

Vaginal Reconstruction in the Pediatric Population: An Analysis of a National Database

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Abstract Text:

Objective:

In the pediatric population, vaginal reconstruction can be performed in patients with either congenital malformations or acquired conditions. To our knowledge, there has been no study to date investigating the safety and outcomes of vaginoplasty in the pediatric population using a nationwide database. Here, we present a national cohort study of perioperative characteristics and complications of vaginoplasty in pediatric patients.

Methods:

A retrospective cohort study was performed using the Pediatric National Surgical Quality Improvement Program (NSQIP-P) database from 2012-2020. Data from patients age 0 to 18 who underwent vaginoplasty was queried using CPT code 57335. Descriptive analysis was performed to elucidate patterns in patient demographics, perioperative characteristics, and 30-day postoperative outcomes.

Results:

A total of 183 patients were identified. Median age was 2.41 years (IQR 0.9 to 12.1). Congenital malformation was present in 75.9%. Average total length of stay was 2.7 days (SD=3.8), readmission rate was 7.86%, and reoperation rate was 4.32%. Complications included urinary tract infection (3.3%), bleeding/transfusions (2.2%), organ/space surgical site infection (1.1%), and superficial incisional surgical site infection (0.6%). The most common procedures performed simultaneously with vaginoplasty included cystourethroscopy (n=66), clitoroplasty for intersex state (n=58), and plastic repair of introitus (n=22).

Conclusion:

Vaginoplasties are relatively safe in the pediatric population with low rates of readmission and low incidence of 30-day postoperative complications. Further studies focusing on prospective clinical data related to pediatric vaginoplasty would help to elucidate factors that can improve long-term outcomes in this population.

Tracks:

Clinical

Image

[table1.pdf](#)

Image

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