Fig. 11.1. Paediatric assessment of anogenital bleeding.

HISTORY OF EVENT, FAMILY HISTORY, MEDICAL AND DEVELOPMENTAL HISTORY

Full general examination (incl. height, weight)

Examinations

Genital

Anal

Height <3rd or >97th centile
OR
Secondary Sexual
Characteristics

Ambiguous genitalia

Normal

Abnormal (e.g. bruising, lacerations to labia/hymen)

Abnormal (e.g. bruising, lacerations, scars, anal warts)

Normal

Bone age

Foreign body

Possible pelvic mass

Bloody vaginal discharge

No relevant clinical findings on examination

Warts

Skin condition present (e.g. lichen sclerosis, eczema)

Accidental injury observed consistent with history

No relevant clinical findings on examination

Constipation present

Retarded OR Advanced — Normal

Vaginal irrigation

Object cleared (e.g. toilet tissue)

Object not cleared

Suspicious history

No suspicious history

Manage injury

Suspicious history

No suspicious history

REFER
to a paediatric endocrinologist for hormonal assays for possible thyroid disorder, precocious puberty or onset of menarche

Ultrasound/EUA

Swabs (possible STI)

REFER
Appropriate paediatric specialist

APPROPRIATE FOLLOW-UP

REFER
Paediatrician/ Dermatologist

APPROPRIATE FOLLOW-UP

APPROPRIATE FOLLOW-UP

——— Possible CSA

- - - - - Additional clinical considerations

POSSIBLE CHILD SEXUAL ABUSE

Multi-agency strategy discussion
(Health/Police/Social Services)

CSA Services/Forensic examination

Genitourinary medicine