

Table 92. Age-Related Prevalence of Principal Laparoscopic Findings in 121 Adolescent Females 11 to 17 Years Old with Acute Pelvic Pain (The Children's Hospital, Boston, 1980–1986)

Diagnosis	Number of Patients		
	Age 11–13	Age 14–15	Age 16–17
Ovarian cyst	12 (50%)	16 (35%)	19 (37%)
Acute pelvic inflammatory disease	4 (17%)	7 (16%)	10 (19%)
Adnexal torsion	0 (0%)	7 (16%)	2 (4%)
Endometriosis	0 (0%)	2 (4%)	4 (7%)
Ectopic pregnancy	0 (0%)	3 (7%)	1 (2%)
Appendicitis	3 (13%)	4 (9%)	6 (12%)
No pathology	5 (20%)	6 (13%)	10 (19%)
Total	24 (20%)	45 (37%)	52 (43%)

From Goldstein DP. Acute and chronic pelvic pain. *Pediatr Clin North Am.* 1989;36(3):576.

Table 93. Key Characteristics of Vaginal Discharges

	Presenting Symptoms	Discharge	Nonmenstrual pH	Amine/Whiff Test	Vaginal Smear	Treatment
Nonspecific vaginitis	Foul-smelling discharge Itching	Scant to copious Brown to green in color	Variable	Negative	Leukocytes Bacteria and other debris	Improved perineal hygiene
Physiologic leukorrhea	None	Variable Scant to moderate Clear to white	<4.5	Negative	Normal epithelial cells Lactobacilli predominate	None
Bacterial vaginosis	Foul-smelling discharge	Gray-white	>4.7	Positive	Epithelial cells with bacteria ("clue cells") Gram-negative rods	Metronidazole Clindamycin
Candidiasis	Severe itching Vulvar inflammation	White, "curd-like"	<4.5	Negative	Fungal hyphae and buds	Topical or intravaginal imidazoles, triazoles Oral ketoconazole Metronidazole
Trichomonal vaginitis	Copious discharge Itching	Profuse Yellow to green	5.0–6.0	Occasionally present	Motile flagellated organisms	
Foreign body	Foul-smelling discharge	Foul-smelling Purulent Dark brown	Variable (usually >4.7)	Occasionally present	Leukocytes Epithelial cells with bacteria and debris	Remove foreign body
Contact vulvovaginitis	Vulvar inflammation Itching Edema	Scant White to yellow	Variable (usually <4.5)	Negative	Leukocytes Epithelial cells	Irrigate vagina Remove irritant Topical steroids

Table 94. Emergency Contraceptive Pills

Instructions for Use

Any of the birth control pills listed below can be used as ECPs. Use only the type of pill your health care provider prescribed for you. Use only one type of pill.

If You Are Taking	Number of Pills to Swallow as Soon as Possible (1st Dose)	Number of Pills to Swallow 12 Hours Later (2nd Dose)
Ovral	2 white pills	2 white pills
Lo/Ovral	4 white pills	4 white pills
Levlen	4 light-orange pills	4 light-orange pills
Nordette	4 light-orange pills	4 light-orange pills
Tri-Levlen	4 yellow pills	4 yellow pills
Triphasil	4 yellow pills	4 yellow pills
Alesse	5 pink pills	5 pink pills

- To reduce the chance of nausea, take an antinausea medicine (like Dramamine II or Benadryl) 1 hour **before** the first ECP dose; repeat according to labeled instructions. This may make you feel tired, so don't drive or drink any alcohol.
- Take the first ECP dose as soon as convenient **WITHIN 3 DAYS (72 HOURS)** after unprotected sex. Try to time the first dose so that the timing of the second dose will be convenient.
- Take the second ECP dose **12 hours after the first dose.**

IMPORTANT: Do not take any extra ECPs. More pills will probably not make the treatment work better. More pills will increase your risk of feeling sick to your stomach.

- Use condoms, spermicides, or a diaphragm if you have sex after taking ECPs until you get your period. Talk to your health care provider about other regular birth control methods you can use in the future.
- Your next period may be a few days early or late.

IMPORTANT: Do a home pregnancy test or see your health care provider if your period has not started **within 3 weeks** after ECP treatment. You may be pregnant.

Source: Program for Applied Technologies (PATH). *Emergency contraception: Resources for providers*. Seattle, 1997. This patient handout may be reproduced without permission of the publisher.