

Poster Presentation Abstracts

1. Understanding the Intersection of Transgender Identity & Cultural Identity in Sexual & Reproductive Health Conversations between Transgender Youth and their Primary Care Providers: A Qualitative Study

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Background: Transgender and gender diverse youth (TGDY) require access to equitable health care services that address their needs. However, TGDY experience different forms of discrimination, stigma and inequitable access when dealing with healthcare providers. Therefore, creating sexual and reproductive health (SRH) services with the purpose of providing more inclusive and equitable health services is an urgent public health need. We aim to explore among TGDY the facilitators and barriers to providing inclusive and discrimination-free SRH services within health care settings, and importantly generate solutions specific to SRH inequities experienced by TGDY from their own perspectives to generate ideas for future programmatic and policy change.

Methods: This qualitative research study consists of single participant interviews among participants are TGDY youth ages 16-24 from an academic medical center. An audio-recorded semi-structured interview was conducted with each participant. We used a modified grounded theory approach to identify themes regarding the perceived barriers and facilitators for TGDY in receiving inclusive SRH care from primary care providers (PCPs). All protocols were approved by the CHOP Institutional Review Board.

Results: Participants (n=12) are a mean age of 18. This study is ongoing with emergent themes including the desire for TGDY to have their PCPs discuss socio-emotional topics related to SRH including healthy relationships, the need for elaboration beyond asking about sexual activity when talking to youth, and discussing queer sexual and reproductive health and natal anatomy. Study participants highlighted the effect familial norms have on youth communication with PCPs in discussing SRH and the important role PCPs have in bridging the gaps in parent and youth communication about SRH.

Conclusions: PCPs remain a desired source of SRH information for TGDY. Preliminary data suggests discussions with PCPs not only include information regarding sexual activity but also discuss the socio-emotional aspects of SRH including consent and healthy relationships. Familial practices pertaining to discussing SRH with youth can potentially affect the way in which youth talk to providers about SRH. PCPs should be equipped to talk about SRH and sexual practices in a lens that pushes past heteronormative standard and addresses topics that are specific to queer youth. The study suggests PCPs have a vital role in leading robust and inclusive SRH discussions with TGDY and facilitating these discussions among TGDY and their guardians. The data gathered in this study will help to inform policy and best practice guidelines for SRH that is equitable for all youth

2. Vulvar Aphthous Ulcers in Children with COVID-19: A case series

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Background: Vulvar aphthous ulcers are defined by acute onset of painful genital lesions that are associated with viral illness. They classically present in non-sexually active girls and are diagnosed once other more common cause of genital ulcerations, including STIs or autoimmune

bullous diseases, have been excluded. Previous reports of vulvar aphthous ulcers associated with COVID-19 have described treatment of the symptoms with either local or systemic corticosteroids. This case series illustrates the ability to manage these patients conservatively resulting in complete and spontaneous resolution of the ulcers.

Case: Four females, ages ranging from 10 to 21, presented to the emergency department for vulvar pain. Each patient was diagnosed with vulvar aphthous ulcers based on physical examination. All four patients were diagnosed with COVID-19 with rapid antigen testing. With directed counseling, each patient and their family were instructed on a regimen of acetaminophen, sitz baths, and voiding in the bath. Topical analgesics such as lidocaine gel were not administered and steroids were not prescribed. All four patients were able to manage their symptoms at home and did not require admission to the hospital. All patients experienced spontaneous and complete restoration of anatomy in 1-2 weeks.

Comments: The novel coronavirus pandemic caused by SARS-CoV2 has resulted in considerable morbidity and mortality. While immunocompromised hosts are more susceptible to complications of COVID-19, patients with intact immune systems may also experience distressing viral related symptoms. The pathogenesis of these ulcers has been hypothesized to be a result of non-specific inflammatory response to a viral systemic illness resulting in blistering of the mucosal genital surfaces. It has been proposed that the ulcers are secondary to a cytokine storm that occurs in SARS-CoV-2 infections. Elevated cytokines, including TNF- α , result in neutrophil chemotaxis to mucosal tissue and subsequent ulceration of the tissue. Previous case studies discussing vulvar aphthous ulcers associated with COVID-19 all required hospitalization for pain control and/or urinary retention and treatment with steroids. Hospitalization can be a traumatic experience for both child and adolescent patients as well as their family. The added isolation and precautions required for treating COVID positive patients can have a further psychological impact. Through directive counseling, all patients in our case series were able to avoid hospitalization and supportive care of the genital lesions in the outpatient setting was sufficient.

3. Norethindrone Acetate Dosing for Adequate Menstrual Suppression in Adolescents

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Background: Progestin-only pills may be used for menstrual suppression in adolescents. Norethindrone acetate (NA) is the only low-dose (0.35 mg) progestin method available, but optimal dosing for menstrual suppression is unknown. This study seeks to evaluate both prescriber practices in initiating NA 0.35mg and factors that contribute to amenorrhea and satisfaction with the dose.

Methods: This is a retrospective cohort study of adolescents ages 9-18 who presented to an academic medical center between 2010-2022. Those with previous hormone therapy were excluded. Data were collected on demographics, menstrual history, bleeding patterns, NA indication, and NA dose. Follow-up care was measured at one, three, and 12 months and included office or virtual visits and portal messages. Heavy menstrual bleeding (HMB) was self-reported. Irregular bleeding (IB) was defined according to ACOG as cycle length varying by >7 days. Prolonged bleeding (PB) was defined as menses lasting >7 days. Data was analyzed using Chi-square or Fisher's exact test. Multivariate logistic regression models assessed out-