

Correspondence

Accidental genital trauma in female children in Jordan and the role of forensic medicine

To the Editor

With reference to the interesting study by Al-Abdallat et al,¹ genital examination is an integral part in evaluating children with suspected genital injuries. Apart from elucidating genital findings related to injuries, it provides a baseline for future follow-up examinations, improves parent and child compliance with the examination, and might reveal previously undiscovered anomalies. Various examination approaches are adopted to properly demonstrate injuries in the genitalia. The supine labial separation method is useful in identifying an injury on the external portion of the genitalia, while the supine labial traction technique, or the prone knee-chest position are effective in demonstrating injuries within the vestibule, on the hymenal surface, or in the fossa navicularis. However, the prone knee-chest position is the most advocated method for identifying hymenal injuries.² I presume that Al-Abdallat et al¹ employed in their studied cohort a single method of genital examination. This is obvious, as they stated in their study that after obtaining informed consent from the parents, external inspection is carried out (gynecological position, examiners pulled the labia major outward, and down to see the hymen), and most of the cases were enough to identify the hymen status. Accordingly, they addressed the frequency distribution of various genital examination findings including a very low frequency of hymenal injuries (1.5%). It is worthy to mention that the results of a genital examination vary by the method employed. In an interesting American study, a comparison was made to determine the relative effectiveness of 3 different examination methods in elucidating genital injuries in a cohort of prepubertal, and pubertal girls suspected of having been abused. In the prepubertal girls, 20% of the hymenal lacerations were identified during the use of the supine labial separation method, 60% with the supine labial traction technique, and 100% with the prone knee-chest position approach. In the pubertal girls, 24% were identified with the supine labial separation method, 65% with the supine labial traction technique, and 90% with the prone knee-chest position approach. The study concluded that without the combined use of these 3 methods, a significant number of injuries, particularly hymenal lacerations, could be missed.³ I,

therefore, presume that considering the aforementioned methodological limitation might alter the frequency distribution of different patterns of genital injuries addressed by Al-Abdallat et al,¹ particularly those related to the hymen.

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Reply from the Author

We thank Prof. Al-Mendalawi for his agreeable and scientific interpretation of our article. I completely agree with him that using 3 methods for examining the genital area is necessary, and much more accurate in evaluating the hymen. However, we use these 3 methods in adult examinations, as in small children it is easier to determine the hymen status. Therefore, it is adequate in small children to use only one method, and of course, if it is not clear you can use the other methods.

Our intention in our study was to focus on the emergency situations when dealing with these cases (to examine these children as soon as possible), to relieve the tension of the family due to special concerns with this issue in Arabic and Islamic countries. I personally attend any time when called for, to examine these cases in the emergency room, to decrease the pressure on the family, not only because of medical reasons, which are usually simple, but, to exclude child sexual abuse either by examination, history, our experience, and family attendance or absence in the emergency room, which could be an indication for the level of concern to this critical matter.

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References

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