



THE “VIRGIN” HYMEN OF PREGNANT ADOLESCENTS

Is it possible to have a “virgin” hymen in a pregnant teenager? Kellog et al posed this hypothesis in a retrospective case review of 36 pregnant adolescent girls who presented for sexual abuse evaluations to determine the presence or absence of genital findings that indicate penetrating trauma.

In this study the medical history and genital examination findings in 36 adolescents who were pregnant at the time of their sexual abuse examination were reviewed with their photocolposcopic slides.

The authors reviewed all the images jointly and were blinded to medical history other than pregnancy status. Reviewers indicated their interpretation as “non-specific”, “suggestive evidence of penetrative genital trauma”, or “definitive evidence of penetrative genital trauma”. Interpretations were based on an evidence-based classification system by Adams. If the written documentation of the findings was not discernable in the photographs or there was a lack of consensus among reviewers, those cases were interpreted as “inconclusive”.

Results of the study showed:

- ✦ Average age of the subjects was 15.1 years (range 12.3-17.8 years)
- ✦ Pregnancy was confirmed by using qualitative β human chorionic gonadotropin urine or serum sample or pelvic ultrasound.
- ✦ By date of last menstrual period or by pelvic ultrasound, 39% were < 8 weeks pregnant, 29% were 9-18 weeks pregnant, and 19% were > 18 weeks pregnant. Duration of pregnancy was undetermined in 5 subjects (14%).
- ✦ Overall result, 22 (64%) had normal or nonspecific examination findings, 8 (22%) had inconclusive findings, 4 (8%) had suggestive findings and 2 (6%) had definitive evidence of penetrating trauma.
- ✦ When inconclusive category was eliminated, 82% of the examinations were normal, 11% were suggestive and 7 % were definitive for penetrating trauma.
- ✦ 56% (N=20) of pregnancies were a result of sexual abuse, 41% (N=15) were a result of consensual sexual contact and in 1 patient (3%) it was unknown whether pregnancy was due to abuse or consensual sexual contact.
- ✦ Six (17%) presented for examinations within 4 weeks of their last sexual contact. Only 1 subject examined within 2 weeks of her most recent sexual contact.

Only 2 of the 36 adolescents had genital changes that were diagnostic of penetrating trauma despite definitive evidence of pregnancy. The possible explanations for the lack of genital findings include: penetration does not result in visible tissue damage or acute injuries occurred but healed completely.

The limitation of this study is that the authors were not blinded to the pregnancy status of the patient, such that the assessment of the photographs may have been biased by this knowledge. Authors were blinded to all other information including age, parity, whether abortion or miscarriage occurred and whether pregnancy was a result of abuse. Lack of physical findings or other evidence leads some to conclude that the child’s history is not accurate.

Medical, legal and social professionals as well as lay jurors need to understand that, in most cases of child sexual abuse, there will be few if any clinical findings that are diagnostic of penetrating trauma. Once professionals understand that a lack of diagnostic clinical findings is expected, they focus appropriate attention on the importance of the child’s history. This study may assist clinicians in understanding clinical evidence of sexual abuse and clarify that, even in the face of clear genital contact, i.e. pregnancy, the examination may be non-specific or “normal”.

REVIEW OF JOURNAL

THIS STUDY MAY BE HELPFUL IN ASSISTING CLINICIANS AND LEGAL PROFESSIONALS TO UNDERSTAND THAT VAGINAL PENETRATION GENERALLY DOES NOT RESULT IN OBSERVABLE EVIDENCE OF HEALED INJURY TO THE HYMEN OR PERIHYMENAL TISSUES. It also affirms the importance of a good investigation including a forensic interview and collection of collaborative evidence in the prosecution of child abuse cases.

Reference:

**Genital Anatomy in Pregnant Adolescents:
“Normal does not mean nothing happened”**

Kellog ND, Menard SW and Santos A, *Pediatrics*. 2004; 113(1) e67-e69

UPCOMING EVENTS

September: RTD IN MANILA
November: ANNUAL CONFERENCE