



North American Society for Pediatric and Adolescent Gynecology

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From the President, *Janice L. Bacon, M.D.*

Dear Members:

Our year is flying by quickly! NASPAG was excited to hold its first postgraduate course in conjunction with The American Society for Reproductive Medicine (ASRM) in October, 2005 in Montreal Canada. Almost 50 attendees enjoyed presentations by Dr. Frank Biro (President-Elect), Dr. Mary Anne Jamieson (board member), Dr. Zeev Harel (board member), and me. The topics presented included updated information about puberty, sexually transmitted infections, vulvovaginal disorders, management of abnormal PAP smears, contraceptive use by adolescents and management of dysmenorrhea. We will look forward to another fall course at the time of the ASRM Meeting in October 2006.

NASPAG will enhance its postgraduate educational offerings by interacting with other organizations that provide health educators with information about adolescent and pediatric patients. These will include a workshop at the Society for Adolescent Medicine in March 2006, a clinical seminar and special interest session at the American College of Obstetricians and Gynecologists Annual Clinical Meeting in May, 2006 and the ASRM Postgraduate Course as mentioned above. This will allow NASPAG to reach out to additional members and non-members who would like to receive information on the gynecologic care of children and adolescents.

We continue to look forward to our next Annual Clinical Meeting in Orlando, May 18-20, 2006. The Call for Abstracts was completed December 1, 2005. We hope that you will make plans to attend. Check the NASPAG website (NASPAG.org) for detailed information.

You may have noticed that the statement for dues for NASPAG members may have been sent to you at a different time than you have customarily received it. We are sending out the dues notices in a staggered pattern, so watch for our mailing!

Please note the interesting case presentation in the newsletter. The educational offerings in our newsletter will vary, including future interesting cases, clinical dilemmas and articles. If you would like to submit a case or article, please contact our Associate Editor, Dr. Elizabeth Alderman. I hope that everyone had a wonderful holiday season and that you will look enthusiastically towards 2006!

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You can now purchase all of your medical books via the NASPAG website while enhancing NASPAG. Please visit the amazon.com link on the website.

We would appreciate your submission of interesting cases. This will be a recurring article in the Newsletter. Please submit to:

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In this Issue

From the Executive Director	page 2	Unusual Case Presentation	page 4
Update Contact Information	page 2	Postgraduate Course Update	page 4
Mark Your Calendar Reminder	page 3	NASPAG Special Interest Groups	page 4

From the Executive Director, Joseph S. Sanfilippo, M.D., M.B.A.

NASPAG NEWS is a quarterly newsletter distributed to all members of the *North American Society for Pediatric and Adolescent Gynecology*. Members are encouraged to submit items for publication.

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PLAN B: ONCE AGAIN NASPAG IS A STEP AHEAD

Jump on board regarding the recent (or is it now "old"?) controversy, regarding why Plan B is being held from becoming over-the-counter (OTC) because it will "entice" adolescents to become sexually active. The Food and Drug Administration continues to reject the application to provide Emergency Contraception OTC. But doesn't anyone listen to the panel of experts that the FDA called upon for a recommendation. They supported without question having it available OTC. The Government Accountability Office (GAO) (now there's a bit of an oxymoron-accountable to whom?) recently reiterated the rejection. Senator Patty Murray was quoted as saying, "This was a highly unusual process and they were putting politics ahead of science". Furthermore, she stated, "It goes completely counter to the mission of the FDA". The good news is that Senator Murray and Senator James Jeffords want to see the GAO's report. Personally, I think there may well still be hope on the issue. In case you didn't know the GAO is the investigative section of Congress. The GAO noted several areas that reflect "unusual" aspects of the FDA review:

High-level FDA management became more involved than usual in the review process. Now no one is quite sure why. It was noted that "high-level" FDA management stated months before the agency scientists completed their review that Plan B would be rejected-no questions asked!

Now for the adolescent part: "differences in cognitive development among younger and older adolescents did not follow FDA traditional practices". This translates to: if indeed Barr Laboratories was interested in securing OTC status for Plan B they would have to demonstrate that girls <15 years of age could safely use Plan B without a health-care professional's supervision or else Barr had to amend the FDA application to stipulate that it would be only available for females > 15 years of age. However, they failed to look at work published in the *Journal of Pediatric and Adolescent Gynecology*, that received national recognition, being quoted in several newspapers across the country: "The effects of advance provision of Emergency Contraception on Adolescent Women's Sexual and Contraceptive Behaviors", Gold Metal et.al. *J Pediatr Gynecol* 2004;17:87. Dr. Gold and colleagues reported that availability, i.e.; advance provision, was not associated with more unprotected coitus or less condom use or hormonal contraception. It's all published, folks; the FDA just needs to look at the literature!

Well the fight goes on. If you weren't aware of the timeline so far let me refresh your memory,

- July 1999: FDA approves Plan B as prescription emergency contraceptive.
- April 2003: Women's Capital Corp. applies to FDA for permission to sell Plan B OTC.
- December 2003: FDA's non-prescription & reproductive health drugs advisory panel meets and votes in favor of OTC status at a vote of 23 to 4.
- May 2004: FDA denies non-prescription status for Plan B.
- July 2004: Barr Pharmaceuticals submits amended application for the > 15 years of age status.
- August 2005: FDA queries if age cut off is legal or not.
- November 2005: GAO asks for more information regarding the FDA decision process and specifics regarding the category of "unusual" comment made by the FDA.

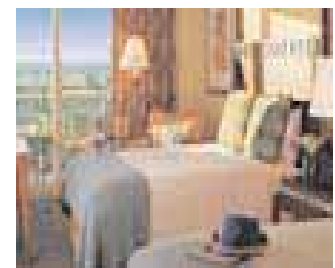
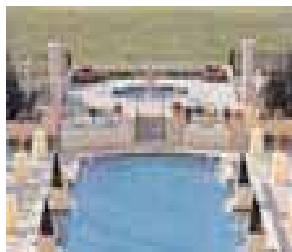
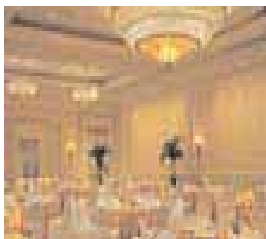
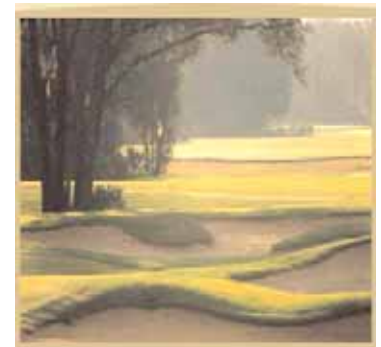
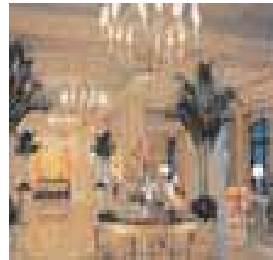
So stay tuned, NASPAG members, but don't forget to express your opinion to your legislative representatives.

NASPAG Needs Your Email Address

The central office needs your email address and any changes in address or contact information so that we can keep the membership list up-to-date, keep you better informed, keep your mail current and for the Members Only and Patient Referral site on the web, which is coming soon! It is important that we have your email address! **Please send your email address to: NASPAG@asrm.org**

REMINDER TO MARK YOUR CALENDAR!

NASPAG went to New Orleans in 2005 with a blast; next stop is ChampionsGate, Florida which is near Orlando. The **2006 NASPAG Annual Clinical Meeting** will take place **May 18-20, 2006**, at the new **Omni Orlando Resort in ChampionsGate, Florida**. Below you will find some highlights of the area in which we will meet. Check the website for additional details of the site and registration information.



UNUSUAL PRESENTATION OF A VULVAR HEMATOMA

submitted by Judith T. Burgis, M.D.

A fifteen year old girl presented to the clinic with a 3 day history of a "vaginal cyst". She complained of pain with wiping after urination, and a vulvar swelling. She was otherwise without complaints. She denied unusual vaginal discharge, sexual activity or abuse, and vulvar trauma. Her LMP was one week prior to presentation and it was normal. Her medical history is significant for obesity and diabetes. Her vulvar exam showed the abnormality seen in the pictures. She was taken to the operating room for removal of a presumed vulvar cyst. On examination the "cyst" was found to be a hematoma. The clot was evacuated and the patient recovered in an uncomplicated fashion. She continued to deny any vulvar trauma or sexual activity.

Discussion: A hematoma is a collection of extravasated blood within the subcutaneous tissue of the vulva. Non traumatic vulvar hematomas are rare. Fewer than 100 have been reported. Hematomas may occur following accidental, incidental, or criminal trauma. They occur easily on the vulva because of the loose connective tissue and the dependent location of the vulva. They present with acute or sub acute onset of swelling and discoloration of the skin. Depending on the patient's history, urethral rupture or intrapelvic trauma should be considered. This was not the case with our patient. The diagnosis is usually made on the basis of the history and physical exam. Treatment can range from conservative management with ice packs and analgesics to incision and drainage in the operating room. Hematomas may become infected and incision and drainage is indicated in these cases. Histology is not necessary in the management. The differential diagnosis is generally obvious but may include anatomic developmental abnormalities, vulvar cyst, endometrioma (cyclic pain and swelling), and in cases of a non-traumatic hematoma a diagnosis of Von Willebrand's disease may be considered.



POSTGRADUATE COURSE MEETS IN MONTREAL

submitted by Zeev Harel, M. D.

The NASPAG annual postgraduate course entitled "Problem Solving in Pediatric and Adolescent Gynecology", took place on October 15, 2005 in Montreal, Canada. This year's course was a joint venture of NASPAG and the American Society for Reproductive Medicine (ASRM). In fact, it was one of 23 postgraduate courses offered at the 61st ASRM/51st Canadian Fertility and Andrology Society (CFAS) 2005 Annual Meeting.

Each of the four NASPAG faculty presented two topics. Dr. Janice Bacon spoke on "Gynecologic Emergencies in Adolescent Females" and on "Contemporary Management of Abnormal Pap Smears in Adolescents", Dr. Mary Anne Jamieson spoke on "Common Vulvovaginal Disorders in Children and Adolescents" and on "Primary Amenorrhea-Where Are We Today", Dr. Frank Biro spoke on "Sexually Transmitted Infections 2005" and on "Perilous Puberty", and Dr. Zeev Harel spoke on "Using Today's Contraceptives: Update on Contraceptive use by Adolescents" and on "Current Management Strategies for Dysmenorrhea". Forty-five attendees enjoyed this postgraduate course.

SPECIAL INTEREST GROUPS: NASPAG ACM 2006

NASPAG's Special Interest Group that held it's first organizational meeting at ACM 2005, focusing on **PRESERVATION OF FERTILITY IN ADOLESCENTS** will meet on Friday, May 19, 2006 at 7 a.m. during the Annual Meeting. There were over 15 members who were in attendance at this organizational meeting. There was discussion of interest in developing educational materials, study protocols and more resources for practitioners and children with cancer who wish fertility preservation.

Members interested in participating in this special interest group should email:

NASPAG@asrm.org
AndreaSteinMD@aol.com.

The first organizational meeting of other NASPAG Special Interest Groups that will also meet at this time will focus on the following:

- **Physicians In Training**
- **Nursing Special Interest Group**
- **Teenagers with Developmental Disabilities**

If you are interested in participating in any of these special interest groups, please email your interest to NASPAG@asrm.org.