Regional Specialists Tamworth

Dr Katie Nash
Consultant Paediatrician
MBBS FRACP
Provider No: 453838AW

MEDICAL IN CONFIDENCE - NOT FOR RELEASE WITHOUT WRITTEN APPROVAL

Clinic Date: 16/11/2021

Dr SALMA HANIF
10 Wee Waa St
BOGGABRI NSW 2382
Phone:
Fax: 0267434252

Dear Dr HANIF,

RE: **Miss Charlotte Baird DOB: 08/08/2008**
7 Rees Avenue BOGGABRI NSW 2382
Mobile: 0408660760 Phone: 0429954462
Email: kbaird2569@gmail.com

Issues:
1. Heavy, frequent menstrual bleeding; likely due to anovulatory cycles
2. Strong family history of gynaecological issues
3. Breast asymmetry
4. Intermittent headaches
5. Grommets at 3 years old secondary to recurrent otitis media and mild hearing loss
6. Acne vulgaris
7. Visual impairment; wears corrective lenses

Medications:

1. Adapalene 0.1% gel twice a day for acne
2. Ethinylestradiol/Levonorgestrel pill 30/150: one daily (commenced today)
3. Naproxen for dysmenorrhoea

Plan:
1. Continue iron supplement as needed
2. Commence combined oestrogen/progestin oral contraceptive pill as above
3. Take the oestrogen/progestin pill as prescribed for 28 days, including the sugar pills, and then consider using it continuously (skipping the sugar pills) thereafter
4. Naproxen during periods for dysmenorrhea
5. Consider adding Tranexamic acid 1 g three times a day for the first five days to reduce heavy bleeding (script provided)
6. Annual breast measurements and regular self-examinations
7. Follow up with GP in one month
8. Follow up with me in two months
9. Consider gynaecology referral if there are ongoing concerns, particularly given the family history

Thank you for referring Charlotte (13 years 3 months), who I met in my clinic today with her mother Kath. Charlotte was referred with irregular heavy periods, breast asymmetry, and headaches.

Menarche occurred when Charlotte was 10 years and 11 months old. She is currently menstruating, and her last menstrual period was one month prior to this. Her periods last for a minimum of a week and sometimes up to two weeks. The frequency is variable and can be up to twice a month. She generally has pain that lasts for the whole period. She takes Paracetamol and Ibuprofen, and has not tried anything stronger.

Charlotte's periods are always heavy. She uses Modibodi underwear and they are flooded very quickly, sometimes within 30 minutes. She wears the heavy (overnight) style of underwear all the time and always has spare pairs in her bag. Pads are ineffective, as they get flooded very quickly, and she is not using tampons yet. Charlotte has had some time off school due to do low energy and being pale, although Kath said she is very resilient and will try to get to school and other activities. She

takes iron tablets when she appears pale. Charlotte reports that she had not seen any blood clots, and she sometimes sees a flow of blood in the toilet. Charlotte dances twice a week and her periods do not normally affect that. She never feels dizzy or short of breath, but she does feel fatigued. There are no nosebleeds or gum bleeding, although she does get bruises easily from dancing. She has not used contraception before and she is not sexually active. She has acne, but there is no excessive facial or body hair and no rapid weight gain.

Thank you for providing the investigations done so far. Charlotte had an ultrasound of the pelvis in May 2021, which was normal. She also had blood tests in May 2021, with a reassuring haemoglobin of 144 g/L. Her full blood count was otherwise normal, as were the electrolytes and liver function tests. Cholesterol and triglycerides were normal. Fasting glucose was normal (5.2 mmol/L). TSH was normal (2.6 mIU/L). Androgens were normal. I am waiting on the hormone results to be faxed through to me. Charlotte went on to have another ultrasound of the pelvis in June 2021 after presenting to the Emergency Department with severe lower abdominal pain that did not settle with simple analgesia. The ultrasound identified the appendix, which was normal, and was otherwise unremarkable.

Charlotte had a big growth spurt when she was in Year 5. Her breasts have been developing asymmetrically, with the right side much smaller than the left. There has been no concern about any growths in the breasts. Charlotte also has been getting intermittent headaches, which can be more severe during her periods. Her last one was about a month ago. When she gets a headache, she will take simple analgesia, which helps, and she will lie down and stay away from screens. She has not required any time off school or other activities with headaches. Overall the headaches seem to have settled.

Charlotte is in Year 7 at St Mary's College Gunnedah, and she does well at school. She does ballet and contemporary dance twice a week. She generally sleeps well and there is no snoring. There are no issues with her diet, and she does eat red meat.

Charlotte met her developmental milestones as expected. She had recurrent ear infections in early childhood and a hearing test showed mild hearing loss in the left ear, with grommets inserted at 3 years old. She wears corrective lenses. She is currently taking Adapalene 0.1% gel twice a day for acne vulgaris, which has helped. She has no known allergies and her immunisations are up to date.

Charlotte lives with her parents and 11-year-old sister. There is a significant family history of gynaecological issues. Charlotte's maternal grandmother had similar heavy bleeding to Charlotte from 10 years old. She had an oophorectomy at 19 years old, then went on to have children, and then she underwent a hysterectomy at 36 years old. Charlotte's maternal aunt has similar issues, but has not required surgery. Her other maternal aunt has heavy periods, with endometriosis and asymmetric breast development. Kath had a uterine arteriovenous malformation at 33 years old, but otherwise she has not had the issues with heavy periods that her sisters or her mother have had. Charlotte's maternal great-grandmother had significant issues with periods as well as developing breast cancer and cervical cancer. Charlotte's maternal cousin has Polycystic Ovary Syndrome (PCOS) and commenced the oral contraceptive pill at 14 years old (she is now 18 years old).

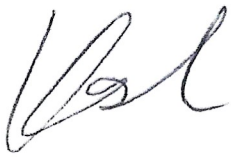
On examination, Charlotte's weight was 63.7 kg (just above the 90th percentile), her height was 162 cm (just below the 75th percentile), and her BMI was 24.27 kg/m^2 (90th percentile). Her heart rate was 92 bpm and her blood pressure was 110/62. She answered questions appropriately and she did not appear pale today. Her abdomen was soft and non-tender, non-distended, and there were no masses felt. Charlotte had Tanner stage 4 breasts that were clearly asymmetrical, with the right smaller than the left. There were no masses felt on palpation of either breast. The right breast measured vertically 15 cm and horizontally 17 cm, with the nipple measuring vertically 5.5 cm and horizontally 6 cm. The left breast measured vertically 20.5 cm and horizontally 24.5 cm, with the nipple measuring vertically 6.5 cm and horizontally 7.5 cm.

Breast asymmetry is common in early adolescence, and the recommendation is for annual breast measurements until Charlotte is 18 years old. If there are persisting concerns, cosmetic management could be considered.

Charlotte's headaches seem to be stable, and I do not have any specific recommendations. Simple analgesia is appropriate. Migraines are commonly associated with menstruation, but Charlotte's headaches do not sound like migraines.

I reviewed the excellent guideline for heavy menstrual bleeding from the Royal Children's Hospital. The most common cause of heavy menstrual bleeding in adolescents is anovulatory cycles. Charlotte's symptoms correlate are of mild-to-moderate severity: haemoglobin is normal, but she has moderately prolonged and frequent menses with moderate-to-heavy flow. The treatment is a combination of approaches. Non-hormonal management includes regular anti-inflammatories such as Naproxen or Mefenamic acid during menstruation, which can help with pain in particular and can also the decrease flow. Tranexamic acid can be given on the first five days of menstruation and can decrease the flow by 25-50%. I have prescribed this today, but I recommend starting with Naproxen. We discussed using a combined oestrogen/progestin low-dose oral contraceptive pill, which can significantly reduce flow and is effective for anovulatory or irregular menses. I prescribed Ethinylestradiol 30 mcg and Levonorgestrel 150 mcg. Charlotte should have one pill daily for 28 days (including the sugar pills), and then after the first month's withdrawal bleed, she can transition to continuous use (i.e. skipping the sugar pills). I would like Charlotte to follow up with you in one month, and then with me in two months. We can consider referral to a gynaecologist if there are ongoing concerns, particularly given the strong family history of gynaecological issues.

Yours sincerely,



(dictated and checked electronically)
Dr Katie Nash MBBS FRACP
Consultant Paediatrician

cc: Miss Charlotte Baird 7 Rees Avenue, BOGGABRI NSW 2382
Patient & Parents

21-23 The Ringers Road, Tamworth NSW 2340
Ph: 02 6762 2321 - Fax: 02 8287 4707 - Email: reception@regionalspecialists.com.au

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Clinic Date: 23/11/2022

Dr SALMA HANIF (5308815A)
10 Wee Waa St
BOGGABRI NSW 2382
Phone: 0267497097
Fax: 0267434252
Email:

Dear Dr HANIF,

RE: Miss Charlotte Baird DOB: 08/08/2008
7 Rees Avenue BOGGABRI NSW 2382
Mobile: 0408 660 760 Phone: 0429 954 462
Email: kbaird2569@gmail.com

Issues:
1. Breast asymmetry
2. Heavy, frequent menstrual bleeding; likely due to anovulatory cycles; much improved
3. Strong family history of gynaecological issues
4. Intermittent headaches
5. Grommets at 3 years old secondary to recurrent otitis media and mild hearing loss
6. Acne vulgaris
7. Visual impairment; wears corrective lenses

Medications:
1. Adapalene 0.1% gel: twice a day
2. Femme-Tab 20/100 oral contraceptive: 1 tablet daily
3. Naprogesic as needed

Plan:
1. Ultrasound abdomen and pelvis when having pelvic pain
2. Urine culture
3. Referral to breast surgeon
4. Follow up in 12 months

I followed up with Charlotte (14 years 3 months) in my clinic today with her mother, Kath.

Thank you for the new referral, which mentioned that Charlotte's menstruation is now more regular and her acne has improved. Kath reports that Dr Hanif has left Boggabri, so there are now locums coming to the practice instead. When Charlotte initially started the oral contraceptive pill, there were concerns initially regarding weight gain, but that has settled down. Overall, it has been really successful.

Charlotte reports that over the last few months she has been having episodes of pelvic pain, even when she is not having her period. The pain can be severe and it will come in waves that is sometimes sharp and sometimes deep and dull. It seems to affect the entire abdomen. She tends to take Paracetamol for the pain. She was not comfortable talking to one of the locum GPs about it. She has not needed to go to the Emergency Department.

The main concern is breast asymmetry. The breasts continue to grow, with the left growing faster than the right. The bigger breast is always sore. Charlotte had been using an insert in her bra on the right side, but it is no longer helpful and she is looking into some prosthetics. She wears supportive bras that are fitted, but the pain is a big concern. The question today was regarding surgical options and I agree it is time for a referral.

Charlotte's weight today was 73.7 kg (90-97th percentile) and her height was 162 cm (~50th percentile). She had Tanner stage 4 breasts that were clearly asymmetrical with the right much smaller than the left. There were no masses on palpation of either breast. The right breast measured vertically 15 cm and horizontally 19 cm, and the right nipple measured vertically 4.5 cm and horizontally 3.5 cm. The left breast measured vertically 22 cm and horizontally 30.5 cm, with the left nipple measuring vertically 5.5 cm and horizontally 5.5 cm.

I recommend an ultrasound of the abdomen and pelvis when Charlotte is having a painful episode. I ordered a urine culture to ensure that there is no underlying infection. I will send a referral to a breast surgeon. I will follow up with Charlotte in 12 months.

Yours sincerely,

(dictated and checked electronically)
Dr Katie Nash
Consultant Paediatrician

Cc: Miss Charlotte Baird

Please direct all paediatric clinic enquiries to paediatrics@regionalspecialists.com.au
KN/rkp/ar:kp

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