

Foreword



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Consulting Editor

This issue pertaining to Pediatric and Adolescent Gynecology (PAG), edited by S. Paige Hertweck, MD, provides expert perspectives from a multidisciplinary team, many of whom helped define pediatric and adolescent gynecology as a specialty. An important clinical reference, this issue combines contemporary approaches to diagnoses with the latest management advice to address gynecologic problems in infants, children, and adolescents.

Gynecologic problems encountered in infants and children (genital trauma, intersex disorders, mullerian anomalies) are unique to these age groups and involve physician skills differing from those utilized for adults. Because of these unique circumstances, practicing obstetrician-gynecologists are often uncomfortable in evaluating and managing these children. For this reason, pediatric gynecology was created as a new specialty incorporating the expertise of gynecologists, pediatricians, urologists, pediatric surgeons, endocrinologists, and geneticists.

The American College of Obstetricians and Gynecologists recommends that the initial reproductive health visit to the obstetrician-gynecologist occurs as early as age 13. This initial visit would not include a pelvic examination unless indicated by the medical history. Instead, this encounter would provide an opportunity for the obstetrician-gynecologist to begin a physician-patient relationship, counsel patients and parents or guardians regarding health behaviors and dispel myths and fears. It also will assist an adolescent in building trust into the health care system when she has a specific need.

Health care of the adolescent female should include a review of normal menstruation, diet and exercise, healthy sexual decision-making, relationships, immunizations, and injury prevention. Preventive counseling is beneficial for parents, guardians, or other supportive adults, and can include discussions about physical, sexual, and emotional development; signs and symptoms of common conditions affecting adolescents; and encouragement of lifelong health choice behaviors.

This issue highlights differences between adolescents and adults about certain gynecologic disorders (endometriosis, polycystic ovarian syndrome, abnormal cervical cytology, menstrual disorders, contraception and intrauterine devices). Several articles cover topics emphasized by the American College of Obstetricians and Gynecologists

Committee on Adolescent Health Care. The risks of exposure to violence, substance use, sexually transmitted disease, and unintended pregnancy threaten the health and well-being of adolescents. Additional research is needed to determine the best care for adolescents, especially in defining optimal treatment. Unfortunately, there exists confusion about adolescents participating in research because of uncertainty about the need for parental permission and what constitutes appropriate protection as research subjects. We look to the distinguished group of contributors in this issue to carry this agenda forward.

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