REI

Straddle Injury

Vulvar disease
   --vulvar adhesions
   --lichen sclerosus
   --embryonal rhabdomyosarcoma
   --mullerian agenesis

Mullerian anomalies
   --imperforate hymen
   --transverse vaginal septum
   --longitudinal vaginal septum
   --rudimentary horns
   --uterus didelphus

Ambiguous Genitalia
Premenarchal Pelvic Masses

**Dysgerminomas** -

*Endodermal sinus* – AFP usually increased, usually unilateral  
*Immature teratomas* – usually unilateral, hCG not usually elevated  
*Theca-lutein cysts* – hCG levels will be very high; cysts are usually multicystic and bilateral  
*Mature cystic teratomas* – bilateral in 10-15%, cyst lumen contains mature elements w/ differentiation of tissues from all 3 germ layers

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**Sexual Molestation**

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**Normal Puberty**

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**Precocious Puberty**

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**Emergency Contraception**

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**Premature Ovarian Failure**  
--loss of ovarian function before age 40  
--think about autoimmune diseases (*hypothyroidism*, diabetes, adrenal failure, hypoparathyroidism, pernicious anemia)
Osteoporosis
-- bone resorption by osteoclasts, bone formation by osteoblasts
-- urinary N-telopeptide to follow bone degradation (low levels indicate bone stabilization/compliance with therapy)
-- DXA scan
  -- T-score between −1 and −2.5 → osteopenia
  -- T score < -2.5 → osteoporosis
  -- treat at T score < -2, or < -1.5 with risk factors
-- tx: Ca, vit D, bisphosphonate

Turners

Hirsutism
- PCOS

- androgen-producing tumors

- nonclassic CAH

Ferriman-Gallwey

Bulimia
Cushings
--too much cortisol
--24-hour urinary free cortisol excretion test (DIAGNOSTIC TEST)
  --normal is <100 µg/day
  → 250 µg/day → Cushing’s
--low-dose dexamethadone suppression test (SCREENING TEST)
  --1 mg dexam at 11 PM, plasma cortisol at 8 AM
  --< 5 µg/dL → normal
  --10 → Cushing’s

random cortisol levels
--< 5 µg/dL → adrenal insufficiency
→ 17 → normal adrenal reserve
--5-17 → do not rule out adrenal insufficiency

Metabolic Syndrome
--acquired insulin resistance
--3 or more criteria (central obesity, elevated TGs, low HDL, elevated BP, elevated fasting blood glucose level
--tx: weight loss, diabetes and cardio meds as appropriate
--if really high BMI → bariatric surgery

Primary amenorrhea
--no breast or pubic/axillary hair
  --blind vagina (testes) → androgen insensitivity syndrome
  --normal uterus, cervix, vagina → pituitary insufficiency (pituitary adenomas, craniopharyngioma, Sheehans)

Work-up
  --PE
  --labs
  --karyotype

Pituitary microadenoma