Presentations of FGM to a London Clinic

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Outline

• Why this case series?
• Background
• Aims
• Methods
• Results
• Conclusions & recommendations
FGM Prevalence 2011

- Essentially never
- Rare/ethnic minority populations <10%
- 11-25%
- 26-50%
- >50%
- No data

UK

- ~66,000 women affected
- 20,000 under 15s at risk

FORWARD, 2007
Type 1
(WHO classification)

Type 2
(WHO classification)
Type 3
(WHO classification)

BMJ 2012;344:e136

Type 4
( WHO Classification)

All other harmful procedures to the female genitalia for non-medical purposes e.g.:

- pricking
- piercing
- incising
- scraping
- cauterization
Aims & Method

• All paediatric cases over 7 years (2006-2013)
• Analyse characteristics
• Retrospective
• From patient notes

Referrals to Tertiary Clinic

2006 – June 2013

Referrals (23) → FGM (19) → Cases of FGM examined (13)

Refused Examination (6) → No FGM (4)
Country of Origin & Country of FGM

Reason Cases Identified

- Suspicion/allegation/disclosure of FGM
- Family (12)
- Self-disclosure (4)
- School (3)
- Medical context (6)
- Other (6)
FGM Physical findings (n=13)

- Type 1 (n=1)
- Type 2 (n=3)
- Type 4 (n=9)

Type 4: Physical Signs
- Normal Examination (n=3)
- Scar (n=6)

Outcomes: Prosecution

Cases Identified (19)
- Before entered UK (12)
- Before 2003 (3)
- Potentially prosecutable (4)
Outcomes: Medical

- CP
  - Ongoing risk
  - Unaffected siblings

- Medical
  - BBV
  - Physical sx
  - Psychological sx

- Referral
  - Mother
  - Older cases

- Reassurance
  - Child
  - Parents

Conclusions

- Presentations
- Majority type 4
- Type 4 often leaves little or no physical signs
- Difficulty in identifying perpetrator
Recommendations

• Further research
• Consider prosecuting for neglect
• Revise classification
• Low index of suspicion

References

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