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HYSTERECTOMIES;
AN AUDIT AT A TERTIARY CARE HOSPITAL

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ABSTRACT... Objective: To audit indications and histopathological diagnosis of hysterectomies performed at Muhammad Medical College hospital, Mirpurkhas. **Study Design:** Retrospective study. **Place and Duration of Study:** Department of Obstetrics and Gynaecology and Department of Pathology, Muhammad Medical College Hospital, Mirpurkhas Sindh from January to December 2008. **Methodology:** Data regarding symptoms and indications of hysterectomies performed during this year were collected from files and patient records. Histopathological reports of those patients were collected from department of pathology. The results were analyzed by percentages. **Results:** A total of 145 hysterectomies were performed in 2008. Mean age of patients was 45years ranging from 35-60 years and parity ranges from 4 – 10. Most common presenting complaints were excessive menstrual blood loss in 97(67%) patients, followed by some thing coming out of vagina 28(19%). Most common pre-operative diagnosis of fibroid was made in 44 (33%) followed by uterovaginal prolapse in 28(19%) and dysfunctional uterine bleeding (DUB) in 18(12%) of patients. Regarding histopathological diagnosis chronic cervicitis was the most commonly diagnosed pathology in 45 (31%) followed by fibroid in 25(17%) cases. **Conclusions:** A yearly audit should be conducted in every institute to collect data and to analyze the pattern of indication and lesions found on histopathological examination.

Key words: Hysterectomies

INTRODUCTION

Uterus, a vital reproductive organ subjected to many benign and malignant diseases. Many treatment options are available including medical and conservative surgical but still hysterectomy remains the most common gynaecological procedure performed world wide. In 2003 over 600,000 hysterectomies were performed in United States alone, 90% of those were performed for some benign conditions[1].

In response to the consistent demand for this procedure, recent reports have identified hysterectomy as a key health care indicator used to measure and compare hospital performance[2]. Hysterectomy is an effective treatment option for many conditions including benign and malignant but is not free of risks in terms of both morbidity and mortality[3]. Whether every hysterectomy is necessary is a topic of debate and appropriate indications for hysterectomy are subject of substantial disagreement and there should be a periodical audit of this issue for its indications. Removal of the uterus has shown good results with low rates of complications in symptomatic myoma, endometriosis, dysmenorrhea, and refractory bleeding disorders such as menorrhagia[4,5,6]. Nevertheless, preference should be given to less invasive methods when developing an individualized treatment plan.

However, because the majority of hysterectomies are performed to improve the patient's quality of life rather than to cure life-threatening conditions, associated morbidity is poorly tolerated by both the patient and the doctor. Hysterectomy disrupts the pelvic anatomy and the local nerve supply in the pelvis[7,8,9]. Approximately 20% of women had the procedure by the age of 60 years, about 40% of these for Dysfunctional uterine bleeding (DUB) with no gynecological pathology[10].

Population based studies providing estimates of Hysterectomy prevalence are not available in Pakistan, but there has always been concern about the high rates of this procedure. Available data of histopathological analysis of hysterectomies is limited. We have designed to analyze the indications of hysterectomies and types and frequencies of histopathological lesions in hysterectomy specimens at our hospital.

MATERIAL AND METHOD

This is a retrospective study conducted at department of obstetrics and gynaecological and department of pathology Muhammad Medical Collage, hospital Mirpurkhas. Record from history sheets and files of patient admitted in gynaecology ward for hysterectomy during last one year from 1st January 2008 up to 31st December 2008, was collected. Obstetrical hysterectomies were excluded from the study. Information was gathered regarding age, parity, clinical features (presenting illness), menstrual history and pre-operative diagnosis / indications of hysterectomy. Histopathology reports of same patients were collected from department of pathology and their diagnosis was noted, data was analyzed by using percentages.

RESULTS

A total of 145 hysterectomies were performed in 2008. Mean age of patients was 45 years ranging from 35-60 years and parity ranges from 4 – 10. Most common presenting complaints were excessive menstrual blood loss in 97(67%) patients, followed by some thing coming out of vagina 28(19%). Other complaints were chronic pelvic pain in 19(13%) and post menopausal bleeding in only one patient. Pre-opertaive diagnosis of fibroid was made in 44 (33%) of patients, uterovaginal prolapse in 28(19%) and dysfunctional uterine bleeding (DUB) in 18(12%) of patients. Adenomyosis was suspected in 24(17%), chronic pelvic pain in 29(14%) and ovarian cyst in 11(08%) of patients (table I).

Regarding histopathological diagnosis chronic cervicitis was the most commonly diagnosed pathology in 45 (31%) of cases. Rest of the patterns of histopathologies is given in table II.

Table-I. Pre operative diagnosis or indications of hysterectomies performed

Pre operative diagnosis/indications	No.	%
Fibroid	44	33
Uterovaginal prolapse	28	19
Dysfunctional uterine bleeding	18	12
Adenomyosis	24	17
Chronic pelvic pain	29	14
Ovarian cyst	11	08

Table-II. Histopathological lesions of hysterectomy specimens

Type of lesion	No. of patients	%age
Chronic cervicitis	45	31%
Fibroid	25	17%
Adenomyosis	14	9.6%
Cystic endometrial hyperplasia	10	6.9%
Benign endometrial polyp	7	4.8%
Chronic endometritis	4	2.8%
Endometrial carcinoma	01	0.6%
No remarkable pathology	31	21.4%
Combine fibroid and adenomyosis	8	5.6%

DISCUSSION

Hysterectomy is the commonest gynaecological operation[11].It was first performed in 1507 by Berengarius of Bolonga through vaginal route. But the credit for first vaginal hysterectomy was given to Langen back in 1813. The first total abdominal hysterectomy with bilateral salpingo-oophrectomy was done by Clay in 1844. Hysterectomy rate varies according to geographic distribution, patient and physician related factors[11]. It is still considered as the treatment of choice for benign lesions such as myomas, adenomyosis, extensive pelvic infection or adhesions, dysfunctional uterine bleeding (DUB) and obstetric complications.

In Pakistan, the rate of hysterectomy is quite high because it is the only surgical option available if patient is not responding to medical treatment. However, hysterectomy has major drawbacks and is associated with high morbidity and mortality. Other surgical treatment options like endometrial laser ablation (ELA), transcervical resection of endometrium (TCRE) and uterine artery embolization are widely practiced as conservative surgical treatment for benign gynaecological conditions in other countries but in our country, they are not widely available. For non-availability of newer techniques hysterectomy continues to be the main treatment option for benign gynaecological disease[12,13].

Hysterectomy is being performed for many indications ranging from life threatening conditions to prevention of some diseases. Included in these conditions are many indications that are related to the quality of life[14]. Current study showed that major complaints of patients were excessive menstrual bleeding in 97 (67%) followed by something coming from vagina in 28 (19%) and most common preoperative diagnosis was fibroid uterus followed by uterovaginal prolapse. Adenomyosis was suspected in 24 (17%) patients. Almost similar results were seen by Iftikhar R et al at Karachi[15] where menorrhagia was most common complaint and common preoperative diagnosis made was fibroid uterus in 30% of patients followed by pelvic pain and adenomyosis. Menorrhagia is most commonly associated with benign pathologies like uterine fibroid[16], endometrial polyp, adenomyosis[17] and pelvic infection. Rarely, it is secondary to the endometrial carcinoma[18].

When histopathological reports were reviewed in this study, chronic cervicitis was the most common finding followed by uteri with unremarkable findings, fibroid uterus and adenomyosis. Combined fibroid uterus and adenomysis were present in 8 (5.6%) patients. High percentage of uteri with unremarkable findings is due to higher prevalence of uterovaginal prolapse in this rural centre area. These patients were not excluded from study, because audit of all hysterectomies during study period was performed in this study.

Among the uteri with pathological lesions, chronic cervicitis was the main finding. Almost same results are seen in a study conducted at Lahore[19]. Over a half of women with menorrhagia have fibroid during their reproductive life[20]. Our study shows that after chronic cervicitis, fibroid and adenomyosis are the second most common pathologies found as also seen by Bukhari U[21], Subanda AA[22] and iftikhar R[15] with frequencies of 20-30%. Other studies by Ahsan et al[23], Weaver et al[24] and Sarfaraz and tariq[25] have also reported liomyoma as the most common pathological lesion with the frequencies of 25%, 31% and 48% respectively. However Ahsan et al[23], at Liaquat National Hospital Karachi, found adenomyosis to be the most common pathology followed by liomyoma.

Different studies show different frequencies of endometrial polyps. An Indian study shows endometrial polyp to be common along with fibroid and adenomyosis[26]. Seven hysterectomy samples were diagnosed to have polyp in our study.

CONCLUSIONS

Although so many options of medical treatments and conservative surgeries are available, but hysterectomy is still commonly performed procedure even developed countries. Most of the pathologies are still benign; malignancies are also detected on hysterectomy specimens, but very rarely. A yearly audit should be conducted in every institute to collect data and to analyze the pattern of indications and types of histopathological lesions and pattern of diseases.

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