The YEAR BOOK of

Obstetrics and Gynecology®

1984

ROY M. PITKIN, M.D.

FRANK J. ZLATNIK, M.D.



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Editors of Management A Mendelson and the production

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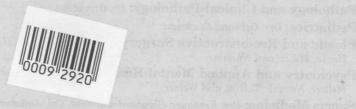
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Introduction

Readers occasionally ask about how the YEAR BOOK OF OBSTETRICS AND GYNECOLOGY reaches its final printed form. A brief outline of the

second article, an in or or or or or pathagenesis, diagnosis, and treat-

name has certainly been the one most associated with this particular disease for more thin an univer certury, and be has played a major

process might therefore be of interest.

The publisher subscribes to nearly all biomedical journals published in English as well as to a number in German, French, Spanish, and Italian. Each article in each journal is screened by YEAR BOOK employees and marked to indicate the YEAR BOOK for which it is appropriate. Often, an article may be marked for consideration by editors of four or more of the 25 different YEAR BOOKs. In the case of our YEAR BOOK, all articles relating to obstetrics and gynecology in the

broadest possible sense are included.

Each month, a rather large box containing intact issues of specialty journals or individual articles torn from general journals arrives on our doorstep. Our task is to review these and select those we wish to include. One of us reads each paper selected and summarizes it for the other; the primary reviewer also prepares a rough draft of the editorial comment. Our major focus in selecting articles is that of relevance to clinical practice. We try to pick those that report new information or resolve controversial or contradictory data. Most of our selections represent what we believe to be the best papers published, although in some cases a study that we regard as flawed is included in order to point out its inadequacies. Although many articles are selected from United States specialty journals, each year we include many papers from general and foreign journals that ordinarily are not seen by the practitioner. Our goal is to provide the obstetriciangynecologist with an extensive body of current information.

Articles selected are sent to the publisher for abstracting by professional abstractors. The original article and the abstract are then returned to us for verification, and at this time we put our editorial comments in final form. Toward the end of the year (October in the case of the YEAR BOOK OF OBSTETRICS AND GYNECOLOGY), we organize the articles in proper category and sequence and make one final check of the manuscript. It might seem that this would be a propitious time for a celebration but by the time the manuscript has gone to the publisher, we've already been working on the next year's book

for two months!

The special articles in this year's edition concern two important topics in contemporary obstetrics and gynecology. Jennifer R. Niebyl, of Johns Hopkins University, has prepared an excellent summary of drug effects in pregnancy, with particular emphasis on clinical teratology. This general subject probably accounts for more patient questions, to say nothing of its medicolegal implications, than any other, and Doctor Niebyl is one of the nation's authorities in the area. The

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second article, an update on the pathogenesis, diagnosis, and treatment of endometriosis, is authored by Robert W. Kistner, Robert L. Barbieri, and Stephen Evans, of Harvard University. Doctor Kistner's name has certainly been the one most associated with this particular disease for more than a quarter century, and he has played a major role in most of the advances occurring over that period of time.

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Roy M. Pitkin, M.D. Frank J. Zlatnik, M.D.

Journals Represented

Acta Endocrinologica

Acta Obstetricia et Gynecologica Scandinavica

American Journal of Cardiology

American Journal of Clinical Nutrition

American Journal of Diseases of Children

American Journal of Epidemiology

American Journal of Medicine

American Journal of Obstetrics and Gynecology

American Journal of Surgery

American Surgeon

Anaesthesia and Intensive Care

Anesthesia and Analgesia

Annales Chirurgiae et Gynaecologiae

Annals of Internal Medicine

Annals of Surgery

Archives of Diseases of Childhood

Archives of Internal Medicine

Australian and New Zealand Journal of Obstetrics and Gynaecology

British Journal of Clinical Pharmacology

British Journal of Obstetrics and Gynaecology

British Journal of Surgery

British Journal of Urology

British Medical Journal

Canadian Medical Association Journal

Cancer

Clinical Endocrinology

Clinical Pediatrics

Contraception

Developmental Medicine and Child Neurology

Diabetologia

Fertility and Sterility

Gynecologic and Obstetric Investigation

Gynecologic Oncology

International Journal of Fertility

International Journal of Gynaecology and Obstetrics

Journal of Adolescent Health Care

Journal of the American Medical Association

Journal of the Canadian Association of Radiologists

Journal of Clinical Endocrinology and Metabolism

Journal of Family Practice

Journal of Nervous and Mental Disease

Journal of Occupational Medicine

Journal of Pediatric Surgery

Journal of Pediatrics

Journal of Urology

Lancet

Life Sciences

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Neurology Neuropediatrics New England Journal of Medicine Obstetrics and Gynecology Pediatric Research Pediatrics Prostaglandins Psychological Medicine Psychophysiology Quarterly Journal of Medicine Scandinavian Journal of Clinical and Laboratory Investigation South African Medical Journal Southern Medical Journal Surgery Therapeutic Drug Monitoring Urologia Internationalis

PART ONE OBSTETRICS

1. Maternal and Fetal Physiology

1-1 Growth of the Birth Canal in Adolescent Girls. Obstetric complications associated with young teenage mothers include increased risk of prolonged labor, uterine dysfunction, contracted pelvis, and cesarean section. These risks may be related to immaturity of the pelvis and the smaller size of the birth canal. Marquisa LaVelle Moerman (Univ. of Michigan, Dearborn) analyzed the growth and development of the birth canal in a longitudinal sample of 90 healthy middle-class girls aged 8 to 18 years. Examinations included physical measurement of four pelvic dimensions, detailed gynecologic history,

and prior to 1950, annual radiographic study of the pelvis.

Compared with stature, the pelvic basin was found to grow more slowly and continuously through late adolescence. At menarcheal age (MA) 0 to 2, mean pelvic size was considerably smaller than mean adult pelvic size at age 18 years. Pelvic dimensions for the inlet of the pelvic basin (measure A), the interspinous diameter (measure B), and the maximum breadth of the sacral alae (measure C) for Ma 0 to 2 were significantly smaller than adult size, but the inferior breadth of the ischial tuberosities (measure D) was not significantly smaller at MA 2, compared with mean adult size. At MA 3, pelvic size for any of the four measures did not differ significantly from the adult size. Despite the likely onset of fecundity at an early MA, pelvic growth continued beyond the asymptote of stature (1% or less of growth remaining), with greater pelvic growth remaining at all ages (table).

PERCENTAGE OF GROWTH RI	EMAINING IN YEARS AFTER MENARCHE* MA			
	0 (%)	1 (%)	2 (%)	3 (%)
Body dimensions:				
Stature	4.3	2.1	0.9	0.5
Weight	20.4	11.9	6.7	3.5
Bicristal hip diameter	9.6	5.7	3.3	1.4
Pelvic diameters:				
A. Inlet	13.0	7.0	3.9	1.7
B. Bispinous	18.2	12.6	8.9	6.0
C. Sacrum	12.4	7.4	3.2	2.4
D. Inferior ischium	14.0	5.0	3.0	0.8

^{*}Calculated retrospectively from longitudinal series of 45 girls on basis of subject size at age 18. (Courtesy of Moerman, M. L.: Am. J. Obstet. Gynecol, 143:528-532, July 1, 1982).

⁽¹⁻¹⁾ Am. J. Obstet. Gynecol. 143:528-532, July 1, 1982.