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cording to Dr. Zurawin. When there is unilateral enlargement of the labia, they complain that the condition is unsightly and uncomfortable. Though labial hypertrophy can be corrected with a simple resection, he said, "Many times I tell them to wait—the other side will catch up."

Prolapse of the urethral mucosa presents with vaginal bleeding in early childhood and can look frightening, but is fairly common, Dr. Zurawin said. "It responds beautifully to estrogen," he said, adding that resection is necessary in rare cases and should not be too deep.

For hemangioma of the vulva, he recommended sending the patient to a dermatologist who would use laser therapy.

Among developmental abnormalities of the vagina, imperforate hymen is usually asymptomatic until a child reaches menarche, he said. It can be repaired with a simple incision, but without a digital examination it can easily be mistaken for another vaginal abnormality: transverse vaginal septum. The latter requires surgery and should be resected as much as possible.

Vaginal duplications are often asymptomatic and can be easily resected.

He characterized obstructed hemivagina, however, as "one of the most mis-

diagnosed anomalies in gynecology." Children will often have regular periods for a few months until the occlusion interferes. Often surgeons or gynecologists will do a major operation, he said, when all that is necessary is surgery to remove the septum.

Magnetic resonance imaging is not sufficient in these cases, however, as these children might also have undetected renal abnormalities, Dr. Zurawin warned. "I am very adamant about doing simultaneous laparoscopy," he said. "I want to make sure there are no other associated anomalies."

Vaginal agenesis is a fairly common anomaly for which there are a variety of

approaches to creating a new vagina. With a new combined vaginal and laparoscopic approach, the child could be released from the hospital after an overnight stay and would heal very quickly, he said.

"If you have experience, [developmental abnormalities] are really not that difficult to treat ... and we are really developing minimally invasive operations for what used to be large operations," Dr. Zurawin said.

He recommended most gynecologists not try to correct these conditions, however. "They should really refer them to someone who had been trained. ... They shouldn't attempt them by themselves," he said. ■

Study Gives UAE Mixed Results On Morbidity

WASHINGTON — Uterine artery embolization resulted in similar short-term morbidity but greater long-term morbidity, compared with total laparoscopic hysterectomy, Lindsay Mains, M.D., and colleagues reported during the annual meeting of District VII of the American College of Obstetricians and Gynecologists.

The researchers conducted a nonrandomized, retrospective study at their institution, the Ochsner Clinic Foundation in New Orleans, and presented their findings in poster form at the meeting.

Over a 4-year-period, they compared the cases of 103 patients who chose uterine artery embolization (UAE) with 175 patients who elected to have total laparoscopic hysterectomy (TLH).

In addition to reviewing medical records, the researchers conducted telephone interviews to compare preoperative data, complication rates, readmission rates, length and severity of recovery, and need for more treatment.

Both groups in the study had comparable demographics and baseline characteristics.

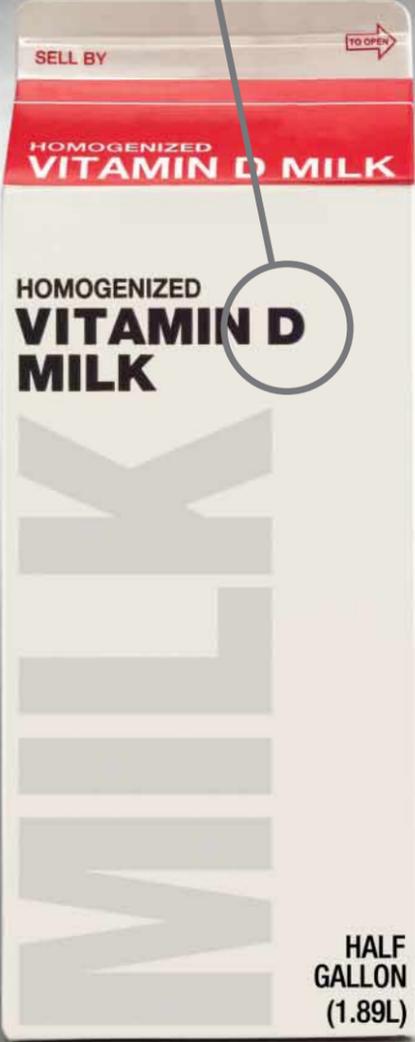
There were no statistically significant differences reported between the UAE and TLH groups in intraoperative complication rates (2.8% vs. 2.9%), postoperative complication rates (5.7% vs. 3.9%), or readmission rates (6.9% vs. 2.9%). Both groups experienced similar lengths of recovery and postoperative pain, Dr. Mains, an ob.gyn. at the clinic, said in an interview.

However, UAE patients were significantly more likely to need further surgery, compared with the TLH patients (15.5% vs. 4.6%). The UAE patients expressed greater dissatisfaction with their choice than did members of the TLH (38.5% vs. 7.7%), saying they would opt for a different treatment if they had to do it over.

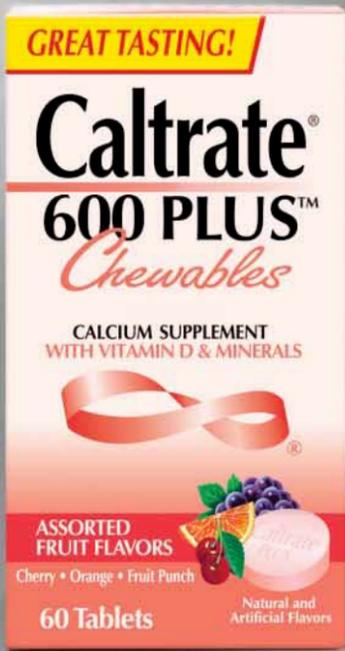
"When intraoperative complications, postoperative complications, need for readmission, need for further treatment, and failure to treat symptoms were combined to be described as 'clinical failures,' UAE resulted in significantly more clinical failures than did TLH," the researchers concluded.

—Deeanna Franklin

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References: 1. Office of the Surgeon General. *Bone Health and Osteoporosis: A Surgeon General's Report: What Is Bone Disease?* Available at: www.surgeongeneral.gov/library/bonehealth/factsheet1.html. Accessed November 19, 2004. Page 3. 2. *Bone Health and Osteoporosis: A Report of the Surgeon General*. Washington, DC: Office of the Surgeon General, US Dept of Health and Human Services; 2004:12.
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