

Fired Up, Ready to Go— Pediatric and Adolescent Gynecology



In my editorials for this journal, I get the opportunity to address the universe of Pediatric and Adolescent Gynecology (PAG) specialists—you, dear Readers. As I write my editorial today, I am returning from the Annual Clinical and Research Meeting (ACRM) of the North American Society for Pediatric and Adolescent Gynecology (NASPAG). I have attended this meeting almost every year since 1988, and invariably, when I return to my home institution, I am “fired up, ready to go”.

As a brief aside, you may want to watch the video clip in which one of my heroes, Barack Obama, tells the back story of the chant, “Fired up, ready to go”, which became a rallying cry in his 2008 campaign. (<https://www.youtube.com/watch?v=5AhRqg0ADbk>) In this video, he notes that “One voice can change a room; and if it can change a room, it can change a city; if it can change a city, it can change a state; and if it can change a state, it can change a nation; and if it can change a nation, it can change the world!” And that’s how motivated I feel on my return from the NASPAG meeting. You, my colleagues, are changing the world for future generations of girls, adolescents, and young adult women. And you have inspired me.

At the ACRM, Dr. Amy Sass, Adolescent Medicine at the University of Colorado and her colleagues on the program committee had selected plenary speakers who addressed a wide range of topics. Dr. Lisa Hollier, incoming president of the American Congress of Obstetricians and Gynecologists (ACOG), inspired us to be better advocates and louder voices for reproductive health and justice in the U.S. Dr. Hollier spoke at the meeting and spent the rest of the day at the meeting talking with and speaking to us about PAG; she understands that caring for the reproductive health of the women of the future is important. Dr. Maria Bottazzi spoke about vaccine development and inspired me to learn more about the toll that neglected tropical diseases, such as schistosomiasis, can have on the genital and reproductive lives of girls and women worldwide. Dr. Ellen Rome spoke about trafficking of girls and young women that occurs even under our noses here in the United States. She spoke about trauma-informed care, and resources for our patients with the national human trafficking hotline at 1-888-3737-888. I vow to be more aware. Dr. Raegan McDonald-Mosley, the medical director of Planned Parenthood Federation of America (PPFA) spoke about Roe V Wade at 45: Abortion and Public Health in the United States. She described pilot projects that are trialing and assessing telemedicine to provide greater access to medication abortion—a fascinating approach that has the potential to increase access to abortion services across the U.S. Dr. Kenneth Ginsburg described resilience and told us that “Young people will be more resilient if the important adults in their lives believe in them unconditionally and hold them to high

expectations”. Dr. Irwin Goldstein spoke about causes of conditions causing vulvar pain in girls, including clitoral adhesions and neuroproliferative vestibulodynia, and suggested that we could use our colposcopes to carefully examine the vulva. Dr. Peter Kim described how we may interact with robots in the OR in the future, and finally, Dr. Melanie Cree-Green addressed polycystic ovary syndrome (PCOS) from her perspective as a pediatric endocrinologist who practices in a multi-disciplinary care setting; she reported on the evidence behind personalizing PCOS care for the individual adolescents that we care for. All-in-all, much food for thought, and inspiration for how we can provide better care for our patients.

The JPAG Advisory Board met during the ACRM, and we discussed the impact that JPAG has on our clinical practices, and how we can publish the best science and evidence-based manuscripts. I would like JPAG readers to know that the time from submission of a manuscript to the first decision (reject, accept with minor revisions, accept with major revisions) is now averaging less than a month. This is great news for those of you who write and publish scholarly works in the field of pediatric and adolescent gynecology. Dedicated reviewers for the journal contribute reviews of manuscripts that ultimately result in a higher quality of work being published. We thank the dedicated PAG reviewers along with the members of the Editorial Advisory Board. David Newcombe, JPAG’s Managing Editor, provides oversight and shepherds the logistics of the journal, providing for the smooth flow of communications to and from authors, reviewers, and editors. The journal owes a lot to David’s efficiency.

In this issue of JPAG, I again find much that relates to my own clinical practice. Dr. Joyce Adams and colleagues provide an update on their previously published work that addresses the interpretation of medical findings in suspected child sexual abuse.¹ A paper that addresses bleeding complications for adolescents on anti-thrombotic medication will provide a context when I get a consult about a patient in this category.² Those of us in the fields of gynecology, in adolescent medicine, and in pediatric endocrinology all see patients with PCOS. This month’s JPAG issue has not one, or two, but three original reports addressing this population.^{3–5} Contraception for adolescents,^{6–9} including methods ranging from LARCs to condoms is typically a theme among JPAG manuscripts, and this issue is no exception. As I have previously noted, JPAG case reports may suggest novel devices, or repurposing of devices used in other clinical situations. In a case report, a Foley catheter is suggested as a vaginal stent in a child with a vaginal rhabdomyosarcoma.¹⁰ Because this diagnosis is so rare, collaboration among PAG clinicians at several institutions

that could be facilitated by NASPAG will be important in the future as we address clinically important questions, such as whether vaginal stenting and or dilating is important in these cases, and whether it improves outcomes.

So even if you didn't have the opportunity to attend the NASPAG Annual Clinical and Research Meeting this year, I hope that you are "Fired Up, and Ready to Go"—to read this issue of JPAG, to interact with colleagues who provide PAG care, to plan to attend the NASPAG ACRM next year in New Orleans from April 11-13, 2019, and to change the world for our patients.

Paula J. Adams Hillard, MD,
Editor-in-Chief

Journal of Pediatric and Adolescent Gynecology

References

1. Adams JA, Farst KJ, Kellogg ND: Interpretation of Medical Findings in Suspected Child Sexual Abuse: Update for 2018. *J Ped Adol Gynecol* 2018; 31(3). THIS ISSUE.
2. Soni HL, Kurkowski J, Guffey D, Dietrich JE, Srivatha LV: Gynecologic Bleeding Complications in Post-Menarchal Adolescent Females on Anti-thrombotic Medications. *J Ped Adol Gynecol* 2018; 31(3). THIS ISSUE.
3. Akgül S, Düzceker Y, Derman O, Kanbur N: Di Different Diagnostic Criteria Impact Polycystic Ovary Syndrome Diagnosis for Adolescents? *J Ped Adol Gynecol* 2018; 31(3). THIS ISSUE.
4. Aytakin T, Bodur S, Erkilinc S, Ozel S, Engin-ustun Y: The value of prostatic specific antigen in diagnosis of polycystic ovarian syndrome in adolescent girls. *J Ped Adol Gynecol* 2018; 31(3). THIS ISSUE.
5. Esre IB: Serum 25-hydroxy vitamin D levels in Turkish adolescent girls with polycystic ovary syndrome and the correlation with clinical/biochemical parameters. *J Ped Adol Gynecol* 2018; 31(3). THIS ISSUE.
6. Hoopes AJ, Teal SB, Akers AY, Sheeder J: Low Acceptability of Certain Contraceptive Methods Among Young Women. *J Ped Adol Gynecol* 2018; 31(3). THIS ISSUE.
7. Bastos BM, Alves FSS, Souza MQ, Requião SR: Low Knowledge of Contraceptive Methods Among Pregnant Teens in Brazil. *J Ped Adol Gynecol* 2018; 31(3). THIS ISSUE.
8. Timmons SE, Shakibnia EB, Gold MA, Garbers S: MyLARC: A Theory-Based Interactive Smartphone App to Support Adolescents' Use of Long-Acting Reversible Contraception. *J Ped Adol Gynecol* 2018; 31(3). THIS ISSUE.
9. Downs JS, Ashcraft AM, Murray PJ, et al: Video Intervention to Increase Perceived Self-Efficacy for Condom Use in a Randomized Controlled Trial of Female Adolescents. *J Ped Adol Gynecol* 2018; 31(3). THIS ISSUE.
10. Fowler KG, Mohindra P, Kim A, Gomez-Lobo V: Foley Catheter as Vaginal Stent in a Toddler with Vaginal Rhabdomyosarcoma. *J Ped Adol Gynecol* 2018; 31(3). THIS ISSUE.