

Contribuciones Chilenas al XIV Congreso Mundial de Ginecología Pediátrica y de la Adolescencia

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015. BREAST BIOPSY IN GIRLS AND ADOLESCENTS

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Introduction: The information on breast lesions in the infantile and adolescent population is limited and partial.

Objective: Establish the prevalence of breast lesions in women under 19 years old, in biopsy material.

Material and Method: Breast biopsies were obtained from the data base of the Pathology Department and the Diagnosis Center, between the years 1979-2003 from women under 19 years old.

Results: In 280.387 biopsies between 1979-2003, there were 350 breast biopsies.

There were 206 neoplasia (59%) and 144 non neoplastic lesions (41%). There were 203 benign neoplasia (99%): 1 myoid hamartoma (0.5%), 2 intraductal papiloma (1%), 6 juvenile fibroadenomas (3%), 17 benign phyllodes

tumors (8.4%) and 177 fibroadenomas (87%); and 3 malign neoplasia (1.5%): one invasive ductal carcinoma (5 years), one angiosarcoma (15 years) and one malign fibrohistiocytoma (17 years). The non neoplastic lesions were 144 (41%): 13 inflammatory (9%), 14 hypertrophies (9.7%), 21 malformations (14.5%) and 96 fibrocystic disease (66.6%).

Conclusions: There was no statistical difference between neoplastic and non neoplastic lesions.

The great majority of the neoplasia were benign.

The distribution by age and type of lesions, is in concordance with the literature, being the fibroadenomas and the fibrocystic disease, the most frequent lesions.

It calls attention the number of phyllodes tumors (17), which correspond to the 8.4% of the neoplasias. Sarcomas are an exception at this age; the angiosarcoma is present at an older age, but it is also described in adolescents.

The oddness of the carcinoma is coincident with the reported in literature, being this pathology very rare in this age group.

The breast examination in girls and adolescent should be included in the physical examination performed by the physician, and

the self examination should be taught to woman since puberty.

016. IS CERVICAL CANCER SCREENING NEEDED IN WOMEN UNDER 21 YEARS OLD?

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Introduction: The recent recommendation done by the American Cancer Society that women should begin cervical cancer screening 3 years after they begin having vaginal intercourse, but no later than when they are 21 years old, has turned on a light of alert on physicians that take care of adolescents. Waiting 3 years of sexual activity before the first Pap can be too late for many teens. The prevalence of cervical intraepithelial neoplasm in young women is increasing worldwide.

Material and Methods: We analyzed 13,133 Papanicolau smears made in sexually active young females from 11 to 20 years old. Colpocytologic relation was analyzed LSIL and HSIL smears.

Results: The smears were reported as within normal limits or with benign cellular changes due to inflammation in 97.9% of cases. The etiological agent of the inflammations was described in 861 smears, 6,56% of the cases. 0,45% of the smears were ASCUS. 0,98% showed cytological changes related to HPV infection, 0,18% showed CIN I with a total of 1.19% LSIL. HSIL was found in 0,46% including 2 Cervical Cancers. Colpo-cytologic relation showed a positive predictive value of 0,032 for LSIL and 0,033 for HSIL. The total frequency of abnormal smears was 2,07%.

Conclusions: Considering the 2,07% abnormal smears and the 0,46% HSIL found in

girls under 21 years old, cutting the screening programs could be a hazardous idea. In our setting, STD screening is not routinely used in teens so PAP smears are additionally useful to suspect inflammatory changes and diagnose infections.

037. FACTORS INFLUENCING FIRST INTERCOURSE AMONG CHILEAN URBAN GIRLS

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Introduction: The objective of this study was to investigate the factors influencing first intercourse among Chilean urban girls.

Material and Methods: This study included 4443 adolescent women aged 12-19. They were interviewed at their first visit to de clinic for adolescents (CEMERA). Variables hypothesized to be associated with early first intercourse, such as family structure, parental education, legitimacy of their own birth, quality of their family relationship, parental communication about sexual topics, parental support and control, academic performance, having a stable relationship with their partner, academic aspirations, were examined. Two groups were compared girls who had initiated intercourse and girls who had not initiated intercourse. The collected information was entered into a database for its analysis. Uni and bivariate analysis were made. EPI-INFO 6.0 software was used.

Results: Overall, 84,1 % had ever had sex. In the bivariate analysis the father's absence from home, those who rarely attended religious services, those with lower grade-point averages, those with lower academic aspirations, those with lower parents education, were significantly associated with early sexual initiation.

Conclusion: Our data confirm many of the same factors associated with initiation of sexual intercourse in developed countries.

038. EVALUATION OF USE OF WEBCT PLATFORM, AS SUPPORT FOR A SEXUAL EDUCATION PROGRAM TO TEACHERS. (DID. U. DE CHILE. SOC-02/12-2 PROJECT)

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Introduction: The objective of this study was to evaluate the use of WebCT platform (which is used as teaching support in the University of Chile) in a Sexual Education Program for teachers.

Material and Methods: 53 teachers that previously had participate in a program of Sexual Education were selected and invited to participate in this program. The program was carried out in three months. At the end of this program a questionnaire was sent to participants, to know which was the experience of this people. The information was analyzed and the software Stata 7.0 was used. The analysis was descriptive.

Results: 35 teachers responded the questionnaire. • 60% (21) teachers used the WEBCT platform. • 31% of the participants report a high level and 52% a regular level in the manage of the platform. • 100% of them said have received a great stimulus from the teachers of CEMERA. • 68.4% of them said that the instruction guide was very clear. • 94.7% of them report that this support program was very useful for their work.» 86% of them realized that this program increase their motivation to teach sexual education. • 55.6% of them said that the new knowledge permit them to teach sexual education to their students more appropriate. • 94.4% of them said that this program was very interesting and useful to teach sexual education. • 100% of them will recommend this program to other teachers. • From 14 teachers that no used the WEBCT platform, 50% indicate not time to do it.

Conclusions: The results show that the time was an important obstacle to participate in this program, it is necessary to find a better period.

An important percentage reached a good manage of the platform but it is important to consider to train the participants before to start the program. It is important to note that a motivation and stimulus must be made during the development of the program and so, to avoid the drop out the participants. It is important to consider that the contents of the program are easy to down from the Web.

P54. EVALUATION OF KNOWLEDGE IN HIGH SCHOOL STUDENTS BEFORE AND AFTER APPLICATION OF A SEXUAL EDUCATION PROGRAM

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Introduction: The objective was to evaluate the knowledge of teachers of public schools who were previously trained in a sexual education program 2 years before.

Material and Methods: This is an analytical, observational and following-up study. 129 teachers of the 79 schools and 64 health professionals of the north area of Santiago, previously trained in a special sexual education program, carried out this program to the students. A pre and post test was applied to the students. 146 pre-tests and 106 post-tests were completed by students of three schools. Software EXEL and STATA 8.0 were used. The questions about Knowledge had a specifically point. The self-perception of knowledge was measure in three categories: high, median and low.

Results: 57% of the schools carried out sexual education program. In three schools the knowledge was measure. 46.6% are females and 53,4% males, the 63% are between 13 and 14 years old, and 30% >15 years old. The self-perception of knowledge was 74% middle and 8% low in the pre-test and on the post test, 76% and 3%, respectively. The regression coefficient in the pre-test was.81 adjust by age and sex.In the post-test was. 92 adjust only by age.

Conclusions: It was observed an increase on the knowledge level. In the pre-test the knowledge is associated to age and sex and in the post-test only the age was associated to increase of the knowledge. This is important and it indicates that the program had a more positive impact in the males.

P55. FACTORS ASSOCIATED TO RISKY SEXUAL BEHAVIOR AMONG ADOLESCENT FEMALES

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Objective: To assess factors associated with risky sexual behaviour among adolescent females, and whether or not risky sexual behaviour is associated to pregnancy and STI.

Material and Methods: Data were drawn from the Catalonia Adolescent Health Survey 2001, a random sample of in-school adolescents including 3721 females. Of those, 856 (23%) were sexually active and included in the analysis. Risky sexual behaviour was defined as using a non reliable contraceptive method (withdrawal or no method) and/or having had more than 2 sexual partners in the previous year). Risky behaviour group (RBG) included 126 subjects (14.7%) and non risky behaviour group (NRBG) 730 (85.3%). Personal variables included: age, age at menarche, sexual intercourse before age 15, level of religiosity, sport practice more than once a week, and having emotional problems. Family variables included: living with both parents, relationship with their father and with their mother, and having older siblings. School-related variables included relationship with school, average grades and being old-for-grade. Sexual behaviour consequences were ever being pregnant and a history of STI. Chi square test, Odds ratio and student's

t were used in the bivariate analysis. Significant personal, family or school variables were entered in a multivariate analysis. Significant sexual behaviour variables were also entered in a multivariate analysis.

Results: There were no age differences between groups. RBG females were significantly more likely to have had their first intercourse before age 15 (52.4% vs 38.9%), to have emotional problems (42.1% vs 31.5%), to disliking going to school (40% vs 27.6%) and to have a worse relationship with their father (6.16±2.6 vs 6.79±2.4). Although RBG females were less likely to practice sport (35.7% vs 41.7%), the difference did not reach statistical significance. No other personal, family or school related variables were significant. RBG females were also significantly more likely to have ever been pregnant (9.2% vs 2.4%), and to have a history of STI (7.9% vs 1.6%). In the multivariate analysis, sexual intercourse before age 15, having emotional problems or disliking going to school were risk factors for risky sexual behaviour. Ever being pregnant and a history of STI were both independently associated with risky sexual behaviour in the multivariate analysis.

Conclusions: Adolescent females who have emotional problems, dislike going to school and have their first sexual intercourse before age 15 are at increased risk for risky sexual behaviour. Those adolescents taking sexual risks are at increased risk for pregnancy and STIs. Clear messages about the importance of safe sex and the negative consequences of unsafe sexual practices need to be directed to all adolescents, and specially to those with personal or school difficulties.

P63. GYNECOLOGICAL CONSULTS IN ADOLESCENTS

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Introduction: 3801 adolescents aged 10 to 24 years have been seen at the Adolescent

Comprehensive Health Program between May 2000 and December 2003. Of 3164 females; 73% (2320) have been seen by the gynecologist. We describe some epidemiological features of the adolescents, their consulting motifs and diagnostics. Material and methods: we reviewed the files of 300 patients, corresponding to the 12,9% of gynecological patients. Statistical analysis: Ji2.

Results: 57% of the patients aged 14 to 19 years, with a mean age of 16,7 years. 64% of the girls went to their first visit accompanied by their mothers. 35% (104 patients) were sexually active. There were 534 consulting motifs for 300 patients, being the most frequent: 14% gynecological annual control, 13% menstrual disorders, 11% Contraception (58 patients), 10% dysmenorrhea, 7% acne, 7% pruritus and/or vaginal discharge, 3,5% amenorrhea. Less frequent motifs were 3 pregnancies (1%) and 1 rape (0,3%). At first visit, laboratory tests were asked for to 134 patients, gynecologic ultrasonography to 116 and papanicolaou smear to 32. There were 584 presumptive diagnosis at first visit: Contraception counseling 15% (89 patients), varied menstrual disorders 11%, dysmenorrhea 8%, Candida vulvovaginitis 7%, acne 5,5%. A 3% of mammary pathology and 2,5% of psychiatric pathology was detected, the 3 pregnancies were confirmed. 29 patients were referred to another specialist for further evaluation and/or treatment (nutrition, mental health, dermatology, endocrinology, etc.) 123 hormonal treatments (including contraception), 44 antimycotic treatments, 29 NSAD and 11 antiandrogenic treatments were prescribed at first visit. The 300 patients consulted 571 times during the analyzed period; 157 patients consulted for a second time.

Conclusions: contraception counseling is done in a greater number of girls than it is asked for, which demonstrates that it is a frequent not explicitated consulting motif. Menstrual disorders and dysmenorrhea were frequent consulting motifs, just like described in international literature. The high percenta-

ge of annual health controls is due to preventive and counseling work.

P75. INFANTILE AND ADOLESCENT GYNECOLOGY EXPERIENCE IN A PRIVATE CLINIC IN TEMUCO, CHILE

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The Infantile & Adolescent Gynecology Policlinic experience appears after 20 months of attention. 377 patients between 4 days and 19 years old were evaluated. Under 10 years old, were 83. Temuco is the IX Region's capital in Chile, with a total population of 245,437, 95% urban, 5% rural and 128,276 of these are women's. Until the beginning of this policlinic some professional enabled for the attention of this group of patients did not exist in the region.

Results: Mean of age: 13 years. The reasons for consultation were: Chronic Anovulation 18%, pubertal development 17%, vulvovaginitis 15%, contraceptive method 11%, dysmenorrhea 9%, upheaval red flow 5%, hirsutism 4%, mammary pathology 3%, pregnancy 3%, vulvar to synechia 3%, ovarian tumor (functional and dermoides ovarian cysts) 3%, precocious telarquia 3%, pelvic pain 1%, sexual abuse 1%, pubarquia 0.8%, asymmetry smaller lips 0,5%, other 3%: obesity, pubiana algia, acne, precocious puberty, vitiligo to vulvar, imperforated hymen, cyst to vulvar, redundant clitorises hood, periuretral polyp, carve low, contusion to vulvar, suspect sexual abuse. There was not diagnosis of malignant gynecological pathology.

Conclusions: He is important that the control in Infantile & Adolescent Gynecology is made by enabled professionals to give to this group of patients a suitable and opportune attention, preserving in them the greater possible potential reproduction.

P85. MENSTRUAL DISORDERS IN ADOLESCENTS

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Objective: To know the characteristics, myth and beliefs about menstrual cycle in Valdivia' adolescents. Find menstrual disorders.

Material and Methods: 373 teenage girls aged 13-15 years old were interviewed between March and April 2003. The questionnaire included: characteristics of menarche and menstrual cycle post menarche, dysmenorrhea, premenstrual syndrome, myths and beliefs about menstrual cycle and clinic visit in cases of menstrual disorders. The adolescents who had never menstruated and those who were taking any hormones were excluded.

Results: The menarche mean age of the 335 adolescents was 11,9 years and their gynecological mean age was 2,3 years. 31 (9,2%) teenage girls presented menarche longer than 10 days, only 5 visited doctor. Of these only 9 continued with normal menstruations. 45% presented dysmenorrhea at menarche. The menstruation mean duration was 4-7 days. 12 adolescents always had menstruation longer than 10 days and 25 occasionally. Only 5 visited doctor. 78% referred monthly cycles, 11,5% oligomenorrhea and 10,5% polymenorrhea. Only 6 had visited doctor. 17% (58 girls) had polymenorrhea and/or hypermenorrhea; of these 22 had menarche longer than 10 days. Dysmenorrhea presented 90% of teenagers, moderate or severe in 12,5%. Premenstrual symptoms referred 69% and 25% had some myth or belief about menstrual cycle.

Conclusions: 1. A high percentage (72%) of teenagers who had menarche longer than 10 days continued with poly-hypermenorrhea. The menarche characteristics could be a good indicator of future menstrual problems. 2. There is a very low clinic visit due

to menstrual disorders. Probably it is because to poor communication and/or lack of knowledge about menstrual cycle of the adolescents and their parents. 3. At least one of ten teenagers has moderate or severe dysmenorrhea which is an important cause of school absense. 4. There are still many myths that surround menstruation.

P86. MENSTRUAL DISORDERS IN ADOLESCENTS

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Introduction: between May 2000 and December 2003, 3164 females age 10 to 24 have been seen at the Adolescent Comprehensive Health Program, 73% of them by the gynecologist. (N=2320). We describe some epidemiological features of the adolescents and the principal menstrual disorders they presented.

Material and Methods: we reviewed the files of 300 patients, corresponding to the 12,9% of gynecological patients. Statistical analysis: Ji2.

Results: There were 534 consulting motifs for 300 patients: 90 menstrual disorders and/or amenorrhea (17%), 72 gynecological annual control (14%), 58 contraception (11%), 55 dysmenorrhea (10%). The menstrual disorders for which they consulted were: 55% varied and unspecific menstrual disorders, 20% secondary amenorrhea, 13% oligomenorrhea, 10% hypermenorrhea, 2% primary amenorrhea. The mean age of patients was 16,7 years; the mean age of who consulted for menstrual disorders (n=90) was 16,3 years. 79% of the girls who consulted for menstrual disorders went to their first visit accompanied by their mothers, 57% of girls who consulted for other motifs came accompanied by their mothers. At the first visit 62 patients were asked for laboratory

tests and/or for a gynecological ultrasonography. The presumptive diagnosis for their menstrual disorders at the first visit were: 28% oligomenorrheas under study; 24% hyperandrogenism, 19% secondary amenorrheas (hypothalamic, athletic amenorrhea, thyroid disease), 9% polymenorrhea under study, 7% hypermenorrhea, 3% spotting due to the pill, others 10%. There were only two patients with menometrorrhagia. Of the 62 patients to whom tests were asked, 45 came to control (73%).

Conclusions: menstrual disorders and/or amenorrhea were frequent consulting motifs, just like described in international literature. They cause great parental preoccupation, as noted by the high proportion of girls who went to their first visit accompanied by their mothers, in contrast to girls who consulted for other motifs. In a high percentage the cause may be presumed by the history and physical examination. Definitive diagnosis may be stated in further controls with the aid of lab tests and ultrasonography.

P92. MULTIPARITY IN ADOLESCENCE: USE OF CONTRACEPTION

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Introduction: Adolescence constitutes a period in life which is full of physical, emotional, psychological, and social changes. Pregnancy interferes in the development of this stage in life. The adolescent pregnancy represents a medical and social problem and determines risks for the mother and for the child. The causes for pregnancy at an early age are mainly psychosocial in origin and the negative consequences can be prevented in the biological area, whereas not in the psychosocial one. Early pregnancy implies a break in the vital cycle of the adolescent, who frequently suffers the social rejection, interrupts her education and employment

becomes difficult to obtain. She is also confronted with the upbringing of a child, for which she is not physically nor psychologically prepared. The arrival of a second pregnancy during adolescence only reinforces the break of the adolescent period of the young mother.

Objectives: To learn the use of contraceptive methods by adolescent girls who are already mothers and have become pregnant again.

Material and Methods: This is a descriptive retrospective study in 88 multiparous adolescent patients (at least one previous child) who delivered at the Department of Obstetrics of the Luis Tisne Brousse Hospital during 2003. Stata 6.0 statistics/data analysis was used.

Results: The average age of the multiparous adolescent patient at delivery was 18 years (min. 15 and max. 19 years). 92% (81 patients) were multiparous of two children and 8% (7 patients) multiparous of three children. 44% (39 patients) were single, 48% (42 patients) were in a de facto relationship and 8% (7 patients) were married. 86% (76 patients) were neither studying nor working, only 9% (2 patients) were students and 5% (4 patients) were employed. 48% (41 patients) had only basic education and 51% (44 patients), intermediate education. 41% (29 patients) used no contraceptive method previous to becoming pregnant, 41% (29 patients) used contraception only on an irregular basis, 14% (10 patients) used an intrauterine device and only 3% (2 patients) used preservatives.

Conclusions: The recurrence of pregnancy in the adolescent confirms the psychosocial origin of this situation and should alert and encourage the health team to prosecute strategies to avoid further unwanted pregnancies, starting by improving the coverage, acceptance and continuity of contraceptive methods in adolescent patients who have already delivered a child.

P100. OVARIAN SURGERY IN ADOLESCENTS: THE LAPAROSCOPIC ADVANTAGE

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Introduction: The modern management of ovarian tumors in girls is based careful diagnosis, close observation, and if needed, conservative surgical approach. The reasons to operate on an ovarian mass are when the ovary is in danger of necrosis and suspicion of malignancy. The risk of ovarian necrosis is clinically an acute abdomen with an ultrasonographic ovarian mass that can have altered doppler flow. An ovarian mass is suspected to be malignant because of size, complex ultrasonographic aspect, presence of abnormal vessels, presence of altered tumoral markers or persistence over 60 days. More than 90% of the ovarian masses in young women disappear by within 60 days thus do not need surgery. During surgery, a careful extraction of the mass for biopsy with conservation of ovarian tissue is paramount. The purpose of this report is to review the surgical indication, diagnosis and outcome of adolescent patients with ovarian tumors operated in a tertiary center.

Material and Methods: 33 surgeries performed for adnexal pathology in girls from 12 to 31 years old are retrospectively reviewed. Cases were recruited from 1995 to 2003 in two tertiary referral gynecological services: Hospital Clinical University of Chile and Clinica Alemana, both located on Santiago, Chile.

Results: The mean of the girls was 17.3 years. 14 ovarian masses were diagnosed for acute abdominal pain, 9 with for episodic non cyclical pelvic pain, 3 with dysmenorrhea, 2 with metrorrhagia, and 4 had an

asymptomatic ultrasonographic finding. 15 patients had persistent simple cystic masses, 14 patients had complex masses including septations, solid-cystic mass, heterogeneous debris or papillary component, and 4 patients had abnormally enlarged masses (over 9 cm. of diameter). Laparoscopy was used in all cases. Operating time was from 20 to 135 minutes (mean 72,2). Acute abdomen; 6 cases were ovarian torsion, two normal ovaries that could be conserved after detorsion and 4 tumors that were excised. 8 cases were hemorrhagic corpora lutea and conservative homeostasis was preformed. 17 ovarian tumors were non-neoplastic (51,51%), of these all were functional except one tubal ovarian abscess due to a complicated illegal induced abortion. 16 tumors were neoplastic, 9 epithelial, 8 mature teratomas and 1 disgerminoma. All patients underwent conservative surgery with conservation of the affected ovary.

Conclusions: Laparoscopy is currently the gold standard for surgery of adnexal pathology in adolescents. Tumorectomy and hemostasis can be effectively accomplished through the laparoscope and endoscopic bags allow sequestration of the ovarian content during removal. The known advantages of laparoscopy of decreased surgical morbidity, outpatient management and rapid recovery process also apply to young women.

P120. SEXUAL ACTIVITY IN FEMALE ADOLESCENTS

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Introduction: 3164 females age 10 to 24 have been seen at the Adolescent Comprehensive Health Program between May 2000 and December 2003, 73% of them by the gynecologist. (N=2320) We describe some epidemiological features of the adolescents and their consulting motifs in relation to their sexual activity status. Material and methods:

we reviewed the files of 300 patients, corresponding to the 12,9% of gynecological patients. Statistical analysis: Ji2.

Results: 104 patients were sexually active, with a mean age of 19,65 years, the youngest being 15 years old. 36,6% had not sexual activity (mean age 15,6 years) and in 28,4% this antecedent was not stated (mean age 14, 2 years). Of the girls being 18 years or older, 66% was sexually active. 25% of the sexually active girls went to their first visit accompanied by their mothers; 84% of non active/non stated sexual activity went accompanied by their mothers. 58 patients of the whole group (19,3%) consulted for prescription of contraception, 44 of them were already sexually active. (76%). 89 patients received contraception counseling (29,6%). At moment of the visit, the sexually active girls used following birth control methods (BCM): the pill 41,3%, condoms (steadily-used) 25%, condoms (occasionally-used) 8,6%, natural family planning 2,8% and 7,7% were not using BCM. The consulting motifs for the 104 sexually active girls were: 44 prescriptions of contraception (42,4%), 32 gynecological annual control (30,8%), 5 emergency contraception (4,8%), 3 because of pregnancy (2,8%). Of the group without stated sexual activity, 24,7% was premenarcheal, and 41% aged less than 14 years.

Conclusions: 2/3 of legal-aged girls are being sexually active; contraception counseling is done in a greater number of girls than it is asked for, which demonstrates that it is a frequent not explicitated consulting motif. The percentage of younger girls in whom the antecedent of sexual activity was not stated shows a bias of the gynecologist, which has to be corrected to include this group in further preventive and counseling work.

P150. FOLLOW-UP OF THE TEACHERS, STUDENTS, PARENTS WHO WERE TRAINED ABOUT STD AND HIV-AIDS*

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Objective: To evaluate the impact in terms of replication of sexual education in teachers, parents and health professionals that were trained during one year in sexual education with emphasis on the STD and AIDS prevention.

Material and Methods: This is an analytical, observational and following-up study. 129 teachers have of the 79 schools and 64 health professionals of the north part of Santiago City they were trained about sexuality with emphasis on STD and HIV-AIDS by CEMERA team. A follow-up was carried out to evaluate its impact a year later. The data were analyzed with the STATA 7.0 software in order to observe the measures of central tendency and to describe the impact.

Results: The 57% of the schools had replied sexual education. The 50.8% of the trained teachers participated. The impact of sexual education reached to 6.875 students, 411 teachers and 2975 parents and other people in charge of students. The schools that participated in the replication, received support from the School Director (80%9), from the material production Unit (42%), and the Technical Teaching Unit (55%).

From the 15 primary care clinics trained for a better quality of medical attention for the people who ask about STD and HIV-AIDS, a replication was carried out in other 12 clinics.

Conclusions: Despite that 57% of the trained schools carried out the replication, these schools achieved to reach to 10.261 people in the first year of the follow-up. The impact in terms of replication shows how effective, the trained program is. These are preliminary results of this study.

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