

Pediatric and Adolescent Gynecology: The Potpourri of Our Clinical Practices



Greetings dear readers. Once again I collate the content for another issue of the *Journal of Pediatric and Adolescent Gynecology* (JPAG). Some months, as I review the list of articles that have successfully navigated the peer review process and have been accepted to JPAG I see major themes emerging that help me group the submissions. Typically there are several submissions relating to prepubertal gynecologic problems, several addressing contraception, a number that report on ovarian masses and surgeries, and typically some that pertain to medical issues such as heavy menstrual bleeding. The peer review process takes time, although I give a heartfelt thanks to our associate editors and reviewers, because the average time from submission to first decision is now less than a month!

I read every manuscript submitted, and some submissions receive a “desk reject” if I determine that the submission is either “out of scope” (ie, that it addresses a topic that is not within the broad sphere of interests of you, the JPAG readers), or I might determine that the manuscript does not meet minimum standards for a manuscript that has a chance of acceptance. I might ask the associate editors or members of the JPAG Editorial Board to weigh in on these submissions to determine if the manuscript warrants asking a reviewer to provide an in-depth review. If the submission is of sufficient quality to move on through the peer review process, I assign it to an associate editor who selects appropriate reviewers; 2 or more reviewers provide feedback to the authors and a recommendation for acceptance (rarely is this the initial recommendation), or for major or minor revisions. The authors subsequently revise their manuscript to address the reviewers’ comments and then resubmit it, hoping for an acceptance. The associate editors review the manuscript and might decide to resend it to the original reviewers to determine if the authors have satisfied all of their concerns; sometimes the decision is for acceptance, or if more revisions are required, again return to the authors for either more major revisions, or more likely minor revisions if the authors have successfully addressed the major of the reviewers’ comments. The authors again revise, and if all is well, the decision will be to accept the manuscript. I then have the pleasure of sending a final acceptance to the authors, and the article is published online. This entire process takes a variable amount of time, and thus there are typically a number of manuscripts in varying stages of the submission pipeline. Thus when it comes time for me to select the content for the next print issue, I am often surprised by the list of manuscripts that have completed the review process.

For this issue, I was particularly struck by the “potpourri” of topics. I can remember when I first learned the word “potpourri,” and some of you might have had a similar initiation to the word. I first heard it sometime in my own adolescence. Wikipedia tells me that the Jeopardy TV quiz show first aired in 1964. I was a real Jeopardy fan, and I loved learning new bits of trivia and factoids. I was struck by the pronunciation of the word, which was discordant from its spelling, and then fascinated that the word came from the French. As a child, I had learned that whenever I asked my parents the meaning of a word, they told me to look it up, making me suspicious that they didn’t really know the answer, when in reality, it was a parental pedagogical technique for helping me to remember the meaning on the basis of the extra work that was required to research the term. I learned that the word referred to a mixture of dried fragrant plant and flower materials, often placed in a decorative container; indeed my mom kept such a bowl of potpourri on the table in our front hallway. The dictionary further described the meaning related to the Jeopardy context as a mixture of unrelated or miscellaneous objects or subject.

So back to this issue of JPAG—the topics selected for this issue are a bit more varied than usual. This is in keeping with our varied pediatric and adolescent gynecology (PAG) practices; some of us see only teens with medical gynecologic problems, others of us have a primarily surgical practice, some of us provide obstetrical care for adolescents in addition to gynecologic care, and some of us see patients with a mix of medical and surgical concerns. Some of us see as many prepubertal girls as adolescents, whereas others of us have an adolescent medicine-focused practice, often including young adults. So our PAG practices are a potpourri.

In this issue, I cite to you some examples from the potpourri. This issue includes articles on teaching PAG using high-fidelity simulation¹; an article on ovarian function in adolescents conceived using assisted reproductive technologies, suggesting later menarche and lower ovulatory rates²; 2 articles addressing abnormal bleeding and bleeding disorders in adolescents^{3,4}; obstetric concerns including an investigation of obstetric lacerations in adolescent mothers⁵; what are the outcomes of pregnancies of overweight and obese teens⁶; and what are the risky behaviors in which pregnant adolescents engage⁷; what do teens know about human papillomavirus before and after vaccination⁸ and what do they learn about human papillomavirus vaccine from YouTube⁹; what are the differences in risk and knowledge

of the female athlete triad between adolescent and young adult figure skaters, dancers, and runners¹⁰; and what do we know about the provision of reproductive health services including emergency contraception in emergency departments and in school-based health centers.^{11,12} Finally, I cite to you a review on the transition of care of adolescent gynecology patients with surgically treated congenital and acquired anomalies. This document, prepared by Drs Hertweck and Rothstein was jointly endorsed by the North American Society for Pediatric and Adolescent Gynecology and the Section on Surgery of the American Academy of Pediatrics.¹³

So please enjoy the potpourri that this issue of JPAG brings you, and its reflection of the diversity of our PAG clinical practices.

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