic Dilemma with Possible Kallmann Syndrome

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Presenter: Muhammad Alif

ABSTRACT

Introduction: Turner syndrome and Kallmann syndrome are two well-established syndromes related to primary amenorrhea with distinct pathophysiology. While Turner syndrome is associated with hypergonadotropic hypogonadism due to gonadal dysgenesis, Kallmann syndrome results from deficient gonadotropin-releasing hormone (GnRH) secretion and is typically accompanied by anosmia. We present a rare and diagnostically challenging case of a young female with primary amenorrhea showing overlapping features of both syndromes.
Case presentation: A 17-year-old female was referred with primary amenorrhea and absent secondary sexual development. Physical examination revealed Tanner Stage I breast and pubic hair development, with no reported olfactory disturbances. Hormonal assays indicated hypogonadotropic hypogonadism, with low FSH, LH, and estradiol levels. Pelvic ultrasonography revealed a hypoplastic uterus and non-visualised ovaries. Cranial MRI showed pituitary hypoplasia and bilateral agenesis of the olfactory bulbs, suggestive of Kallmann syndrome. However, karyotype analysis revealed a mosaic 45,X/46,XX pattern, consistent with Mosaic Turner syndrome. This combination of clinical, hormonal, imaging, and cytogenetic findings posed a unique diagnostic dilemma.
Discussion: Turner syndrome with hypogonadotropic hypogonadism is not commonly found; only a few cases have been reported. Whilst Kallman syndrome associated with Turner syndrome has never been reported. A comprehensive evaluation, including cytogenetic testing and MRI, was critical in reaching a differential diagnosis. Management was tailored to support pubertal induction using hormone replacement therapy, along with recommendations for genetic testing and further systemic screening.
Conclusion: A multidisciplinary approach involving hormonal evaluation, imaging, and cytogenetics is essential for accurate diagnosis. Regardless of the underlying etiology, the goal of therapy for both conditions is to correct hormonal imbalances and improve the patient's long-term quality of life through individualised, supportive care.
Keywords: Hypogonadotropic hypogonadism; Kallman syndrome; primary amenorrhea; Turner syndrome

Abstract ID: 7

Iron Overload Induce Premature Ovarian Insufficiency: A Rare Case Report

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Presenter: Yosep Sutandar

ABSTRACT

Introduction: The imbalance of iron homeostasis negatively impacts follicle development through a process called ferroptosis. The occurrence of ferroptosis is determined by the balance between the production of peroxides and oxygen radicals due to iron accumulation, which counteracts lipid peroxidation and leads to follicular atresia. Long-term and toxic exposure of iron overload could lead to Premature Ovarian Insufficiency (POI) and linked to apoptosis and may also relate to ferroptosis. Therefore, this case report intends to present a rare of POI induced by iron overload in a 46 XX adolescent.

Case presentation: An 18-year-old 46 XX female presented with primary amenorrhea. The patient had a history of regular blood transfusions and platelet transfusions for seven years and no history of transfusion thereafter. The patient has a normal weight and height. Tanner stage 2 for breast and Tanner stage 1 for pubic hair, with no axillary hair, normal external genitalia. Initial laboratory evaluation revealed elevated Follicle Stimulating Hormone (FSH), 64.15 miu/ml; low estradiol hormone, 22.37 pg/ml; and low anti-Mullerian hormone (AMH), <0.03 ng/ml. Ferritin serum was 3435.7 ng/ml, with Transferrin saturation of 77.52%. Normal thyroid and prolactin profiles were found. ANA profiles were negative. Transrectal pelvic ultrasound demonstrated a hypoplastic uterus, thin endometrial thickness, and hypoplastic ovaries. The patient was given Estradiol Valerate (EV) 2 mg per day to induce secondary sexual characteristics.

Discussion: We diagnosed this patient with Iron overload induced POI. The basis of the diagnosis was due to an increase in serum ferritin above 1000 ng/ml and an increase in transferrin saturation above 45%. The cause of the iron overload is suspected to be a history of repeated transfusions for 7 years. The accumulation of iron causes ferroptosis and eventually ovarian failure. The patient then underwent late-pubertal induction with EV to induce menstruation and secondary sexual characteristics.

Conclusion: Ferroptosis could cause follicular atresia that led to ovarian failure if exposed for long term. The therapeutic strategy for POI is to initiate and maintain secondary sexual characteristics, thereby fostering psychosocial well-being and optimising bone health.

Keywords: Ferroptosis; iron; overload; premature ovarian insufficiency

Abstract ID: 8

Delayed Diagnosis due to Presumed Functional Hypothalamic Amenorrhea: A Case of Primary Ovarian Insufficiency with Early-Onset Osteoporosis in a PostMenarche Adolescent

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Presenter: Sutan Chandra

ABSTRACT

Background: In adolescent females with borderline nutritional status, secondary amenorrhea is frequently thought to be functional hypothalamic amenorrhea (FHA). Nevertheless, primary ovarian insufficiency (POI) can develop even after the onset of menarche and the completion of puberty. Timely identification is vital to avert significant long-term impacts on reproductive health.

Case Report: An 18-year-old female presented to outpatient clinic with a 3-year history of amenorrhea following menarche at age 15. Menstruation occurred only once for two weeks and did not recur spontaneously. Her nutritional status was borderline, with a BMI of 18 kg/m^2 and a BMI-for-age Z-score between -1 and -2. Secondary sexual characteristics were normal. Physical examination revealed no syndromic signs or vaginal obstruction. Transrectal ultrasound showed a small uterus (volume 9.2 mL), and both ovaries were difficult to visualise. The progesterone withdrawal test was negative, but a combined estrogen-progesterone test induced withdrawal bleeding. Hormonal evaluation revealed elevated FSH (65 mIU/mL) and low estradiol (15 pg/mL). Thyroid function and prolactin levels were normal. Bone mineral density showed early-onset osteoporosis. The karyotype was 46, XX female.

Discussion: The preliminary diagnosis was FHA attributed to borderline nutritional status; however, significantly elevated FSH levels ruled this out. The hormonal profile, along with the negative progesterone withdrawal test and hypergonadotropic hypogonadism, indicated a diagnosis of POI. The occurrence of menarche and the presence of normal secondary sexual characteristics contributed to a delayed diagnostic process. The observation of early osteoporosis emphasises the necessity for prompt recognition and intervention. Ongoing evaluations for potential underlying causes include genetic and autoimmune assessments.

Conclusion: Secondary amenorrhea in adolescents with borderline nutritional status does not always indicate FHA. POI should be considered, even in instances where menarche and pubertal development appear normal. Early diagnosis is crucial to prevent serious complications such as osteoporosis and infertility. Hormonal evaluations should be expedited

Abstract ID: 9

Crushed NET for Sdolescents with Disabilities

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Presenter: Aida Atirah Binti Azmal

ABSTRACT

Introduction: The impact of abnormal uterine bleeding ranges from an inability to go to school because of heavy menses to severe behavioral changes in adolescents with developmental delay. Oral progestins like norethisterone (NET) can be used however will be a great challenge to administer tablet-formed medication to these adolescents.

Case presentation: A 14-year-old girl with a non-verbal autism spectrum disorder was referred for abnormal uterine bleeding. She had multiple hospital admissions due to symptomatic anemia secondary to heavy menstrual bleeding starting in her third year after menarche. Lowest haemoglobin level recorded during hospital admission was 7 g/dL with a drop of 5 g/dL from her baseline haemoglobin. She had heavy and prolonged menses up to 16 days and requires 4 to 5 pads change daily with blood clots. Trial of cyclical oral combine-oral-contraceptivepills with anti-fibrinolytic were prescribed, however she was unable to swallow a tabletformed medication, thus her symptoms persist. She was then counselled for MIRENA IUS insertion under general anaesthesia. However, it was abandoned due to upper respiratory tract infection during admission. While waiting for a new date, she was prescribed with cyclical oral NET 5 mg bd which was crushed and mixed into her milk. For the past 6 months her menses improved and the flow lasted from 5 to 7 days only. Her parents were very happy and decided to continue on using oral NET.

Discussion: NET is rapidly absorbed after oral administration and peak plasma concentration occurring between 1 and 3 hours. Studies have shown that NET can reduce menstrual blood loss by up to 87% in women with heavy periods. Use of crushed NET is not widely reported however it is safe and a promising alternative for menstrual management in adolescents with disabilities. It is effective, easy to comply and also can avoid hospital admission and general anaesthesia for intervention like Mirena IUS insertion.

Conclusion: Using crushed NET in adolescents with disabilities can help make treatment easier and more manageable by the caretakers

Abstract ID: 10

Multidisciplinary PAG Care in New Zealand: Twelve Months' Experience in 2024

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Presenter: Saman Moeed

ABSTRACT

Aim: To audit and report the experience of New Zealand's only tertiary multidisciplinary clinic for patients with complex uterovaginal anomalies and variations in sex characteristics.

Materials and Methods: Retrospective chart review of all patients seen in monthly Female Multidisciplinary Clinics in 2024.

Results: 123 patients were offered appointments in 11 clinics during 2024. Eleven patients did not attend and therefore 112 patients were seen. Of these 24 (21%) were first specialist appointments, and 90 (79%) were follow-up patients already known to the service. Gynaecology saw 79 patients (70.5%), reproductive endocrinology 62 patients (55%), clinical psychology 31 patients (28%), pelvic health physiotherapy 23 patients (20.5%), and fertility subspecialists saw three patients (2.7%). The most common diagnoses were complex uterovaginal anomalies (n=20, 17.9%), Turner syndrome including mosaic (n=19, 17%) CAH (n=18, 16%), and MRKH (n=15, 13.4%). Four patients underwent surgery.

Conclusion: The Female Multidisciplinary Clinic (FMC) at Auckland Hospital was established 20 years ago and has evolved in response to patient needs.

Clinical Significance: This is the first time in 10 years that we have audited presentations to the Female Multidisciplinary Clinic. Our clinic has expanded to include three gynaecologists and a fertility specialist (previously two gynaecologists). We work in a financially and resource constrained environment, and these data support our model of care continuing and expanding. By working collaboratively in a multidisciplinary team, we aim to provide patient-centred care and recommend this as a model that can be adopted by other centres.

Acknowledgments: Sincere thanks to the Female Multidisciplinary Clinic staff: nurse coordinators Sarah Hand and Betsy Mathew, reproductive endocrinologists Dr Megan Ogilvie and Dr Maritza Farrant, gynaecologist Dr Valeria Ivanova, fertility subspecialist Dr Lizzi Glanville and fertility fellow Dr May-Lee Wong, pelvic health physiotherapist Ms Kealy France and clinical psychologist Dr Robyn Jury.

Ethics: Ethics approval was not required as this is a retrospective audit with no identifying patient details

Abstract ID: 11

Beyond the Usual Suspects: Endometrial Hyperplasia and Atypical Polypoid Adenoma as Rare Causes of AUB in Adolescents

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Presenter: Nik Sumayyah Nik Mhd Nor

ABSTRACT

Introduction: Abnormal uterine bleeding (AUB) is a common concern among adolescents, often attributed to anovulatory cycles due to the immaturity of the hypothalamic-pituitary axis. However, less common causes, such as endometrial hyperplasia, should not be overlooked. Although rare in this age group, endometrial hyperplasia can result from prolonged unopposed estrogen exposure and may lead to undesirable consequences, including endometrial carcinoma. Healthcare providers must remain vigilant in evaluating AUB in adolescents to ensure timely diagnosis and appropriate management.

Case presentation: A 16-year-old adolescent girl, initially well and healthy, presented with a history of irregular and prolonged menstruation since menarche, with worsening heavy menstruation and flooding episodes as well as severe dysmenorrhea. She had significant distress and frequent absenteeism from school. Three months prior to presentation, she noticed a vaginal mass, initially smooth and pinkish, which later became blackish and foul-smelling. MRI and hysteroscopy identified a large polypoidal mass extending into the endocervical canal and vagina. Mirena was inserted after the mass was removed. Histopathological examination revealed an atypical polypoid adenomyoma and endometrial hyperplasia. She was relatively within normal BMI and denied any consumption of traditional medicine.

Discussion: Endometrial hyperplasia (EH) is rare in adolescents, with the majority of AUB cases attributed to anovulatory cycles. Risk factors for EH include obesity and metabolic syndrome, though these are less common in the adolescent population. The presence of atypical polypoid adenomyoma in younger patients necessitates heightened surveillance protocols. This condition bears a significant risk of coexistent atypical hyperplasia and may ultimately lead to malignant transformation if left unmonitored over time. Early detection and management of such lesions are essential to prevent malignant progression, and a multidisciplinary approach ensures accurate diagnosis and tailored management.

Conclusion: This case highlights the importance of considering rare causes, such as endometrial hyperplasia and atypical polypoid adenomyoma, in adolescents with AUB. Vigilant monitoring, early diagnosis, and appropriate intervention can prevent serious long-term complications. Healthcare providers should maintain a high index of suspicion for atypical pathologies and consider genetic screening when necessary, facilitating comprehensive care for adolescents with abnormal uterine bleeding

Abstract ID: 12

Survey on Menstrual Health: Knowledge, Attitudes, and Practices among Secondary Schoolgirls Attending Menstrual Health Seminar in Hospital Pakar Kanak-Kanak (HPKK) Universiti Kebangsaan Malaysia

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Presenter: Nik Sumayyah Nik Mhd Nor

ABSTRACT

Introduction: Menstrual health is defined as a state of complete physical, mental, and social well-being, not merely the absence of disease, in relation to the menstrual cycle. The aim of this study was to assess the knowledge, attitude, and practices regarding menstrual health and association with sociodemographic among secondary schoolgirls.

Methods: A cross-sectional survey was conducted among adolescent school girls who attended *Seminar Kesihatan Haid* "Girls, Take Charge" at HPKK. The survey contained questions regarding demographic profile, knowledge, attitude, and practices pertaining to menstrual health. Bivariate analysis was conducted to examine the demographic factors associated with participants' level of knowledge regarding menstrual health. This survey was modified from a validated questionnaire used in Nepal (Simavi, 2020).

Results: A total of 341 participants from six schools in Cheras participated in the study. The mean (±SD) age of participants was 14.5 (+1.3) years. Majority of participants (329, 96.5%) had attained menarche, at a mean age of onset 11.80 ± 1.06 years. The primary source of menstrual information was mothers (253, 74.2%). Majority (210, 61.6%) of participants disagreed that menstruation should be kept secret. With regards to menstrual health practices, overall hygiene management was satisfactory with 315 (92.4%) of participants using disposable pads and 210 (61.6%) changing them every 3-4 hours. School infrastructure was supportive with 332 (97.4%) of participants confirming the availability of separate toilets with access to dustbins for pad disposal, 297 (87.1%). 303 (88.9%) stated that their school provided education on menstruation. About 128 (37.5%) of participants use medications for pain relief. There was a significant relationship between girls from boarding school and knowledge, particularly regarding correct age of menarche (p=0.012) and menstrual hygiene (p=0.001).

Conclusion: This study revealed significant gaps in menstrual health knowledge, attitudes, and practices among Malaysian secondary schoolgirls, with misconceptions, cultural taboos, and limited awareness of menstrual-friendly facilities contributing to poor menstrual literacy. Strengthening school-based education, improving access to hygiene products, and fostering open discussions are essential and promoting better menstrual health outcomes

Abstract ID: 13

Case Series on Management of Traumatic Perineal Injuries in Pediatric Girls

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Presenter: See, Joanne Paula C.

ABSTRACT

Objective: To present case series of unintentional straddle injuries in pediatric girls with regards to epidemiology, management, and outcomes.

Materials and Methods: The hospital pediatric gynecology database was retrospectively reviewed (2024-2025) for previously admitted pediatric female patients managed for genitourinary or perineal trauma. Patient age, extent of injury, cause of trauma, management (conservative and surgical), course and outcomes were recorded.

Results: Documentation of the injuries and circumstances surrounding the trauma in 6 girls with age ranging from 5 to 16 years was done. The causes of injuries were fall injuries or sport injuries. Injuries ranged from bruising, hematomas and lacerations. Inspection under anesthesia were performed in all cases with only 2 requiring suturing. Two cases required assessment and co-management with urology for assessment of possible urethral or bladder injuries. Both cases underwent cystoscopy. None of the cases had rectal involvement. No range of motion limitation or skeletal injuries were noted. None of the patients have complications post operatively.

Conclusion: Unintentional perineal trauma are often caused by falls or accidental sports injuries. Hematomas are the most common injury, however, most do not require surgical management

Abstract ID: 14

Gender Incongruence in A 46 XX with Congenital Adrenal Hyperplasia, Salt-Wasting Type

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Presenter: Angela May R. Caguitla

ABSTRACT

Introduction: Congenital adrenal hyperplasia (CAH), particularly the salt-wasting form, often presents with ambiguous genitalia in 46 XX individuals, posing complex challenges in gender assignment and eventual gender identity development. Higher prevalence of gender incongruence and dysphoria among CAH patients underscores the necessity for individualised, multidisciplinary management approaches that encompass medical, psychological, and social factors.

Case presentation: This case involves a 16-year-old with 46 XX CAH, initially diagnosed and registered as male at birth due to ambiguous genitalia. She experienced virilisation and recurrent adrenal crises. Throughout childhood, she identified as male and expressed a preference for male gender roles and attraction to females, with her family's support. Physical examination showed features of virilisation, including clitoromegaly and hyperpigmented labia, and laboratory tests revealed mild hormonal variations. Her management involved a multidisciplinary team-including pediatric endocrinology, urology, psychology, and gynecology-prioritising shared decision-making. She opted to retain her gender identity without undergoing genital surgery and hormonal therapy and psychosocial support.

Discussion: Prenatal androgen exposure influences gender development in CAH, often leading to gender incongruence. Recent guidelines emphasise individualised timing of surgical interventions and respect for patient autonomy, which may be achieved by delaying definitive procedures until such time that they form their own gender identity (i.e. adolescent period). A multidisciplinary approach is vital to ensure comprehensive care, integrating hormonal, anatomical, psychological, and social considerations. This model promotes improved quality of life by aligning management with the patient's gender identity and personal preferences.

Conclusion: Effective management of gender incongruence in CAH patients requires a personalised, patient-centered strategy rooted in shared decision-making. A team-based approach encompassing medical, surgical, and psychosocial expertise is essential to optimise longterm health and psychosocial outcomes. This case underscores the importance of respecting individual choices and supporting holistic, culturally sensitive care

Abstract ID: 15

Unilateral Ectopic Breast Tissue of The Vulva in a Pediatric Patient: A Case Report

RAISA PAOLA B. GARDUCE, ANGELA S. AGUILAR, PRINCESS BIANCA D. PALABRICA, DIVINE S. MACANIP

Philippine General Hospital
Presenter: Raisa Paola B. Garduce

ABSTRACT

Introduction: Ectopic breast tissue (EBT) is a rare condition, particularly in the pediatric population. It can occur anywhere along the "milk line," extending from the axilla to the vulva, resulting from incomplete regression of the embryonic mammary ridge.
Case presentation: We report a case of a 2-year-old female with a right labial mass noted since birth and was initially assessed as labial hypertrophy. Difficulty in ambulation prompted further consultation and on examination, a 6.0 x 4.0 x 3.0 cm soft, cystic, movable, non-tender, welldefined mass was identified on the right labium majus, with a 1.0 x 1.0 x 1.0 cm nipple-like protrusion anteriorly. Transperineal ultrasound revealed subcutaneous thickening of the right vulva from the 7 to 10 o'clock position with no definite masses seen. An excisional biopsy of the mass was performed, and on cut section, fibrous material admixed with adipose tissue was noted. Histopathologic examination confirmed the presence of a supernumerary nipple.
Discussion: The clinical presentation of EBT can vary based on its location, the type of breast tissue present, and the patient's age. EBT may range from mammary gland tissue to the presence of a nipple or areola, potentially responsive to hormonal stimuli such as puberty, pregnancy, or lactation. Surgical intervention may be warranted to alleviate symptoms, improve cosmetic outcomes, or prevent malignant transformation.
Conclusion: This case underscores the importance of considering EBT in differential diagnoses for vulvar masses, even in pediatric patients. Recognising this rare condition is crucial for appropriate management and prevention of potential complications

Abstract ID: 16

Light at The End of Both Tunnels: A Case of Ano-Ductocutaneous Fistula Secondary to a Recurrent Tuberculous Bartholin's Duct Abscess

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University of the Philippines - Philippine General Hospital
Presenter: Alvek I. Ecaldre

ABSTRACT

Introduction: While disorders including cyst and abscess formation of the Bartholin's glands are common, occurring in 2-3 out of 100 women, a rare complication-fistula formation, either to the vulva, rectum, or even rarer-to the skin, may occur. This phenomenon's risk factors, which include injury, surgery, inflammation, and infection, especially when recurrent, are important considerations when dealing with unusual etiologies, such as mycobacterium tuberculosis.
Case presentation: We present a case of recurrent tuberculous Bartholin's duct abscess with concurrent fistula formation to both external labia majora and intersphincteric space of the anus in an 18 year old nulligravid with no history of either sexual activity or exposure to tuberculosis. The patient is being managed conservatively, with anti-Koch's regimen, and is for reassessment for possible surgical intervention through complete fistulectomy.
Discussion: Tuberculosis involving the female reproductive tract is relatively frequent in developing countries where the burden of disease remains conspicuous, commonly affecting the ovaries, fallopian tubes and endometrium. Literature describing tuberculosis of the Bartholin's gland, however, has been minimal, demonstrating its rarity. Similarly, only a few studies have described fistula formation from the Bartholin's duct or cyst, especially ones that open to the skin. In cases simultaneously dealing with both, microbial or even histopathologic diagnosis of the infection and proper documentation of the fistulous tract by imaging is vital to the forthcoming management.
Conclusion: Fistula formation is a rare but important complication of Bartholin's duct abscess, especially in cases of recurrent infection and numerous surgical interventions. In such cases, further microbial evaluation may be warranted, especially in the context of multiple antibiotic failures, so as to guide medical management. For tuberculosis, the anti-Koch's regimen remains to be the mainstay approach. Surgical intervention through complete fistulectomy has also already shown great promise in the complete resolution of symptoms with no recurrence; the timing of which, especially with an ongoing infection, is yet to be determined

Abstract ID: 17

Management of a Vaginal Foreign Body in an Adolescent: Prolonged Retention and Delayed Diagnosis

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Presenter: Marla Vera R. Martinquilla

ABSTRACT

Introduction: Vaginal foreign bodies in adolescents are uncommon and often underreported due to embarrassment, fear, or limited access to confidential care. Chronic retention is associated with infection, fibrosis, and anatomical distortion. This case illustrates the long-term sequelae of a retained vaginal foreign body, emphasising the critical role of sensitive history-taking, multimodal diagnostics, and reconstructive gynecologic care.

Case presentation: A 16-year-old girl presented with hypogastric pain and progressively worsening foulsmelling vaginal discharge. Four years prior, she inserted a perfume atomiser into her vagina but had been unable to retrieve it. Fear and shame prevented earlier disclosure. Pelvic X-ray revealed a radiopaque object in the pelvis. Pelvic CT scan further characterised a 6.3 × 3.1 cm object within a distended vaginal fornix. Its metallic core was oriented transversely along the upper third of the vaginal canal, with surrounding fat stranding suggestive of chronic localised inflammation.

On internal examination, the vaginal canal was partially patent but significantly distorted. A firm, irregular, non-mobile mass was palpated along the anterior and posterior vaginal walls. A dense, fibrotic band transversely occluded the mid-vagina, restricting access to the upper third. These findings suggested a chronically retained foreign body with secondary fibrosis and synechiae. She underwent vaginoscopy, ultrasound-guided excision of the foreign body, cystourethroscopy, proctosigmoidoscopy, and vaginal biopsy. Fibrotic synechiae were lysed, and the encapsulated atomiser was extracted without injury to adjacent structures. A vaginal mold was placed postoperatively to maintain patency and prevent re-adhesion.

Discussion: Prolonged retention of the vaginal foreign body led to chronic inflammation, fibrosis, and near-complete obliteration of the vaginal canal, creating considerable surgical challenges.

Extensive adhesions and anatomical distortion necessitated precise dissection and detailed intraoperative planning. A collaborative approach that integrated surgical expertise, diagnostic imaging, and psychological support was crucial in addressing both the physical and emotional dimensions of care.

Conclusion: Timely recognition following delayed disclosure, combined with accurate imaging and tailored surgical intervention, enabled effective anatomical restoration. This case emphasises the need for early diagnosis, patient-centered communication, and empathic, confidential care. Such strategies are critical in preventing long-term reproductive complications in adolescents presenting with delayed gynecologic concerns

Abstract ID: 18

Prevalence of Menstrual Disorders and Evaluation of Knowledge, Attitudes, and Practices among Secondary School Adolescents in Bachok, Kelantan

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Presenter: Noor Athirah binti Ahmad

ABSTRACT

Introduction: This study investigated the prevalence of menstrual disorders and assessed the knowledge, attitudes, and practices (KAP) related to menstrual health among secondary school adolescents in Bachok, Kelantan. It also explored the interrelationship among KAP domains to identify potential intervention targets.

Materials and Methods: A cross-sectional study was conducted among 815 female students aged 12-18 years from selected secondary schools in the Bachok district. Participants completed a validated digital questionnaire via Google Forms. The instrument assessed knowledge (scored dichotomously), attitudes (5-point Likert scale), and practices (5-point frequency scale). Knowledge scores were classified as good (60%) or poor (<60%). Descriptive and bivariate analyses were performed using SPSS v27. Informed consent was obtained from participants' guardians.

Results: The mean age of respondents was 14.5 ± 1.38 years, with the average age of menarche at 12 years. Dysmenorrhea was the most reported menstrual disorder (70.7%), followed by premenstrual syndrome (47.2%), irregular cycles >35 days (36.6%), prolonged menstrual flow >7 days (15.6%), and heavy bleeding (>6 pads/day) (7.3%). Menstrual disturbances significantly affected quality of life, with 55.4% reporting limitations in sports, 32.8% school absenteeism, 29.0% homework difficulties, and 19.0% interpersonal strain. In terms of menstrual health literacy, 56.0% demonstrated good knowledge, 55.2% had positive attitudes, and 60.8% engaged in good practices. However, only 33.1% exhibited both good knowledge and good practices, while 45.7% showed both good practices and positive attitudes. Notably, 35% maintained positive attitudes despite having poor knowledge.

Conclusion: Menstrual disorders, particularly dysmenorrhea, are highly prevalent and significantly impact adolescents' daily functioning. The misalignment between knowledge, attitudes, and practices suggests gaps in menstrual health education.

Clinical Significance: These findings underscore the urgency of implementing school-based health education programs to improve menstrual health literacy. Early intervention can reduce absenteeism, facilitate timely diagnosis of conditions such as PCOS or bleeding disorders, and promote long-term reproductive health. This evidence is vital for guiding adolescent health policies in Malaysia and similar socio-cultural settings

Abstract ID: 19

Knowledge and Practices on Menstrual Health and Hygiene Management among Grades 8-10 Students in a Secondary School in Valenzuela City: A Cross-Sectional Study

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Philippine Children's Medical Center | Philippine Children's Medical Center

Presenter: Evangeline B. Villanueva

ABSTRACT

Aim: This research study was conducted to determine the level of knowledge and practices on menstrual health and hygiene management among Grade 8-10 female students studying in Valenzuela City.

Materials and Methods: In this study a cross-sectional research design was used. A systematic random sampling method was used to select participants. Three hundred thirty seven out of 1,000 Grades 8-10 female students in a secondary school in Valenzuela City were included in the study. Data was collected using a validated and pretested questionnaire.

Results: Respondents are generally having moderate knowledge about health and hygiene management, specifically with high knowledge of the menstrual cycle but with moderate knowledge of hormones and hygiene. When classified by age, 15-year-olds have a high level of knowledge, while younger and older students show moderate to low levels. The level of practice is high overall, with very high ratings in menstrual hygiene practices and access to facilities, but no significant relationship exists between knowledge and practice levels among the students (p=2.37).

Conclusion: Respondents' knowledge about menstrual health is moderate but limited, with gaps in understanding hormonal changes and complexities. Age and grade vary, with 15 year-olds having the highest knowledge. Meanwhile, the overall level of practice on menstrual health and hygiene management among Grades 8-10 female students was rated as high. Grade 8-10 students generally adhere to proper hygiene practices but lack a significant relationship between knowledge and practice.

Clinical Significance: The findings in this research can be used to develop programs and policies than can strengthen sanitised practices during the menstrual cycle.

Keywords: Female students; hygiene management; knowledge; menstrual health; practice

Abstract ID: 20

Multifactorial Etiology of Urethral Prolapse in a Prepubescent Patient: A Case Report

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Presenter: Divine S. Macanip

ABSTRACT

Urethral prolapse is a rare condition where the distal urethral mucosa protrudes through the external meatus, forming a pink, donut-shaped mass. It affects prepubescent girls and postmenopausal women due to hypoestrogenism, which weakens urethral tissues. This paper presents a case of urethral prolapse in a severely malnourished pediatric female. The urethral prolapse developed as a result of weakened pelvic muscle from malnutrition and hypoestrogenism, increased abdominal pressure from Gastrostomy (G-tube) and Jejunostomy tube (J-tube) use, and trauma from transurethral catheter removal. These factors combined to weaken and displace the urethral tissue. A 7-year-old female presented with a urethral mass who had a caustic ingestion at age 3, resulting in esophageal stenosis and prolonged nutritional deficits managed by gastrostomy and jejunostomy tubes. Four days before admission, the patient experienced diarrhea. Upon admission, a transurethral catheter was inadvertently removed, and the patient complained of perineal pain. A 1.5 x 1.5 cm erythematous, donut-shaped mass at the external urethral meatus was seen on inspection. A transperineal ultrasound revealed focal thickening at the distal tip of the urethra, consistent with urethral prolapse. There were multiple factors in the development of urethral prolapse. Malnutrition from caustic ingestion complications led to pelvic floor muscle atrophy and connective tissue weakening. Hypoestrogenism further compromised urethral mucosal integrity and vascular support.Increased intra-abdominal pressure from feeding tubes contributed to mechanical stress on the urethral support and the trauma from transurethral catheter removal caused acute mucosal injury, precipitating prolapse. The multidisciplinary team managed the case holistically with nutritional support, antibiotics, and topical estrogen, resulting in significant prolapse reduction without complications. Due to the patient's malnutrition, tissue healing was expected to be delayed, warranting close monitoring of estrogen therapy. Surgery can be delayed until the condition is fully optimised since the patient is able to void. This case highlights the multifactorial etiology of urethral prolapse. It emphasises the importance of comprehensive assessment and tailored management in pediatric patients especially when compounded by systemic conditions. Conservative treatment with estrogen cream can be effective and safe, potentially obviating the need for surgery in selected cases

Abstract ID: 21

Unveiling the Unseen: Spontaneous Internal Pudendal Artery Rupture

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Presenter: Divine S. Macanip

ABSTRACT

Introduction: Spontaneous rupture of the internal pudendal artery is a rare and serious condition presenting as acute vulvar swelling and pain. While often linked to trauma or obstetric events, non-traumatic cases are uncommon and pose diagnostic challenges. This case report discusses a unique non-traumatic spontaneous rupture that resulted in rapid vulvar mass enlargement and severe pain.
Objectives: This case discusses spontaneous internal pudendal artery rupture. It emphasises the importance of prompt recognition to avert complications. It encourages clinicians to consider vascular causes in rapidly enlarging vulvar masses with acute pain, even in the absence of trauma or obstetric history.
Materials and Methods: This is a case of 14-year-old female patient presenting with vulvar pain. One year before admission, she observed a 1-cm skin-colored nodule on the right labium that occasionally itched. The nodule gradually increased in size to 2 cm with intermittent itching but no pain, until two days before admission, she experienced sharp pain rated 4 out of 10. On the day of admission, she reported a sudden increase in pain to 10 out of 10 and rapid enlargement of the mass to about 6 cm. She consulted at a local hospital, with a diagnosis of vulvar hemangioma and recommended transfer for further care.
Results: The initial plan was a surgical incision with ligation of bleeders. However, upon considering a possible spontaneous internal pudendal artery rupture as the underlying etiology, the approach was revised to prioritise endovascular embolisation before surgical intervention. Angiograms showed hyperemia and foci of contrast extravasation supplied by branches of the right internal pudendal artery. Post-embolisation scans revealed reduced flow, stabilising the hematoma.
Conclusion: This shift in strategy, guided by the artery's deep anatomical location and high bleeding risk during dissection, allowed targeted occlusion of the ruptured vessel, effectively stabilising the hematoma and minimising intraoperative blood loss. The preoperative embolisation not only facilitated safer surgical evacuation but also averted a potential catastrophic hemorrhage that could have arisen from unaddressed arterial inflow during the procedure. This multimodal approach underscores the critical role of vascular imaging and interdisciplinary collaboration in improving outcome of this case.

Abstract ID: 22

Straddle Injury; Common but Traumatic

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Raja Isteri Pengiran Anak Saleha Hospital, Bandar Seri Begawan, Brunei
Presenter: Amnor Aidiliana

ABSTRACT

Introduction: Straddle injury is a common accidental genital injury amongst the paediatric and adolescent population. We present a case on an alleged straddle injury resulting in extended laceration of the labia leading to large vulva hematoma.
Case presentation: A 12 year old girl presented to emergency department with bleeding and swelling of the vulva after a fall from her bicycle. Initially the swollen vulva was mild however, it worsened overnight and drastically increased in size causing her severe pain leading to immobility and urinary retention. On bedside examination, she was in severe pain and it was noted that there was a large left vulva hematoma with bluish discolouration of the skin. Hence she underwent examination under anaesthesia (EUA). Intra-operative findings showed a linear laceration extending from the left labia minora to the labia majora with large vulva hematoma 12 x 8 cm. Approximately, 200 mls of clots were evacuated and irrigation of the wound was done.The dead space from evacuated haematoma was closed in several layers. Normal vulval anatomy was successfully restored. She received blood transfusion and was covered with antibiotic. She was discharged well after 3 days in hospital.
Discussion: Straddle injury can be minor or major such as lacerations, ecchymoses and abrasions to the external genitalia including the mons, clitoris and labia. In some cases, the severity of the injuries may involve vagina, anus, rectum and peritoneal cavity. Patients generally present with pain and vulval swelling which can be associated with bleeding or urinary retention. A thorough examination is crucial for correct diagnosis and management. EUA is an emergent surgery for severe injuries. Proper assessment and repair are essential to ensure appropriate healing of the local tissues. These injuries can be a traumatic experience to children or adolescents. Therefore debrief and follow-up are necessary to watch out for long term complications such as persistent pain, scarring, recurrent hematoma or persistent oedema as well as assessing the emotional well-being of the patients.
Conclusion: Most straddle injuries are minor but this often cause great anxiety and parental concern on future impact on sexual development. Proper evaluation, treatment, debrief and follow-up for reassurance are essential

Abstract ID: 23

Giant Ovarian Teratoma in a Pediatric Patient: A Case Report

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Presenter: Jean Michael L. Castillo

ABSTRACT

Mature cystic teratomas are amongst the most common benign ovarian neoplasms but rarely presents as giant tumors in the pediatric population. We report a case of a 14-year old nulligravid with a 7-month history of abdominal enlargement. Work-up and imaging revealed ovarian masses consistent with dermoid cysts, one of which was giant. Ovarian sparing surgery and intraoperative frozen section were performed, and histopathology confirmed the diagnosis of mature cystic teratoma. This case discusses the clinical presentation, diagnostic and therapeutic dilemmas, and the importance of a multidisciplinary approach in managing giant ovarian tumors in pediatric patients.

Abstract ID: 24

Knowledge, Attitude and Practices on Family Planning Methods among Teenage Mothers at a Tertiary Training Hospital in the Philippines from July 2021 - March 2022

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Presenter: Myera Angelica G. Ancheta, MD

ABSTRACT

Aim: In 2021, the Philippine government, under Executive Order 141, declared the prevention of teenage pregnancies as a national priority. This study aims to determine what is known, believed, and practiced in the context of family planning methods among teenage mothers at a tertiary training hospital.

Materials and Methods: This is a descriptive prospective study conducted on 292 teenage mothers who sought consultation at a tertiary training hospital. The study used purposive sampling and collected data using a validated and reliable questionnaire. An expert in the field of statistics was consulted in the statistical treatment of data. All statistical tests were performed using a 5% level of significance. The computing programs utilised were Microsoft Office Excel 2016 and SPSS v27.

Results: Majority of the participants had one pregnancy (92.47%). Approximately 7.19% had two, while 0.34% had three. Age and educational attainment were the variables utilised for comparison. The respondents were mothers aged 10-19 years old, wherein, 0.34% belonged to early adolescence; 44.86% to middle adolescence; and 54.80% to late adolescence. About 31.85% had elementary education; 59.93% had high school education, 7.88% had college education, and 0.34% had vocational training. The results indicate that all were aware of at least one family planning method and were able to identify means to acquire the information and services. Overall, they demonstrated a positive attitude. Furthermore, the majority were already practicing a method of contraception (early adolescence 100%, middle adolescence 55.73%, late adolescence 63.75%). However, some still lack accurate information on how to use the methods correctly and consistently.

Conclusion: The respondents showed some knowledge and positive attitudes regarding family planning and most were using family planning methods. However, their incomplete understanding of proper usage hinder the method's effectiveness.

Clinical significance: The findings showed a potential gap in the current family planning services, indicating that simply disseminating information may not be sufficient for this vulnerable group. Clinically, this suggests the need to prioritise the development and implementation of age-appropriate, accessible and comprehensive counseling programs for adolescents.

Keywords: Attitude; family planning methods; knowledge; practices; teenage pregnancy

Abstract ID: 25

Tubo-Ovarian Abscess in a 16-Year-Old Female with Primary Ciliary Dyskinesia: A Previously Undescribed and Complex Presentation

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The Royal Children's Hospital
Presenter: Benita Knox

ABSTRACT

Introduction: Primary ciliary dyskinesia (PCD) is a rare genetic disorder characterised by impaired ciliary motility. It results in chronic respiratory tract infections, laterality defects, and infertility. Tubo-ovarian abscess (TOA) is an uncommon but serious infection in adolescents. TOAs has not been previously reported in the context of PCD.

Case presentation: We report the case of a 16-year-old female with PCD who presented with a three week history of lower abdominal pain and four days of fever. Her past medical history included recurrent respiratory infections and situs inversus totalis. On further history, she had never been sexually active and had no discharge. On examination she was mildly tender over her lower abdomen, particularly on the left. Laboratory findings included a raised white cell count, neutrophilia and a raised c-reactive protein. Pelvic ultrasound (US) demonstrated complex bilateral adnexal masses. These were further characterised on magnetic resonance imaging, which showed a left ovarian mass, bilateral hydrosalpinx, with further smaller collections in the pouch of Douglas. The patient was admitted for intravenous (IV) antibiotics. Following 6 days of IV antibiotics, the patient had no pain or fevers. Vaginal swab cultures grew enteric and vaginal flora. A repeat US found a reduction in collection size and she was downgraded to oral antibiotics and discharged home.

Discussion: In the absence of other risk factors, it is very likely that impaired ciliary motility predisposed this patient to TOA. While PCD is rare, it is surprising that other reports of TOA in these patients have not been presented. Recognition and treatment in this case was relatively delayed. Increased awareness of this predisposition is important and may assist in prompt diagnosis and care and preventing sequelae. This unique case also raises questions around her risk of recurrence, how to reduce this and the potential role of surgical management.

Conclusion: This is the first case report of TOA in a patient with PCD

Abstract ID: 27

The Effect of Different Types of Hormonal Contraception on Bone Mineral Density in Women of Reproductive Age: A Systematic Review and Meta-Analysis

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Presenter: Mohammed Sulaimani

ABSTRACT

Background: The global use of hormonal contraception has risen dramatically, with over 850 million women currently using it. With its widespread use, studies discussing its potential long-term health implications, including its impact on bone mineral density (BMD), have increased.The effect of hormonal contraceptives on BMD is a topic of ongoing research, but the results remain controversial.
Aim: Our meta-analysis aims to evaluate the effect of hormonal contraceptives on bone mineral density in women at childbearing years.
Search Methods: Through November of 2024, we searched for studies of bone mineral density or bone health and hormonal contraceptives in PubMed, OVID, Web of Science, and Google Scholar.
Data Collection and Analysis: Among the initial 2,694 studies, seven articles, six randomised controlled trials and one comparative study comprising 359 women met the inclusion criteria. The studies assessed BMD changes at the lumbar spine after 12 months of contraceptive use, with a focus on Levonorgestrel-based and Drospirenone-based contraceptives. Statistical analysis was performed using Review Manager 5.4.1®, and a random effects model was used to calculate the pooled mean difference in BMD. This systematic review and meta-analysis is registered through PROSPERO.
Results: The primary outcome for evaluation was change in Bone Mineral Density measured at Lumbar Spine after 12 months of contraceptive use. All seven studies reported this outcome. The overall effect showed a very negligible decline in BMD after 12 months of contraceptive use, which was insignificant (p = 0.93). Sub-group analysis revealed a slightly greater decline in BMD with Drospirenone-based contraceptives (MD -0.02, 95% CI [-0.07, 0.03]) compared to Levonorgestrel-based contraceptives (MD -0.01, 95% CI [-0.04, 0.03]). The overall heterogeneity was negligible (I2= 0%, p= 0.93).
Conclusion: Hormonal contraceptives do not seem to exert any significant impact on BMD after 12 months of use.

Abstract ID: 28

Multidrug-Resistant *Klebsiella pneumoniae* as a Rare Cause of Persistent Vaginal Discharge in A Prepubertal Girl

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Presenter: Andi Setiawan Tahang

Introduction: Vulvovaginitis is a common and challenging gynaecological issue in prepubertal girls, with vaginal discharge as the most prevalent symptom. Due to the wide range of possible causes, infections that do not respond to hygienic measures require further investigation through vaginal cultures, and *Klebsiella pneumoniae* is exceptionally rare pathogen in this scenario. It is a multidrug-resistant (MDR) pathogen, capable of causing a wide range of infections especially with the ever-increasing use of antibiotics, complicating clinical management.

Case presentation: A 6-year-old girl presented with persistent vaginal non-foul-smelling vaginal discharge for 4 months, initially detected on her panties after swimming. There was no history of trauma or abuse, and refractory to multiple courses of antibiotics from various centres before reaching us. Perineal examination appeared normal, though vaginal discharge was present. A low vaginal swab revealed MDR *Klebsiella sp.*, sensitive only to Cefepime. The pelvic ultrasound showed dilated vagina with no fluid, enlarged uterus (1.9 x 1.2 x 0.6 cm) with thin endometrium and normal ovaries for her age. She underwent EUA for vaginoscopy, which exposed no foreign objects, with a small amount of discharge from the cervix. Postoperative course was uneventful with complete resolution of symptoms and a normal C&S after receiving a 5-day Cefepime injection course.

Discussion: This case underscores the rarity of MDR *Klebsiella pneumoniae* as causative agent of prepubertal vulvovaginitis, especially in cases of persistent vaginal discharge. It highlights the importance of maintaining high clinical suspicion in prepubertal girls with vaginal discharge, particularly when standard treatment fails. Early diagnosis, timely surgical intervention, and judicious use of antibiotics are essential to alleviating symptoms and preventing delays in diagnosis, which could lead to long-term reproductive health complication. Raising awareness about the pathogens that are often implicated is essential among paediatric and adolescent health providers to ensure prompt intervention and safeguarding reproductive health for young patients, ultimately preventing more serious and long-lasting consequences that can impact their quality of life.

Conclusion: Prepubertal vulvovaginitis with MDR *Klebsiella pneumoniae* infection is extremely rare. A high index of suspicion coupled with vaginal swab C&S and vaginoscopy, is the key to early diagnosis and effective treatment of vulvovaginitis with persistent vaginal discharge

Abstract ID: 29

Fibroepithelial Vaginal Polyps: A Rare Cause of Prepubertal Vaginal Bleeding

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Presenter: Abdul Samat Ismail

ABSTRACT

Introduction: Fibroepithelial vaginal polyps (FEPV) are rare, benign mucosal lesions composed of fibrovascular stroma lined by squamous epithelium. FEPV are predominantly reported in the reproductive age population but are extremely rare in prepubertal and postmenopausal women. The pathophysiology remains unclear but development is hypothesised to be contributed by hormonal factors and local injury to the vaginal mucosa.

Case presentation:

Case 1: A previously healthy 3-year-old girl presented with unexplained vaginal bleeding. There was no history of trauma, infection, or systemic illness. Physical examination confirmed Tanner stage I puberty. Laboratory and pelvic ultrasound findings were within normal limits. Examination under anaesthesia (EUA) and vaginoscopy showed a polypoid lesion arising from the left lateral fornix. Histopathological analysis confirmed the diagnosis of FEPV.

Case 2: A 7-year-old with a known case of FEPV in 2021 (surgically resected) presented with recurrent brownish per vaginal spotting, colicky abdominal discomfort, and perineal discomfort. No signs suggestive of infection, trauma, or systemic disease were evident. Hormonal evaluation remained prepubertal, and serial pelvic ultrasounds revealed no abnormality. Initial examination under anesthesia (EUA) and vaginoscopy demonstrated excessive vaginal mucosa, but histopathology was non-diagnostic. She was managed conservatively. A subsequent EUA and vaginoscopy revealed a 1.0 x 0.5 cm anterior fornix lesion, histologically confirmed as recurrent FEPV.

Discussion: FEPV, although benign, needs to be included as a differential diagnosis of vaginal bleeding in prepubertal age. Pelvic ultrasound and hormonal profiles are often unremarkable. EUA together with vaginoscopy remains the diagnostic gold standard, with histopathological examination for confirmation. The definitive management is via local surgical excision, however, recurrence as observed in Case 2, necessitates long-term clinical follow-up.

Conclusion: FEPV is a rare but important consideration in prepubertal vaginal bleeding. Detailed history, thorough physical examinations, appropriate diagnostic workup, and histological confirmation are imperative. Although prognosis is favourable, recurrence can occur, underscoring the importance of sustained surveillance post-excision.

Abstract ID: 30

From Classroom to Operating Room: Symptomatic Recurrent Uterine Fibroids in an Adolescent

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Presenter: Abdullah Abbas Abdul Halim

ABSTRACT

Introduction: Uterine fibroids in adolescents are rare. Symptomatic uterine fibroids can significantly impair quality of life and fertility. Adolescents may suffer chronic anemia, heavy menstrual bleeding, and social dysfunction, often leading to delayed education or psychosocial distress.

Case presentation: An 18-year-old student had heavy menstrual bleeding requiring multiple blood transfusions since the age of 15. She was ultimately diagnosed to have a single uterine fibroid and underwent a laparotomy myomectomy. Histopathology confirmed cellular leiomyoma. Normal regular menses resumed postoperatively, but a recurrence of the fibroid was noted six months later. She developed heavy menstrual bleeding again requiring blood transfusion and hormonal suppression. Options of minimally invasive therapy such as microwave ablation (MVA) and high-intensity focused ultrasound (HIFU) were discussed.

Discussion: This case highlights the delays in diagnosis and complex decision-making involved in adolescent fibroid management, especially those resistant to conservative and medical treatment. Additionally, psychosocial impacts-such as missed school and delayed academic milestones-must be addressed alongside clinical care. MVA and HIFU are innovative options of therapy which offers a fertility-preserving, minimally invasive alternative with promising outcomes.

Conclusion: This case illustrates a longitudinal, patient-centered approach in managing symptomatic adolescent fibroids-from surgery to recurrence and innovative interventions-while preserving fertility and supporting psychosocial well-being.

Abstract ID: 31

A Rare Case of Endometrial Polyp Presenting as Vaginal Bleeding in a 14-month-old Girl

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Presenter: Beh Jien Yinn

ABSTRACT

Introduction: Endometrial polyp in a pre-pubertal girl is a rare cause of vaginal bleeding.

Case presentation: A 14-month-old girl presented with daily episodes of per vaginal bleeding for 2 months. She was born at 36 weeks weighing 1.86 kg with no antenatal issues, normal development and was healthy. Physical examination showed Tanner Stage 1 puberty. Her external genitalia was prepubertal with intact hymen. Blood investigation confirmed pre-puberty levels with luteinizing hormone <0.2 IU/L, follicle-stimulating hormone <3.0 IU/L and serum estradiol <55 pmol/LL. Ultrasound showed uterus 2.1 x 1.1 cm. Endometrium of 1.3 mm with a spindle-shaped echogenic mass at the fundus measuring 0.3 cm x 0.4 cm x 0.7 cm. Right and left ovaries measured 1.5 x 0.8 cm and 1.2 x 0.8 cm, respectively with dominant follicle. Magnetic Resonance Imaging (MRI) confirmed prepubertal uterus with small elongated T2 hypointense lesion within. Uterine arteriogram otherwise showed no abnormal vasculature. Vaginoscopy was normal but hysteroscopy revealed a polyp at the fundus measuring 0.5 x 0.5 cm, which was removed. Histopathology revealed no malignancy. Immunohistochemistry reported CD10 highlighting endometrial stroma.

Discussion: Prepubertal vaginal bleeding requires thorough assessment to establish the exact

diagnosis. Common etiologies include vulvovaginitis, atopic dermatitis, foreign body or trauma. Other causes like "minipuberty of infancy", precocious puberty, malignancy, vascular malformations and infantile hemangiomas should be ruled out. Pelvic ultrasound will reveal pubertal state of uterus and ovaries and presence of mass could suggest foreign body or malignancy. Supplemental imaging like MRI could help delineate size, location and consistency of any pelvic mass. Uterine arteriogram is helpful to diagnose and manage uterine arteriovenous malformations and hemangiomas. Vaginoscopy is indicated for persistent vaginal bleeding. Hysteroscopy is rarely required.
Conclusion: Etiology of prepubertal vaginal bleeding is vast but a systematic approach should be executed to establish the diagnosis which directs the optimal management for the child

Abstract ID: 32

Large Endometriomas in Adolescents: Rare but Significant Clinical Presentations

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Presenter: Muhammad Fauzan Yunus

ABSTRACT

Introduction: Endometriosis during adolescence is increasingly recognised but frequently remains a delayed diagnosis, particularly when presenting with atypical features such as a large endometrioma. While endometriomas are more commonly associated with adult women, the occurrence of large endometriomas in adolescents is rare and pose diagnostic and management challenges.

Case presentation:

Case 1: A 19-year-old girl with menarche at age 13 and no significant medical history presented with a 5-month history of progressive abdominal distension associated with new onset severe dysmenorrhea. There was a palpable abdominal mass consistent with 26 weeks gravid uterus. Pelvic ultrasound and computed tomography (CT) demonstrated a large, multiloculated cystic pelvic mass arising from left ovary. CA-125 and LDH were elevated. Midline laparotomy cystectomy revealed the presence of a 20cm x 15cm left endometrioma. Histology confirmed the diagnosis of endometrioma. Postoperatively, she was started T. Dienogest as hormonal suppression.

Case 2: A 17-year-old girl presented with intermittent lower abdominal pain and abdominal distension for one month. The pain was not related to menstruation. Examination revealed a 16-week-sized tender pelvic mass. Pelvic ultrasound and CT showed a large, haemorrhagic right ovarian cyst. Tumour markers were within normal limits. She underwent emergency laparoscopic right cystectomy. Intraoperatively there was a 10cm x 10 cm right endometrioma, confirmed on histopathological analysis. She was commenced on continuous combined oral contraceptive postoperatively.

Discussion: These cases emphasise the need for heightened clinical suspicion in adolescents presenting with pelvic masses or chronic pelvic pain, even when symptoms are non-specific. Early diagnosis is crucial to preserve ovarian function and future fertility. Postoperative hormonal suppression plays a key role in preventing recurrence.

Conclusion: Endometriosis in adolescents, while uncommon, should be considered in the differential diagnosis of pelvic masses and chronic pelvic pain, even in the absence of classical symptoms. Early surgical intervention with a fertility-preserving approach, followed by appropriate hormonal suppression, is essential to reduce recurrence and safeguard future reproductive potential.

Abstract ID: 33

HAIR-AN Syndrome: A Rare Cause of Primary Amenorrhea

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Presenter: Madhura Jayaraman

ABSTRACT

Introduction: Hyperandrogenism, Insulin Resistance and Acanthosis Nigricans (HAIR-AN) syndrome is a rare subtype of polycystic ovarian syndrome (PCOS) where the features may overlap with PCOS, but differ in severity, especially with regards to insulin resistance and marked elevation of androgens.
Case presentation: A 21-year-old female presented with primary amenorrhea with signs of virilisation at the age of 17. She was found to be morbidly obese and had an 18-weeks size palpable mass per abdomen which was ovarian in origin. As her serum testosterone was markedly elevated, she was suspected to have an androgen secreting tumor, hence underwent laparotomy and right cystectomy. Histopathology reported serous cystadenoma. She was diagnosed with HAIR-AN syndrome and was co-managed with the endocrinologist. Despite being compliant to regular combined oral contraceptives, she has been oligomenorrheic. She still required spironolactone and finasteride to reduce virilisation. She had a recurrence of serous cystadenoma requiring another surgery at the age of 19.
Discussion: HAIR-AN syndrome is a severe phenotype of polycystic ovary syndrome characterised by hyperandrogenism, insulin resistance, and acanthosis nigricans. Markedly elevated serum testosterone in females warrants investigation for androgen-secreting tumors, commonly adrenal or ovarian in origin. Although serous cystadenomas are typically non-functional, their coexistence with hyperandrogenic states can complicate the diagnostic process. In this case, persistent virilisation despite cystectomy and benign histology indicated an underlying endocrine disorder. Management required both surgical and medical approaches, including antiandrogens like spironolactone and finasteride. Long-term endocrine follow-up is essential, as recurrence and hormonal imbalances

may persist despite initial surgical resolution.
Conclusion: Early recognition of HAIR-AN is essential for targeted therapy, hormonal control, and longterm reproductive outcomes.

Abstract ID: 34

A Body at Odds: Exploring Gender Dysphoria and Female Physiologic Symptoms in an XY Individual

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Presenter: Nurul Huda Binti Mohd Zainol

ABSTRACT

Introduction: Disorders of sex development (DSD) and gender dysphoria may present with a range of physical, psychological, and social challenges. It is important to distinguish this from being transgender: an identity that, in itself, is not a mental disorder. Rarely, individuals assigned male at birth may report symptoms aligned with female reproductive physiology, despite no evidence of female anatomical structures. Such presentations challenge conventional medical understanding and highlight the need for more inclusive and individualised approaches to gender affirmation, treatment, and care.

Case Report: We evaluated a 35-year-old individual who was born male and raised as such, and came to request a gender change. He reported experiencing regular cyclical bleeding from the penis, along with spontaneous breast development during adolescence without hormonal support. A comprehensive clinical, radiological, and endocrine assessment was subsequently conducted. Magnetic resonance imaging showed no female reproductive organs. Testes were present and structurally normal. Hormonal levels were within male reference ranges, and chromosomal analysis confirmed a 46, XY karyotype. No anatomical or pathological explanation could be identified for the bleeding or breast development.

Discussion: This case illustrates the complexity of managing individuals whose lived experiences do not conform to conventional biological or diagnostic expectations. Despite the absence of female reproductive organs, the patient's symptoms mimicked menstruation and female secondary sex characteristics. Differential diagnoses such as urethral endometriosis or residual Müllerian structures were considered but not confirmed on imaging.

This emphasises the need for a multidisciplinary approach, including psychological support, with respect for the individual's identity and experience. It also raises questions about lesser-known or undocumented variations of DSD that may not be easily identified through current diagnostic approaches.

Conclusion: This rare and perplexing case challenges binary classifications of sex and gender in clinical practice. It highlights the critical need to validate lived experiences even when they fall outside established biological norms. Healthcare must bridge that gap with empathy, openness, and interdisciplinary collaboration. This experience urges clinicians to look beyond chromosomes and scans, and instead, meet patients where they are: in their truth.

Abstract ID: 35

Suspected Adnexal Torsion in Paediatric and Adolescents: Can We Improve Operative Prediction?

ANNABEL SHEEHAN

Royal Children's Hospital, Melbourne
Presenter: Annabel Sheehan

ABSTRACT

Summary: A retrospective review of the clinical presentation, imaging and operative findings of paediatric and adolescent patients who underwent emergency laparoscopy after presenting to the Emergency Department at a tertiary paediatric hospital with signs and symptoms of Adnexal Torsion (AT). The review looked at what clinical features are associated with true AT in this population and on the number of cases where AT was not found intraoperatively (negative laparoscopy rate).
Aim: To identify predictive clinical or ultrasound features associated with AT in this population.
Materials and Methods: The number of patients included was n=180. Data was extracted from databases between 1999-2024. Inclusion criteria: acute abdominal pain in females aged 0-18 years old. Cases were excluded if the diagnosis was made at elective surgery or if presenting complaint history and assessment notes are missing. Collected data included patient demographics, number of hospital presentations, duration and severity of pain and relationship to menstrual cycle, preoperative investigative findings, time from presentation to ED to surgery, intraoperative and histopathological findings and follow up. The primary outcome was the clinical and imaging features associated with confirmed AT. The secondary outcome was negative laparoscopy rate.
Results: Primary outcome: Full data analysis yet to be completed. We predict that the classic signs and symptoms of ovarian torsion are not always present in isolated tubal torsion. We anticipate an approximate negative laparoscopy rate of 50%. We anticipate that likelihood of negative laparoscopy will correlate with phase of menstrual cycle.
Conclusion: Improvement in awareness and education to paediatric, gynaecology and emergency department colleagues is paramount to ensure adnexal torsion is managed in an optimal and timely manner.
Clinical Significance: Given the poor diagnostic accuracy of pelvic ultrasound for AT, understanding which clinical features are more strongly predictive of AT in the paediatric and adolescent population will enhance the preoperative assessment process in the acute setting. A negative laparoscopy is unavoidable when aiming to preserve future fertility. Our case series supports a negative emergency laparoscopy rate of approximately 50% for suspected AT.

Abstract ID: 36

Histopathology of Ovarian Masses Removed at a Tertiary Paediatric Hospital: 9 Years Case Series

MATHEW WATSON, SONIA GROVER

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Presenter: Mathew Watson

ABSTRACT

Background: Ovarian masses cause considerable distress to patients, families and clinician's when discovered in young people. A recent meta-analysis confirms that ovarian sparing surgery is safe for all but malignant disease and that malignancy accounts for approximately 5% of ovarian masses in people aged <19 years. The most recent data published from Australia and New Zealand include 20 years to 2012(1, 2). Updated data from a specialist paediatric gynaecology setting is needed.

Aim: To review the histopathological findings from adnexal masses removed from people aged 0-19 years old at a major tertiary centre.

Materials and Methods: Surgical cases performed by the Gynaecology unit in a tertiary children's hospital between May 2016 and November 2025 in Melbourne Australia were reviewed.

Results: 208 lesions were removed and sent for histopathology. 194 (93.3%) were benign, 5 (2.4%) borderline and 10 (4.8%) malignant. The mean age of all patients was 12.4 years (SD= 4.3).

Conclusion: These findings are consistent with published data and should provide reassurance to clinicians. Ovarian malignancy in the paediatric and adolescent population is low, around 5% of ovarian masses removed at surgery. Ovarian sparing surgery by a laparoscopic approach is safe and effective for all but the few truly malignant pathologies. Clinical suspicion should be guided by careful interpretation of tumour markers and appropriate imaging modalities. Prospective, multicentre, international collaboration would be needed to provide data on rare pathologies

Abstract ID: 37

Unraveling XY Gonadal Dysgenesis: A Spectrum of Female Phenotypes

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Presenter: Lok Siaw Leng

ABSTRACT

Introduction: Differences of sex development (DSD) are characterised by a heterogeneous group of conditions where the chromosomal, gonadal or anatomic sex is considered atypical. XY gonadal dysgenesis is a unique subset of DSD and can be further classified into complete, partial or mixed.

Case presentation:

Case 1: A 29-year-old female presented for primary amenorrhea. On clinical examination, she had poor secondary sexual development and female external genitalia. Blood investigations revealed hypogonadism. Imaging showed presence of hypoplastic uterus. Karyotyping revealed 46X with isodicentric Y normal female external genitalia but with duplication of SRY gene. She was diagnosed to have complete gonadal dysgenesis (Swyer syndrome) and bilateral gonadectomy was performed.

Case 2: An 11-year-old girl had ambiguous genitalia at birth. Magnetic resonance imaging showed rudimentary vagina with absent of uterus and presence of penis detected. She had a diagnostic laparotomy and bilateral gonadectomy at the age of 2 months old. She was diagnosed to have mixed gonadal dysgenesis 45XO/ 46XY and was subsequently raised as female.

Case 3: A 12-year-old girl developed progressive clitoral enlargement and significant deepening of voice from the age of 11. She was born with ambiguous genitalia but was assigned female sex at birth. She had presence of hypoplastic uterus, cervix, vagina and bilateral gonads were detected. Karyotyping revealed 46XY. She was diagnosed to have partial gonadal dysgenesis.

Discussion: Making a correct DSD diagnosis can be challenging. A systematic approach will reveal the unique differentiating characteristics of complete, partial and mixed gonadal dysgenesis in the individual who is genetically male (with XY chromosome) but have ambiguous or femaleappearing genitalia. The presence of Y chromosome material increases the risk of gonadal tumour. The decision on gender assignment, timing of gonadectomy or gonadal tumour surveillance, oestrogen replacement therapy, future reconstruction surgery will need holistic approach.
Conclusion: Management of gonadal dysgenesis require involvement of a multidisciplinary team. Correct diagnosis and appropriate disclosure are mandatory.

Abstract ID: 38

Paratubal Cyst in Obese Adolescents: A Fact or Observational Trend?

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Presenter: Siti Nur Dina binti Ahmad Khairuddin

ABSTRACT

Introduction: Paratubal cysts are benign adnexal lesions that arise from the mesosalpinx and are relatively uncommon in adolescents, with an estimated incidence of approximately 7%. These cysts are often asymptomatic and mostly discovered incidentally during imaging or surgery. Due to their close anatomical relationship with the ovary and fallopian tube, paratubal cysts are frequently misdiagnosed as ovarian cysts. This diagnostic challenge is particularly relevant in obese adolescents, where body habitus may further obscure accurate adnexal evaluation.

Case presentation: We report a case of 14-year-old girl with morbidly obese, (BMI >95th percentile, for the age) who was referred for secondary amenorrhea. Physical examination was unremarkable apart from obesity and signs of hyperandrogenism. Pelvic ultrasound revealed bilateral adnexal cystic lesion, each more than 5 cm with normal uterus and ovaries. Hormonal evaluation inclusive of LH, FSH, prolactin, thyroid function and androgen panels were within normal limit. Hormonal therapy for menstrual induction was initiated, followed by a successful laparoscopic bilateral cystectomy. Intraoperatively, bilateral paratubal cysts were confirmed with normal ovaries preserved. Histopathology reported benign serous paratubal cysts.

Discussion: Although paratubal cysts are infrequently reported in adolescents, this case highlighted a rare bilateral presentation in an asymptomatic, obese patient. In our clinical experience, we have observed a recurring pattern of paratubal cysts in obese adolescents presenting with adnexal masses. Although anecdotal, this observation prompts the question: could obesity contribute to either the development or increased detection of paratubal cysts in this age group? While no definitive association between obesity and paratubal cyst formation has been established, this observation warrants greater clinical awareness and further investigation through larger observational studies.

Conclusion: This case highlights the need to consider paratubal cysts in the differential diagnosis of adnexal masses in obese adolescents. Early and accurate identification may guide appropriate surgical planning, avoid ineffective hormonal treatment, and prevent unnecessary ovarian intervention or future complications, as paratubal cysts are not hormonally sensitive compared to ovarian cysts

Abstract ID: 38

Opening Pandora's Box: A Case Report on Isolated Fallopian Tube Torsion (IFTT) Mimicking Acute Appendicitis in a Young Adolescent

AARLEX C. ALTO JR

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Presenter: ARLEX C. ALTO JR

ABSTRACT

Introduction: Isolated fallopian tube torsion (IFTT) is an interesting, extremely rare, and potentially lethal gynecological emergency that may arise most unexpectedly even among young adolescents. It is frequently misdiagnosed and can be mistaken for acute appendicitis due to its vague clinical presentation and lack of pathognomonic signs.

Case presentation: A 13-year-old nulligravid girl who was admitted with the impression of ruptured appendicitis was referred to the Department of Obstetrics and Gynecology for intraoperative care. Her clinical history indicates that she had recurrent abdominal pain associated with nausea, vomiting, and anorexia for 3 months. She had no other significant medical, surgical, reproductive and gynecologic history. No imaging studies were done by the admitting surgeon. The patient was taken for appendectomy under spinal anesthesia. However, the appendix did not appear inflamed or ruptured. The gynecology team was called to attend because of a large fluid-filled hemorrhagic structure arising from the right adnexa measuring 11 x 3 cm associated with torsion with 720 degrees of rotation. Consequently, detorsion and right salpingectomy were performed. The patient tolerated the procedure well and had an uneventful postoperative recovery period. The histopathological result confirmed the diagnosis of IFTT. Patient counseling was given in terms of future fertility.

Conclusion: Although extremely rare, it is necessary to include IFTT in the differential diagnosis of female patients presenting with pelvic pain at the onset of symptoms, regardless of age. Multidisciplinary involvement and an effective referral system is critical. Late diagnosis can lead to necrosis, irreversible damage, and salpingectomy, which can affect future fertility.

Abstract ID: 40

Patient Satisfaction on Breast Development in Women with Estrogen Deficiency Undergoing Pubertal Induction

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Presenter: Muhammad Irfan Abdul Jalal

ABSTRACT

Introduction: Estrogen is vital for female development and reproduction, and its deficiency, especially in Premature Ovarian Insufficiency (POI) or Turner syndrome, can delay puberty. Hormone Replacement Therapy (HRT) induces puberty and supports health, but its effects on breast development and satisfaction remain underexplored.

Aim: This study aims to compare breast satisfaction in estrogen-deficient adolescents and young women following pubertal induction, across different diagnoses and pubertal induction modalities.

Methods: This cross-sectional study involves estrogen-deficient adolescents and young women (Turner Syndrome (TS), gonadal dysgenesis (GD) and POI) receiving treatment at the Paediatrics & Adolescent Gynaecology (PAG) Clinics, Faculty of Medicine, UKM from 26th Feb 2024 until 9th June 2025.

Materials: The BREAST-Q questionnaire is a rigorously validated patient-related outcome (PROM) instrument. It has four domains: (i) Satisfaction with Breasts (n=6 items); (ii) Psychosocial Well-being (n=5 items); (iii) Sexual Well-being (n=5 items); and (iv) Physical Well-being (n=5 items). This research used only items from the first domain, which has a Rasch-transformed total score of 100.

Results: Overall, 49 respondents completed the questionnaire: 21 (42.9%) with POI, 20 (40.8%) with TS, and 8 (16.4%) with GD. The median age was 26.0 years (IQR: 7; range: 18-49). Most participants were Malay (n=31; 63.3%) and unmarried (n=39; 79.6%). POI patients had a significantly lower mean BMI (21.3 kg/m^2) than those with TS (27.0 kg/m^2) and GD (28.2 kg/m^2) ($p < 0.001$).

Pubertal induction was most commonly via oral estradiol valerate (n=20; 40.8%), followed by 17β-estradiol (n=9; 18.4%), conjugated equine estrogen (n=4; 8.2%), estrogen combinations (n=5; 10.2%), and estrogen–progestin combinations (n=10; 20.4%). Mean (SD) Breast-Q breast satisfaction scores were highest in TS (55.3 (15.1)), followed by POI (54.0 (17.8)), and lowest in GD (47.6 (17.0)). Estrogen-only users had a mean score of 52.9 (14.6), compared to 56.1 (23.6) in estrogen-progestin users. However, differences were not statistically significant (p=0.541 [ANOVA], p=0.593 [t-test]).

Clinical significance: This study found higher breast satisfaction trends in the TS group and among those receiving combined estrogen-progestin treatment.

Conclusion: Breast satisfaction trend was highest in the TS group and estrogenprogestin induction compared to other diagnoses and estrogen-only induction

Abstract ID: 41

High-Grade Immature Teratoma in Early Adolescence: Diagnostic Significance of Immature Neuroepithelium and Treatment Decisions

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Presenter: Nur Aisyah binti Suhaimi

ABSTRACT

Introduction: Ovarian immature teratoma is a rare malignant germ cell tumor, comprising approximately 3% of ovarian cancers. It predominantly affects young females, with the highest incidence occurring below the age of 20. Histologically, these tumors are characterised by the presence of immature embryonal elements, particularly immature neuroepithelium, which is essential for diagnosis and forms the basis of grading. Management can be challenging due to atypical tumor marker profiles, interpretive difficulties in pathology, and limited evidence guiding treatment strategies.

Case presentation: A 13-year-old girl with no significant medical history presented with progressive abdominal distension and urinary compressive symptoms over two months. She had no bowel or menstrual disturbances, systemic symptoms, or family history of malignancy. Examination revealed a large, non-mobile abdominopelvic mass consistent with a 30-week gravid uterus, without ascites. A contrast-enhanced CT scan showed a large complex solid-cystic mass arising from the right ovary, measuring 9.3 x 18.4 x 20.4 cm, with septations, solid areas, and associated right-sided hydronephrosis. Tumor markers were largely normal, except for mildly elevated LDH (251 U/L) and CA 19-9 (135 U/mL). She underwent laparotomy with right salpingo-oophorectomy and bilateral ureteric stenting. Fertility-sparing surgery was declined due to financial constraints. Intraoperatively, a 20 x 20 cm ovarian mass with solid components, hair, and cartilage was removed. Histopathology confirmed a Grade 3 immature teratoma with abundant immature neuroepithelium and negative peritoneal cytology. She was started on a GnRH analogue and completed four cycles of adjuvant chemotherapy. The family declined fertility preservation despite counseling.

Discussion: Diagnosis relies on identifying immature neuroepithelial tissue; immature mesenchyme alone is insufficient. Grading depends on the amount and distribution of neuroepithelium, with Grade 3 representing the highest immaturity. Despite the risk of recurrence, prognosis is generally favorable. Studies show that adjuvant chemotherapy does not significantly reduce relapse risk, and a surveillance approach following complete resection can avoid unnecessary treatment in up to 80% of pediatric patients.

Conclusion: Immature teratomas present diagnostic and therapeutic challenges. Accurate histological grading is crucial to guide optimal treatment and improve outcomes

Abstract ID: 42

"Bridging Silence and Choice"- Adolescents' and Young Adults' Voices on Fertility Preservation After Surviving Childhood Cancer

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Presenter: Anizah Ali

ABSTRACT

Aim: This qualitative study explored the knowledge, awareness, perceptions, and perceived decision-making needs regarding fertility preservation (FP) among female survivors of childhood and adolescent cancers in Malaysia.

Materials and Methods: Seven female survivors of childhood and adolescent cancers between ages 13 to 22, across ethnicities were recruited. Using in-depth interviews, we sought to uncover the complex viewpoints of these adolescents and young women as they navigated memories of treatment, exploring their knowledge, awareness, perception, and emotional responses to FP, as well as their expectations from healthcare providers and information/tools they viewed most helpful for FP decision-making.

Results: Findings reveal widespread delays in counselling of fertilityimpact of cancer treatment across all cases and a profound lack of knowledge about FP. Among emerging themes identified were *Social Silence Around Adolescents Fertility, FP Knowledge and Awareness Gap, Spiritual-Emotional Conflicts, Hierarchies of Influence in* Medical Decision-Making, Desire for Holistic and Honest Information Disclosure, *Conditional Acceptance of Fertility Technology, Multimodal Education Enhance Engagement, and Hope and Anxiety About the Future Reproductive.* All participants expressed a desire for early, clear, and compassionate guidance on FP, preferably in digital or visual formats suited to younger audiences.

Conclusion: The voices of these survivors revealed a compelling need for FP discussions to begin early, clearly and honestly conveyed, using formats that speak out to adolescents-visual, empathetic,

and culturally attuned. Ignoring these preferences risks silencing an entire dimension of survivorship care.

Clinical Significance: By integrating culturally sensitive and age-specific FP counselling aids early in cancer care, healthcare systems can restore decision-making power to young survivors supporting not only reproductive equity but also long-term emotional well-being. Furthermore, embedding structured FP dialogues into pediatric oncology care can reduce decisional regret and enhance post-treatment quality of life for young patients

Abstract ID: 43

Clinical Variability, Diagnosis and Management of Ohvira Syndrome: A Retrospective Review

DURIYA REHMANI, FARYAL MUHAMMAD ANEES, IFFAT AHMED

Aga Khan University
Presenter: Duriya Rehmani

ABSTRACT

Developmental abnormalities of the mesonephric or paramesonephric ducts during the embryonic period can lead to OHVIRA syndrome, a spectrum of obstructed hemi-vagina and ipsilateral renal agenesis, often accompanied by malformations in the heart, skeleton, and gastrointestinal tract. Clinical presentations vary widely, ranging from mild vaginal discharge to primary amenorrhea. This study presents five cases of OHVIRA syndrome over five years, observed at a tertiary care center. The patients, spanning different age groups, exhibited varying initial complaints-ranging from asymptomatic presentations in middle age to menstrual irregularities since puberty. In nearly all cases, diagnosis was made using radiological imaging. Treatment included vaginal septum resection in most cases, with one requiring a hysterectomy due to a persistent tuboovarian abscess in a postmenopausal female. Management necessitates a multidisciplinary approach. Early diagnosis is crucial to prevent long-term complications; however, diagnostic delays remain a significant challenge, especially in low-resource settings, which warrants further attention.

Keywords: Amenorrhea; case series; hematocolpos; OHVIRA; vaginal septum

Abstract ID: 44

Presentation and Management of Patients Presenting at Adolescent Clinic of a Tertiary Care Hospital in Pakistan

DURIYA REHMANI, IFFAT AHMED

Aga Khan University
Presenter: Duriya Rehmani

ABSTRACT

Background: Primary amenorrhea is defined as the absence of menarche by age 15 in girls with normal secondary sexual characteristics or by age 13 in those without. It is a clinical sign of various underlying endocrine, anatomical, or genetic conditions.
Objective: To evaluate the clinical profile, etiological spectrum, and management approaches among patients presenting with primary amenorrhea.
Materials and Methods: A retrospective cross-sectional study was conducted involving 63 patients diagnosed with primary amenorrhea over a period of 5 years at a tertiary care center. Data were collected from medical records, including demographic details, clinical presentation, hormonal profiles, imaging studies, and karyotyping where indicated.
Results: The mean age at presentation was 17.2 $\pm$ 2.1 years. The most common presenting complaint was failure to attain menarche (100%), often accompanied by absent or delayed secondary sexual characteristics (46%). The most frequent cause was Müllerian agenesis (MRKH syndrome) in 25.3% of patients, followed by Turner syndrome (23.8%), hypogonadotropic hypogonadism (17.4%), and complete androgen insensitivity syndrome (12.6%). Other causes included constitutional delay, pituitary adenomas, and outflow tract anomalies. Karyotyping was abnormal in 38% of cases. Management included hormonal therapy, psychological counseling, and in select cases, surgical correction of anatomical anomalies.
Conclusion: Primary amenorrhea is a symptom of diverse etiologies requiring a structured diagnostic approach. Early identification and individualised management are essential for addressing not only reproductive concerns but also psychological and long-term health outcomes in these patients.

Abstract ID: 45

Case Series on Hematocolpos / Hematometra: Management in a Tertiary Care Hospital of Pakistan

DURIYA REHMANI, AIMEN REHMAN, IFFAT AHMED

Aga Khan University

Presenter: Duriya Rehmani

ABSTRACT

Objective: This study aims to report the various clinical presentations of hematocolpos in young girls, highlighting common and atypical symptoms. It also intends to evaluate the different management strategies employed in treating hematocolpos and their outcomes.

Case Series: There was a total of 14 patients with hematometra presenting to pediatrics and adolescent gynecological clinic from January 2019 to December 2023. Out of these, a total of 10 followed us and underwent surgery. Patients with absent uteri like MRKH and XY females were not included in our study. Their complete presentation and surgical management are discussed in this case series.

Conclusion: Adolescent patients with severe dysmenorrhea should never be ignored. History, examination and ultrasound should be considered in all the patients with severe dysmenorrhea affecting their quality of life. MRI is useful and should be considered to supplement the findings of obstructive vaginal anomalies detected in ultrasound. Medical treatment like the use of contraceptive pills and GnRH analogues can be used temporarily to gain time for decision making and optimisation of the patients.

Keywords: Adolescent; dysmenorrhea; hematocolpos; müllerian duct anomalies; vaginal obstruction

Abstract ID: 46

Reduction Clitoroplasty in a Not-So-Young 46XX DSD Woman

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Presenter: Nur Faezza Binti Mohd Mohtar

ABSTRACT

Introduction: Congenital Adrenal Hyperplasia (CAH) is a group of autosomal recessive disorders characterised by enzyme deficiencies in adrenal steroidogenesis, most commonly 21hydroxylase deficiency. In virilising forms of CAH, affected 46,XX individuals may present with varying degrees of genital ambiguity due to excess androgen exposure in utero. Clitoromegaly is a common feature, often prompting consideration for clitoroplasty as part of feminising genitoplasty. This abstract highlighted the main steps as well as the key points that need to be taken care during this rare procedure.

Case presentation: Ms. F, a 29-year-old lady, who had late menarche at 20 years old, diagnosed to have CAH in a private centre 2 years ago and started on oral dexamethasone. She had an irregular menses with minimal hair on the face, forearms and legs. However, there was no excessive acne or hoarseness of voice. She realised that her clitoris was exceptionally enlarged that she did not seek for any medical treatment. On examination, she is a small built lady stood at 150 cm. She has a Tanner Stage 4 breasts, and Tanner stage 5 pubic hair. Her clitoris was moderately enlarged, about 2 x 2 cm in size, with presence of normal urethral opening and normal vagina orifice with both labia majora and minora present. Her latest blood investigation in September 2024 revealed 17-OH Progesterone was 85.3 nmol/L, Renin of 219.2 mU/L and free testosterone of 1.68 nmol/L. She was keen for reduction clitoroplasty as she considered it to be abnormal and shame of it.

Discussion: Steps of reduction clitoroplasty differs among surgeons, nevertheless the main steps involved skin dissection until the distal base of clitoris and preservation of the neurovascular bundle, removal of excess corporal tissue and reattachment of the clitoral glans to the stump.

Conclusion: Clitoroplasty can be a complex procedure. A thorough discussion egarding procedure, possible risks and post-operative care should be emphasised to the patient clearly to avoid possible complications such as bleeding, poor wound healing and impaired clitoral sensitivity and sexual function

Abstract ID: 47

Hemi-Hysterectomy For Non-Communicating Functional Rudimentary Horn in Patients with Unicornuate Uterus: A Case Series

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Presenter: Noor Asikin binti Mohd Sakri

ABSTRACT

Introduction: Congenital uterine anomalies, particularly unicornuate uterus with a noncommunicating functional rudimentary horn, are rare malformations arising from incomplete Müllerian duct development. These anomalies can present in adolescence with severe dysmenorrhea, hematometra, and endometriosis. Surgical excision of the obstructed horn is essential to relieve symptoms and prevent future complications. We present two cases of patient managed with left hemi-hysterectomy for symptomatic non-communicating functional rudimentary horn.

Case presentation:

Case 1: This case involves a 23-year-old with Kartagener syndrome and a longstanding history of dysmenorrhea and pelvic pain since adolescence. Imaging confirmed a right unicornuate uterus with a non-communicating functional left rudimentary horn, complicated by left hematometra, endometrioma, and hydrosalpinx. Following failed medical therapy, she underwent a laparotomy with left hemi-hysterectomy and left salpingooophorectomy. Postoperatively, she achieved regular, pain-free menses and resolution of symptoms.

Case 2: This case describes a 14-year-old girl who presented with progressively worsening dysmenorrhea and was diagnosed with OHVIRA-like anatomy. MRI confirmed a right unicornuate uterus with a non-communicating functional left horn, left hematosalpinx, endometrioma and ipsilateral renal agenesis. She underwent elective laparotomy with excision of the left rudimentary horn, salpingectomy and drainage of the endometrioma. Recovery was uneventful, with complete symptom resolution and regular menstruation maintained over two-year follow-up period.

Discussion: Both cases exemplify the classical presentation of obstructive Müllerian anomalies in adolescents, often associated with renal anomalies. Despite different ages and comorbidities, both patients shared the same pathophysiological mechanism leading to cyclical pain and hematometra. MRI proved crucial in preoperative planning, and definitive surgical excision of the rudimentary horn resulted in significant clinical improvement.

Conclusion: A non-communicating functional rudimentary horn should be considered in adolescents with severe dysmenorrhea and suspected uterine anomalies. Early diagnosis and surgical excision are key to symptom relief, prevention of endometriosis, and preservation of future fertility. A multidisciplinary approach enhances outcomes, especially in patients with comorbidities such as Kartagener syndrome or renal agenesis.

Abstract ID: 48

A Case of Unaddressed Child Sexual Abuse Leading to Early Motherhood at Age 10: The Hidden Vulnerability of Hard-toReach Populations

NURUL AKMANIDAR BINTI ZAINUDDIN, KHAIRUN NISA BINTI SALEH, NG SU FANG

Family Medicine Specialist | Pediatrician | General Paediatric and Child Health
Presenter: Nurul Akmanidar binti Zainuddin

ABSTRACT

Introduction: Based on 2024 data from the SCAN clinic in a Women and Children's hospital in Sabah, 468 new cases were reported. These cases included 192 (41.5%) teenage pregnancies and 181 (38.3%) sexual assault cases, including rape, molestation, and sodomy. Additionally, 58 cases (12.4%) involved child physical abuse, and 37 cases (7.9%) were non-accidental injury or neglect. This case highlights the urgent need for healthcare professionals to recognise abuse and implement comprehensive child protection, especially among the hard-to-reach population.
Case presentation: A 10-year-old non-Malaysian citizen presented to the Emergency Department with abdominal pain and was found to be in active labor. She delivered a premature baby (32-34 weeks gestation, 1.1 kg), who was admitted to the NICU. The girl disclosed that her stepfather had been sexually abusing her since she was seven. A year prior, she had informed her mother, who dismissed the accusation. Her 25-year-old mother, who had recently delivered a baby herself, only became aware of her daughter's pregnancy during this emergency visit. The stepfather denied the allegations. The patient, the elder of two children from her mother's first marriage, primarily cares for her younger siblings at home. She has limited schooling (only preschool) and struggles with reading.
Discussion: This case illustrates the severe consequences of unaddressed child sexual abuse and the barriers to intervention, including delayed recognition even after disclosure, and the mother's lack of awareness. The patient's lack of documentation and education created a hidden vulnerability, limiting her access to essential information and support systems that could have protected her. The premature baby is feeding well in the NICU, and the family plans for its legal adoption by relatives. Child Protective Services are now monitoring the girl's safety at her grandmother's house.
Conclusion: This case is a tragic and severe example of the devastating consequences of unaddressed child sexual abuse, made worse by systemic failures and the child's profound vulnerability. It emphasises the urgent need for heightened awareness, early identification, and collaborative efforts among healthcare, social, and legal services to safeguard vulnerable children. Holistic support is needed for both the young mother and her child.

Abstract ID: 49

A Silent Cry: Child Sexual Abuse in an Adolescent with Intellectual Dysfunction - A Case Report

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Child with Special Needs Clinic, Klinik Kesihatan Kuala Dungun,Terengganu
Presenter: Hazwani Mohamed Padzir

ABSTRACT

Introduction: Child sexual abuse (CSA) is a grave violation of human rights, with children with intellectual dysfunction (ID) at significantly higher risk due to their cognitive limitations, dependency, and reduced ability to disclose. In Southeast Asia, cultural taboos surrounding sexual violence, disability, and family honor further impede early recognition and intervention. This case report illustrates the complex interplay of medical, psychosocial, and cultural factors in managing CSA in an adolescent girl with ID.

Case presentation: A 13-year-old girl with moderate intellectual dysfunction was brought to clinic for behavioral changes, including withdrawal, aggression, and inappropriate sexualised behavior. The child, who was non-verbal and dependent on caregivers for daily activities, lived with extended family in a rural setting. Clinical examination revealed genital trauma. Due to her cognitive limitations, a clear history was challenging to obtain. Family members initially denied any possibility of abuse, citing cultural shame and disbelief. Multidisciplinary evaluation, including gynaecological assessment, psychological support, and social services involvement, confirmed sexual abuse, with suspicion directed at a close family member. A trauma-informed, culturally sensitive approach was adopted, ensuring the presence of a trusted female caregiver during assessments. Legal authorities and child protection services were engaged. The child received medical treatment for her injuries and infection, as well as ongoing psychological support. Family counselling was provided to address stigma and facilitate reintegration. Long-term follow-up was arranged to monitor physical and emotional recovery.

Discussion: This case highlights the heightened vulnerability of children with ID to CSA and the diagnostic delays caused by cultural barriers, stigma, and communication challenges. In Southeast Asia, taboos around discussing sexual matters, fear of family dishonor, and lack of awareness exacerbate under-reporting and under-diagnosis. Healthcare providers must maintain a high index of suspicion and employ culturally sensitive strategies, including family engagement, multidisciplinary collaboration, and advocacy for child rights.

Conclusion: CSA in children with ID demands a nuanced approach that balances medical care, psychosocial support, legal obligations, and cultural sensitivity. Awareness and training for clinicians, educators, and communities are crucial to breaking the silence and protecting vulnerable children

Abstract ID: 50

Neovagina Creation Using Luohu II Technique in a Patient with MRKH Syndrome: A Case Report from Borneo, Malaysia

AI YAN LEE, POH CHING LEE

Department of Obstetrics and Gynaecology, Sarawak General Hospital
Presenter: Ai Yan Lee

ABSTRACT

Introduction: Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is a congenital condition affecting approximately 1 in 5,000 women worldwide. It is characterised by the absence of the uterus and upper vagina. Affected individuals often experience difficulty with penetrative sexual intercourse due to shorten and narrow vagina canal. Various surgical techniques have been developed for neovagina creation, including the Davydov procedure and the more recently introduced Luohu I and II methods which are less invasive and associated with favourable functional outcomes.

Case presentation: We report a 25 years old woman with MRKH syndrome. She presented with complaints of painful intercourse and inability to consummate her marriage due to short and narrow vaginal canal. After evaluation, she underwent Laparoscopic Assisted Neovagina Creation using Luohu II technique. The procedure involves mobilisation of peritoneum from the rectovesical pouch to construct a neovaginal canal via perineal approach. Luohu dilators were used intra-operatively and postoperatively to maintain and expand the neovaginal space. Traction was achieved using passive pressure and blunt dissection, without active pulling of the peritoneum. Post operatively, patient continued using vaginal dilators and subsequently reported satisfactory sexual function.

Discussion: The Luohu II technique is a minimally invasive safe and effective alternate to the traditional neovagina creation like Davydov method. It is technically less demanding, and offers favourable functional, anatomical and cosmetic outcome with less post operative complication compared to Davydov. This case represent one of the earliest application of Luohu II Method in Borneo.

Conclusion: The Luohu II technique is a viable and promising option for neovagina creation in MRKH patients. It may offer significant benefits in terms of recovery, patient satisfaction, and surgical feasibility, especially in low-resource environments.

Abstract ID: 51

Sexual and Reproductive Health Literacy among Adolescent Girls Attending a Menstrual Health Seminar at a Malaysian Tertiary Hospital: A Descriptive Cross-Sectional Study

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[2]Hospital Sultanah Nur Zahirah, Kuala Terengganu

[3]Hospital Tunku Azizah

Presenter: Itriah Ahmad Mizam

ABSTRACT

Introduction: Comprehensive sexual and reproductive health (SRH) education is fundamental in equipping individuals with the necessary knowledge and competencies to make informed choices regarding sexuality and reproductive health, thereby mitigating risks of unintended pregnancies, HIV/AIDS, and other sexually transmitted infections (STIs). This study aimed to assess levels of SRH awareness, knowledge, attitudes, and behaviours among adolescent girls attending a menstrual health seminar at a tertiary hospital in Malaysia.

Materials and Methods: A cross-sectional survey was conducted among 341 female secondary school students aged 13 to 16 years participating in a one-day menstrual health seminar. Data were collected using a validated, self-administered questionnaire covering four domains: awareness of SRH topics, factual knowledge, attitudes towards SRH, and related behaviours. Descriptive statistics were utilised to summarise the findings, while bivariate analyses explored associations between SRH literacy components and participants' educational levels.

Results: Participants demonstrated a mean SRH awareness score of 3.13 ± 1.45 out of 7, reflecting moderate overall awareness. While knowledge related to menstrual health was high, awareness of topics such as contraception and HIV/AIDS remained suboptimal. Attitudes were predominantly conservative, shaped by sociocultural influences, and engagement in SRH-related behaviours, including exposure to explicit material, was minimal. Statistically significant associations were identified between educational level and awareness, knowledge, and attitude scores ($p < 0.001$).

Conclusion: Findings reveal that although adolescent girls possessed adequate knowledge in select areas of SRH, important gaps persisted, particularly concerning contraception and STIs. Prevailing cultural norms appeared to influence attitudes towards SRH topics. These results underscore the need for the integration of comprehensive, age-appropriate, and culturally sensitive SRH education within Malaysia's adolescent health framework, aimed at fostering informed, autonomous decision-making while addressing cultural barriers and misconceptions.

Keywords: Adolescent girls; attitudes; awareness; health education; knowledge; Malaysia; practices; sexual and reproductive health literacy

Abstract ID: 52

Prolactin Supression in Adolescent Macroprolactinoma Treated with Different Dopamine Antagonis: Insights from A Case Series-Based Analysis

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Presenter: Dinny Sri Utami

ABSTRACT

Introduction: Hyperprolactinemia is a common cause of secondary amenorrhea and galactorrhea, frequently associated with pituitary adenomas that produces excess prolactin and can cause amenorrhea and pubertal disorders in adolescents. Dopamine agonists such as Bromocriptine and Cabergoline are the mainstay of medical therapy. This case series compares the clinical response to Bromocriptine and Cabergoline in two young women with hyperprolactinemic secondary amenorrhea due to pituitary macroadenoma.
Case presentation: Two female patients, aged 18 and 21, presented with secondary amenorrhea and galactorrhea. Both had markedly elevated prolactin levels (>200 ng/mL) and normal thyroid function, with pituitary macroadenomas confirmed on MRI. The first patient was treated with Bromocriptine 2.5 mg once daily for three months, with no improvement in prolactin levels or symptoms. Her dose was increased to 2.5 mg twice daily. The second patient received Cabergoline 0.5 mg once weekly, resulting in a decrease in prolactin to 99 ng/mL and resolution of galactorrhea, although amenorrhea persisted. Her dose was increased to 0.5 mg twice weekly for further evaluation.
Discussion: These cases illustrate the superior initial response of Cabergoline compared to Bromocriptine in reducing prolactin levels and improving clinical symptoms. Cabergoline's presumably due to its higher affinity for D2 receptors,longer half-life, higher efficacy, and better tolerability may offer advantages in managing hyperprolactinemia, particularly in cases of macroadenoma. Factors such as tumor size, baseline prolactin levels, patient exposure, pharmacological resistance, and possible genetic factors may influence the outcome of therapy. However, persistent amenorrhea despite biochemical improvement highlights the need for individualised treatment and long-term outcomes, particularly regarding menstrual recovery.
Conclusion: Cabergoline may provide a more effective and better-tolerated option than Bromocriptine in the initial management of hyperprolactinemic secondary amenorrhea. A personalised therapeutic approach, regular evaluation, and appropriate selection of dopamine agonist agents are essential to achieve optimal hormonal control and maintain long-term reproductive function.
Keywords: Bromocriptine; cabergoline, hyperprolactinemia; pituitary adenoma; secondary amenorrhea

Abstract ID: 53

Ovarian granulosa Cell Tumors in Prepubertal Girls: A Retrospective Cohort Analysis

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Presenter: Qiuxiang Shen

ABSTRACT

Aim: The objectives of the study were to analyze the demographic characteristics, presenting complaints, timeliness of diagnosis, treatments received, and prognosis of all prepubertal girls diagnosed with OGCT in our center.
Method and Analysis: We conducted a retrospective cohort analysis of all prepubertal girls pathologically diagnosed with OGCT in Children's Hospital Zhejiang University School of Medicine between 2019 and 2025. Data were collected by reviewing patients' medical notes.
Results: A total of seven prepubertal girls, aged 1.8 to 6.7 years, were diagnosed with OGCT between 2019 and 2025. Four patients presented with premature thelarche, one with excessive upper lip hair and elevated serum testosterone, two with abdominal pain, and one with constipation. Among those with abdominal symptoms, the duration of illness ranged from 10 hours to 11 days. Anti-Müllerian hormone (AMH) levels were markedly elevated in four patients, while one had a normal level. No cases of distant metastasis were identified. One patient experienced ovarian rupture prior to surgery and was classified as FIGO stage III; the remaining six were classified as stage I. All patients except one underwent adnexectomy. The exception was a 1.8-year-old girl with a 2.8 cm ovarian tumor, who underwent laparoscopic ovarian tumor resection. All tumors were confirmed as juvenile granulosa cell type on histopathology. Two patients experienced recurrence and subsequently died. One had preoperative ovarian rupture and the other presented with ovarian torsion lasting 11 days.
Conclusion: Juvenile GCT is the predominant pathological type in prepubertal girls. Most patients present with precocious puberty or abdominal pain, and the majority are diagnosed at stage I with a favorable prognosis. Fertility-preserving surgery, particularly adnexectomy is a feasible and commonly recommended option in early-stage disease. Even in stage I, if the ovarian torsion and necrosis have lasted for a long time, the possibility of recurrence should be guarded against, and the postoperative management plan may need to be changed.
Keywords: Clinical characteristics; granulosa cell tumor; ovarian tumor; prepuberty; prognosis; retrospective review

Abstract ID: 54

Pelvic Inflammatory Disease and Its Complications: A Six Months Review in Sarawak General Hospital

TANG SOO YING

Sarawak General Hospital
Presenter: Tang Soo Ying

ABSTRACT

Aim: Pelvic Inflammatory Disease (PID) PID is a leading cause of adverse reproductive health sequelae. This study evaluates the clinic profile, management and outcome of patients with pelvic inflammation disease.
Materials: Patient clinical case notes and surgical records.
Methods: Retrospective cross-sectional study of patients diagnosed with pelvic inflammatory disease (PID) from July 2024 until December 2024 in Sarawak General Hospital, Obstetrics and Gynecology department, data includes demographics, management approach and treatment outcome.
Results: Over a six-month period from July to December 2024, a total of 50 patients were diagnosed with pelvic inflammatory disease (PID). All patients were newly diagnosed, with no prior history of PID at the time of presentation. The median age of affected individuals was 33 years, with the highest incidence observed in the 30-34 age group. Majority of cases (n = 29; 58%) were managed conservatively with antibiotic therapy alone. However, 10 patients (20%) required surgical intervention due to complications. Notably, 11 patients (22%) presented with leaking ectopic pregnancies, and intra-operative findings in these cases revealed active features of PID. This underscores the serious complications and potential sequelae of PID, particularly in association with ectopic pregnancy. Despite these complications, overall treatment outcomes were favourable, with no mortality reported during the study period.
Conclusion: This six-month review highlights the burden of pelvic inflammatory disease (PID) in reproductive-aged women, particularly those aged 30-34. Most cases responded well to conservative antibiotic therapy; however, a significant proportion required surgical intervention due to complications. Importantly, the association between PID and ectopic pregnancy was evident, with active PID features found intra-operatively in over one-fifth of patients presenting with ruptured ectopic pregnancies.
Clinic Significance: This study emphasised the importance of early recognition and management of PID to prevent serious complications such as tubo-ovarian abscess, ectopic pregnancy and infertility. The need for increased awareness among healthcare providers regarding the subtle presentations of PID and the potential progression to severe outcomes. Strengthening screening, timely antibiotic treatment, and patient education especially in high risk age groups may improve reproductive health outcomes and reduce the burden of PID related morbidity.

Abstract ID: 55

Beyond Dysmenorrhea: The Hidden Burden of OHVIRA Syndrome in Young Women

SOTELO, PRINCESS ANTONETTE

St Lukes Medical Center

Presenter: Sotelo, Princess Antonette

ABSTRACT

Herlyn-Werner-Wunderlich syndrome (HWWS), also known as Obstructed Hemivagina and Ipsilateral Renal Agenesis (OHVIRA) syndrome, is a rare congenital anomaly of the female genitourinary tract, with a global prevalence estimated between 0.1% and 3.8%. This syndrome is characterised by a triad of uterine didelphys, unilateral vaginal obstruction, and ipsilateral renal agenesis, resulting from disrupted embryological development of the Müllerian and Wolffian ducts. We present the case of an 11-year-old girl with a history of severe intractable dysmenorrhea since menarche, occurring both premenstrually and postmenstrually, refractory to standard analgesics and rest. Imaging, including pelvic ultrasound and MRI, confirmed the diagnosis of OHVIRA syndrome. Definitive treatment was achieved via surgical resection of the obstructing vaginal septum. Postoperative recovery was uneventful, and symptoms resolved completely. This case highlights the importance of long-term follow-up in managing OHVIRA syndrome, with an emphasis on early recognition in adolescents presenting with severe dysmenorrhea. It also outlines the surgical technique for septal resection and addresses the potential for recurrence, the need for reoperation, and the considerations involved in managing ovulatory abnormal uterine bleeding (AUB-O) in perimenarchal adolescents.

Abstract ID: 56

Surgical Management of Complete Labial Adhesion in a 15-Year-Old Hypogonadotropic Hypogonadism Patient with Bullous Lupus Erythematosus

CECILIA CABANAG, ANGELA G. SISON-AGUILAR

University of the Philippines College of Medicine and the Philippine General Hospital
Presenter: Angela G. Sison-Aguilar

ABSTRACT

Introduction: Labial adhesion, the partial or complete fusion of the labia minora, often seen in prepubertal girls, have varied etiologies. It may be frequently associated with hypoestrogenism, local inflammation, or trauma.
Case presentation: A 15-year old girl, with a history of difficult urination, recurrent urinary tract infection and amenorrhea, presented with labial adhesions and systemic vesiculobullous lesions. Physical examination showed short stature and absence of breast and pubic hair development. External genitalia examination showed fusion of labia majora, with a small pinhole opening near the urethra. Labia minora, urethral meatus and vaginal introitus could not be visualised. Laboratory tests revealed elevated inflammatory markers, consistent with her autoimmune condition. Hormonal assays revealed hypogonadotropic hypogonadism. Histopathology and direct immunofluorescence findings consistent with bullous lupus erythematosus. Surgical intervention was deemed necessary due to the severity of the adhesion and the patient's symptomatic presentation. Under general anesthesia, the labial adhesion was carefully separated using blunt dissection. Postoperative care included the application of topical estrogen cream to prevent re-adhesion and promote healing. The patient was also advised to continue her immunosuppressive therapy to manage her underlying autoimmune disease.
Discussion: Bullous lupus erythematosus, a rare subset of systemic lupus erythematosus (SLE), is characterised by subepidermal blistering and mucocutaneous lesions, which likely contributed to vulvar inflammation and subsequent adhesion formation. Additionally, hypoestrogenism from hypogonadotropic hypogonadism may have further predisposed the patient to epithelial fusion. Given the severity and functional impact, surgical lysis of adhesions was performed under general anesthesia, resulting in restoration of normal anatomy. Postoperatively, topical estrogen and corticosteroids were applied to reduce inflammation and minimise recurrence risk. Due to underlying hypogonadism, systemic hormonal replacement therapy (HRT) with estrogen maybe initiated to promote adequate genital tissue maturation and address broader endocrine deficits. This case highlights the rare interplay between autoimmune blistering disease and hormonal deficiency in the pathogenesis of labial adhesions. Surgical management, combined with appropriate postoperative care, can lead to successful outcomes and improved patient well-being.
Keywords: Atopic dermatitis; labial adhesion

Abstract ID: 57

Climate Change, the Environment and PAG

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Presenter: Benita Knox

ABSTRACT

Introduction: Climate change directly and disproportionately impacts young girls, particularly those in resource limited countries. 60% of the world's youth live in the AsiaOceania region. Rising temperatures, food and water insecurity, and extreme weather events compromise menstrual health management, access to contraception, and reproductive health services globally, as well as broader impacts on housing and education. The healthcare sector contributes to carbon emissions, accounting for nearly 5% worldwide. As advocates for young people's health, paediatric and adolescent gynaecology (PAG) specialists are uniquely positioned to lead advocacy and sustainability efforts within clinical practice.

Case presentation: Our unit has implemented some strategies to reduce our environmental footprint and is looking at how we can do better. We aim to support healthcare in the least resource intensive setting and locally where possible, by regularly communicating with GPs and engaging with GP education. We use telehealth whenever possible. We aim to use less resources in healthcare through evidence based practice, avoiding unnecessary investigations and interventions and are currently rationalising surgical set ups. We aim to reduce our carbon footprint through commuting by foot, bike or public transport, minimising staff travel to conferences, and encouraging international and regional online teaching sessions and meetings.

Discussion: Further steps are being explored by our unit; including engagement with hospital-wide sustainability initiatives, assuming leadership roles in environmental health, and promoting broader staff participation. No studies to date have looked at what PAG units are doing and can do in this space. To better understand practices, we will conduct a questionnaire across PAG units in AsiaOceania at AOSPAG 2025. We will ask if teams have implemented climate-conscious changes, what those changes are, and perceived barriers.

Conclusion: Climate change presents an urgent and compelling challenge-and opportunity-for PAG teams. By integrating sustainability into clinical practice, advocacy, and education, we can significantly reduce our carbon footprint while advancing global health equity for young girls. PAG units have a unique chance to lead by example in creating a greener, healthier future.

Abstract ID: 58

Primary Ovarian Insufficiency

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ABSTRACT

Primary ovarian insufficiency (POI) is the depletion/dysfunction of ovarian follicles presents with primary/secondary amenorrhoea for >4 months, before 40 years age and FSH >25IU/l (two occasion 4 weeks apart). POI is seen in adolescents as young as 14 years though consensus is lacking for diagnosis of POI in adolescents so delay is common. Patients and families need counseling about effect on future fertility, risks of comorbidities and potential genetic inheritance. Upon diagnosis POI, psychologic counseling is priority as impaired self-esteem and emotional distress is high in adolescents. Diagnosis based on detail history, examination and investigations. Evaluation for all causes of amenorrhea, including pregnancy, PCOS, hypogonadal amenorrhea, endocrine/ anatomical disorders are essential. Commonest cause in adolescents is gonadal dysgenesis, ± Turner syndrome. Idiopathic is most common but chromosomal abnormalities, autoimmune diseases and Iatrogenic causes, particularly chemotherapy/radiotherapy need consideration. POI has far-reaching impact on general, psychological, sexual, longterm-bone, cardiovascular, and cognitive health. Prompt diagnosis and early intervention is important. POI is considered major public health issue. For adolescents the objective of treatment is to replace the hormones for symptoms relief, development of arrested puberty and to prevent the progression of disease from estrogen deficiency. Adolescents need higher doses of estrogen for incomplete breast development, and increased slowly before administration of progesterone dosages until complete breast development & to prevent tubular breast and endometrial hyperplasia. Fertility may persist in 5% in POI. Unless pregnancy is desired, contraception is required. Though OCs are commonly prescribed, barrier methods or IUCD is encouraged. Infertility can be treated with donated eggs/embryo, Stem cell, PRP and primordial follicle activation(promising). Cryopreservation of ovarian tissue is considered before cancer treatment. Life style modification & Menopause hormone therapy remains the cornerstone to optimise cardiovascular health, bone loss, cognition, psychosis & other conditions. Multiprofessional collaboration is the key to provide holistic management. More research and national POI Registry are necessary.

Abstract ID: 59

Trends and Outcomes of Teenage Births in Far North Queensland, Australia

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Presenter: Natalie Drever

ABSTRACT

Aim: Cairns Hospital (CH) is a large regional hospital in Far North Queensland (FNQ), offering obstetric care as well as adolescent gynaecology services to a vast region including birthing facilities for women in remote Cape York and Torres Strait. Approximately 2500 births per year occur at CH, and many women travel from remote locations for birthing.

This study aimed to retrospectively review trends and outcomes of teenage births in FNQ, Australia.

Materials and Methods: A retrospective audit of birth data collected from CH from 2018-2024. Annual births, demographic information, antenatal care, smoking, stillbirths and mode of delivery were collected and analysed using descriptive statistics for all births >20 weeks gestation to women 19 years of age. Cases of >20-week medical termination of pregnancy were excluded.

Results: 757 teenage births occurred between 2018-2024, with a steady reduction of 16% over the last 7 years. However, annual numbers of <16-year-olds birthing at CH, although low, remain unchanged over the same period. Teenage birth to <16-year-olds, is strongly associated with living in a remote or very remote geographical location in FNQ. Antenatal care attendance was good overall, with the mean gestational age of 11-weeks at the first antenatal visit and a total average of 8.7 visits during pregnancy. Regular antenatal smoking was common(28.8%) and 3-fold higher than national average (8.3%) with no significant reduction during the study period. Caesarean section rates (16.6%) were significantly lower than the national average of 38%. The stillbirth rate (1.3%) is higher than the Australia-wide incidence (0.8%).

Conclusion: It is unclear whether the reduction in teenage births is due to improved sex education programs and access to contraception, or reflective of the 2018 change to abortion laws in Queensland. Antenatal care attendance and engagement for teenage mums is encouraging, highlighting the importance of continuity of care through remote outreach programs. Smoking and stillbirth rates are significantly higher in adolescents in this regional centre compared to Australian averages.

Clinical Significance: Further research should focus on reducing pregnancy rates in teenagers living remotely. Smoking cessation and stillbirth prevention are important facets of clinical care in adolescent mothers.