

Pediatric Gynecology: Review Questions

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QUESTIONS

Choose the single best answer for each question.

1. A 4-year-old girl is brought to her primary care physician (PCP) because of perineal itching. Her mother states that she has been scratching mainly at night, and that the itching is interfering with sleep. On examination, the patient is noted to have erythema and excoriation in her perianal area as well as mild vulvovaginal erythema with a scant white discharge. Which of the following is the most likely diagnosis?

 - (A) Candidiasis
 - (B) Enterobiasis
 - (C) Pediculosis pubis
 - (D) Physiologic leukorrhea
 - (E) Trichomoniasis
2. A 6-year-old girl is brought to her PCP because of a vaginal discharge. On examination, she has minimal vulvovaginal erythema without evidence of injury. A purulent, extremely foul-smelling vaginal discharge is noted. Which of the following is the most likely diagnosis?

 - (A) Endodermal carcinoma
 - (B) Foreign body
 - (C) Gonorrhea infection
 - (D) Physiologic leukorrhea
 - (E) Trichomoniasis
3. A 12-year-old girl is brought to her PCP because of a vaginal discharge. She has not yet begun menstruating. On examination, she is noted to have tanner stage 4 pubic hair. The external genitalia appear normal without signs of irritation. She has a copious, white, mucoid vaginal discharge that has no odor. Which of the following is the most likely diagnosis?

 - (A) Bacterial vaginosis
 - (B) Candidiasis
 - (C) Foreign body
 - (D) Physiologic leukorrhea
 - (E) Trichomoniasis
4. A 14-year-old girl is brought to her PCP because of irregular menses. Menarche was at age 13. She denies sexual activity. Initially, her menstruation was relatively painless, although she has noted some cramping with her last several periods. Her menses have never been regular, with intervals of 4 to 10 weeks between periods. Bleeding has lasted from 2 to 5 days at a time. She is otherwise healthy and without other complaints. Which of the following is the most appropriate next step in this patient's management?

 - (A) Begin oral contraceptive pills
 - (B) Dilatation and curettage
 - (C) Obtain a pelvic ultrasound
 - (D) Perform a speculum examination
 - (E) Reassurance

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5. A 15-year-old girl presents to her PCP because of amenorrhea. She states that her menses were initially irregular, but had been regular for about the last year until 3 months ago, when she had her most recent period. Review of systems is otherwise negative. She is 5 ft 4 in tall and weighs 110 lb, and the remainder of her examination is unremarkable. Which of the following is the most appropriate next step in this patient's management?

- (A) Follicle-stimulating hormone and luteinizing hormone measurement
- (B) Pregnancy test
- (C) Progesterone challenge
- (D) Reassurance
- (E) Vaginal smear

ANSWERS AND EXPLANATIONS

1. **(B) Enterobiasis.** Enterobiasis (pinworm infection) is the most common cause of perianal itching in young children, especially when the itching occurs during the nighttime. The definitive diagnosis may be established by identifying worms, which may be seen by parents, or eggs, which can often be obtained by applying cellophane tape to the rectal area early in the morning. The infection is easily treated with oral antiparasitic medication.
2. **(B) Foreign body.** The most common cause of a foul-smelling vaginal discharge in young girls is a vaginal foreign body. Often, this is a piece of toilet

paper, although toys and other small items commonly are recovered. It is important to eliminate the possibility of sexual abuse with vaginal discharge, especially if evidence of trauma is present.

3. **(D) Physiologic leukorrhea.** Many girls develop a vaginal discharge 3 to 6 months before the onset of menstruation. Aside from the discharge, other symptoms are generally absent. The diagnosis of physiologic leukorrhea can be confirmed by a wet mount examination, which reveals only normal epithelial cells without leukocytes, clue cells, or other abnormalities.
4. **(E) Reassurance.** Most girls initially have irregular menses, and it can be several years before regular ovulatory cycles are established. Although oral contraceptive pills can be used to regulate menses, this is unnecessary unless excessive bleeding is present. In the absence of other symptoms, a speculum examination generally is not indicated in patients who are not sexually active.
5. **(B) Pregnancy test.** The onset of menses is not considered delayed until age 16 years; however, the evaluation of secondary amenorrhea (and sometimes primary amenorrhea) at any age begins with a pregnancy test. Although follicle-stimulating hormone and luteinizing hormone measurement, progesterone challenge, reassurance, and vaginal smear may be appropriate for this patient, none should be considered until pregnancy has been ruled out.

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