

and raped her. She believed that the scars were “clean” as they were covered with newly regenerated skin. Her gynecologic exam was normal. Further psychiatric intervention was then obtained as it became very apparent that the patient had numerous unresolved emotional conflicts stemming from the attack.

Conclusions: This paper documents that carving and scarification of the forearms may be due to self-induced injury in adolescent girls who have been the victims of a sexual assault. Clinicians who care for teens should be aware of this finding as it appears to be an important dermatologic manifestation of sexual abuse. Early recognition of this sign and prompt treatment of the underlying psychiatric issues are essential to an optimal outcome so that any further complications following such a traumatic event can be minimized.

PREVIOUS CLINICAL DIAGNOSIS OF CHLAMYDIA HELPS PATIENTS PREDICT OUTCOME OF NEW CHLAMYDIA CLINICAL TEST

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Background: As part of an ongoing clinical trial evaluating the effectiveness of an intervention aimed at decreasing STDs in adolescent females, a host of different background measures were collected at baseline. These measures include self-reported behaviors, risk and probability estimates concerning STDs, self-reported prior medical diagnoses, and a Chlamydia trachomatis (Ct) infection assay, among other measures. This analysis examines participants' accuracy in estimating their own chance of chlamydia infection.

Methods: Participants were 131 sexually active adolescent females, 79% black, 13% white, mean age 16 (range 13–19), who had been recruited from an adolescent health service. At the time of this study, participants were not primarily being seen for a clinical visit. Participants answered two questions that are examined here: The first asked, “What is the percent chance that you have chlamydia right now,” accompanied by a visual scale ranging from 0% (no chance) to 100% (certainly). The second question asked, “In your life, have you ever been told by a doctor or nurse that you had chlamydia?” Following all questions a vaginal swab was collected by the participant, which was analyzed by polymerase chain reaction (PCR) for Ct. A multiple regression was performed, predicting the outcome of the chlamydia swab test using participants' estimates that they had chlamydia, their self-reported prior diagnosis with chlamydia (dichotomous), and the interaction between these two variables.

Results: The regression $F(3, 127) = 10.95, p < .01$, revealed that participants' estimates of the chance that they had chlamydia significantly predicted outcome of the clinical test, $t(127) = 3.34, p < .01$. Previous diagnosis with chlamydia alone did not predict outcome of the clinical test, $t(127) = -0.84, ns$, but the interaction between the two variables significantly predicted clinical outcome, $t(127) = -2.07, p < .05$. A previous chlamydia diagnosis made participants' own estimates highly predictive of the clinical out-

come; the estimates of those who had never been previously diagnosed with chlamydia had very little predictive power.

Conclusions: Those participants who had prior experience with a chlamydia diagnosis were much more able to interpret their own risks and symptoms, and arrive at a very accurate estimate of the chance that they had a chlamydia infection. It is important to note that these participants were not seeking care at the time of this study, but that they had enough information to predict clinical outcome of a chlamydia test, especially those who had been diagnosed with chlamydia in the past. Arguably, these are they very patients who are most at risk for long-term sequelae of chlamydia infection, and asking (or having the patient ask) the relevant questions may increase the likelihood that they are identified and treated promptly, and early in the course of infection.

COMPARISON OF MICROSCOPIC EXAMINATION AND HUMAN PAPILLOMA VIRUS DNA SUBTYPING IN VULVAR LESIONS OF PREMENARCHAL GIRLS

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Background: In premenarchal children the diagnosis of vulvar condyloma is often based on the clinical or microscopic appearance of the lesions. Other techniques for diagnosing condyloma such as DNA subtyping are not always used by providers. The purpose of this study is to compare the microscopic examination and Human Papilloma Virus (HPV) DNA subtyping of vulvar specimens from premenarchal girls to determine whether DNA subtyping aids in the diagnosis process.

Methods: Eleven premenarchal girls were taken to the operating room for the treatment of clinically diagnosed condyloma between 1993 and 1999 at the University of Michigan Medical Center. In all patients, tissue was sent for pathologic evaluation and in 10 patients the specimens also underwent DNA subtyping. One patient had prior DNA subtyping. All the other lesions were surgically ablated.

Results: The average age of our patients at the time of surgery was 2.3 years, range 1–6 years. Four patients had prior surgical treatment and two patients had undergone prior medical treatment. The microscopic diagnosis was condyloma in 8 patients, squamous papilloma with focal koilocytosis not totally diagnostic for condyloma in 1 patient, chronic inflammatory infiltrate in 1 patient, and 1 patient had papillary squamous hyperplasia with no koilocytosis.

All 11 specimens tested positive for HPV DNA, 10 specimens contained at least one of the low risk subtypes (6, 11, 42, 43, 44) and 1 tests positive for low risk as well as high risk HPV type (16, 18, 31, 33, 35, 45, 51, 52, 56).

Conclusion: Although all our patients with a clinical diagnosis of condyloma tested positive for HPV DNA, only 8 of 11 were definitely diagnosed with condyloma by microscopic examination. We therefore suggest that in premenarchal patients with verrucous lesions in the anogenital area HPV DNA subtyping be considered to avoid confusion with the diagnosis.