ORIGINAL PROF-596

GYNAECOLOGICAL DISEASES;
PATTERN AT SANDEMAN PROVINCIAL HOSPITAL QUETTA

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ABSTRACT

A retrospective study carried out at Gynae unit I of Sandeman Provincial Hospital Quetta revealed that over a period of five years there were total 4344 gynaecological admission out of which dysfunctional uterine bleeding (DUB) was 861 (19.8%), incomplete abortion 577 (13.2%), missed abortion 436(10.03), pelvic inflammatory disease (PID) 300(6.9%), fibroid uterus 237(5.45%), Ovarian cyst 220(5.06), Ectopic pregnancy 166(3.82%) and molar pregnancy 142 (3.26%). Among the gynaecological malignancies a totoal of 31 cases were documented out of which the most frequent gynaecological cancer was ovarian 20 (64.5%) followed by cervical 4 (13%, Uterine 3 (9.6%), Vulva 2 (6.45%), Vagina 2 (6.45%). The prevalence of choriocarcinoma was 2 (0.4%)of the total cases and (6.45%) of the total gynaecological malignancies in contrast to high incidence of molar pregnancy.

KEY WORDS: Gynaecological diseases, Quetta, DUB, Molar Pregnancy

INTRODUCTION

Gynaecological diseases including infections and cancers of gynaecological origin are important causes of morbidity in the community where we work. So this primitive study was conducted to assess and analyze the pattern of gynaecological diseases prevalent in our province. Also to observe the different modalities of treatment and complications and taking steps to reduce the frequency of disease and its complications.

The Sandeman Provincial Hospital is the only tertiary care hospital and the largest referral center in Balochistan province which receives patients not only from the city, district of Quetta and the interior of Balochistan but also from Sindh and Afghanistan often in a moribund condition after traveling long distances.

MATERIAL & METHODS

This retrospective study was carried out in gynae unit I of Sandeman Provincial Hospital Quetta affiliated with Bolan Medical College from Jan 1996 to Dec 2000. Data was collected from labour room, preoperative ward, post operative ward and operation theater record.

RESULTS

During the said period out of 4344 gynaecological admissions the most prevalent gynaecological diseases was DUB followed by incomplete abortion, missed abortion, PID, Fibroid uterus, ovarian cyst, ectopic pregnancy and molar pregnancy and among the gynaecological malignancies the most common tumour was ovarian followed by cervical, uterine, vulva and vagina. Details are given as follows;

DYS FUNCTION UTERINE BLEEDING (DUB)

Patients	=	861 (19,8%)
Age group	=	20-40 years
Parity	=	Multiparous
Most common presentation	=	Menorrhagia,

		polymenorrhagia (Average 10 years history)
HB level	=	(4-9 gm/dl)
Treatment		
Conservative	=	80 (9.0%)
EUA+D&C	=	306 (36.0%)
TAH	=	475 (55%)

INCOMPLETE ABORTION

Age group	No of patients	%Age
15-45 years	577	13.2%
Parity	=	Multiparous
Most common presentation	= Amenorrhoea, pervaginal bleeding	
Gestational age	= 8-12 weeks (80%)	
Treatment;= (1): General treatment (2): ERPC		

Missed abortion

Age group	No of patients	%Age
20-40 years	436	10.03%
Parity	=	Multiparous
Most common presentation	= Amenorrhoea, Brownish vaginal discharge	
Gestational age	= 6-24 weeks	
Treatment;	= E & C = 270 (62%), D & C = 160 (37%)	

Pelvic inflammatory disease (PID)

Age group	No of patients	%Age
15-30 years	300	6.9%
Parity	=	Multiparous
Social status	=	Lower social strata
Most common presentation	= Lower abdominal	
Treatment;	= (1): Conservative= 98 (33%) (2):TAH+BSO = 202 (67%)	

Fibroid uterus

Age group	No of patients	%Age
30-45 years	237	5.45%
Parity	=	Low or Nulliparous
Most common presentation	= Amenorrhoea,	
Treatment;	= Myomectomy=92 (39%), Vaginal= 10 (poly poidal submucous myoma) = Abdominal = 82, TAH = 145 (61%)	

Age group	No of patients	%Age
15-45 years	577	13.2%
Parity	Multiparous	
Most common presentation	= Amenorrhoea, pervaginal bleeding	
Gestational age	= 8-12 weeks (80%)	
Treatment;	= (1): General treatment (2):ERPC	

Ovarian Cyst

Age group	No of patients	%Age
30-45 years	220	5.06%
Treatment	= Laparotomy = 220,	
Cystectomy	= 160 (73%)	
Unilateral salpingo - oophorectomy = 60 (27%)		

ECTOPIC PREGNANCY

Patients = 16 (3.82%)
Age group = 20-28 years (70%)
Parity = Multiparous (60%)
Gestational age = 4-11 weeks
Most common presentation= Abdominal pain, vaginal bleeding and fainting
Most common previous history = Abortion
Most common type = Tubal
Treatment
Surgical = Unilateral salpingectomy = 99 (60%)
Unilateral salpingectomy+TL of other side= 67 (40%)

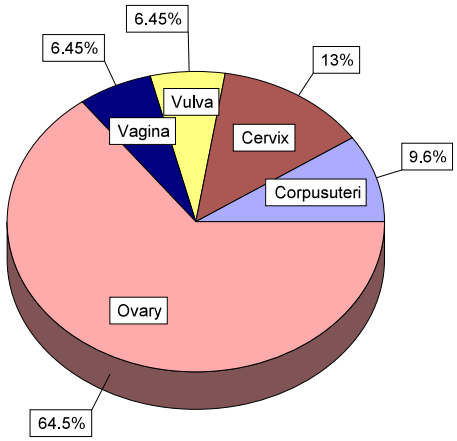
MOLAR PREGNANCY (HYDATIDIFORM MOLE)

Patients = 142 (3.26%)
Age group = 20-40 years
Parity = High (mostly)
Social status = Lower social strata
Most common presentation= Amenorrhoea, vaginal bleeding
Treatment
Evacuation = 117 (82%)
TAH = 25 (18%)
Prophylactic single agent chemotherapy = 117 (82%) (Methotrexate / folinic acid)

31 (0.71%) patients found to have malignancy of gynaecological origin. Among them the most common tumor found to be ovarian followed by cervical, uterine, vulva and vagina (table-I)(Fig 1).
The sites and types of malignancy were comparable with the studies carried out at different centers (table-II).

Among the other Gynaecological diseases 327 (7.52%) patients of primary infertility and 298 (6.86%) of

Fig-1. Gynaecological Malignancies at SPH, Quetta.



secondary infertility admitted for endometrial biopsy, so any other data could be calculated from the record. 190 (4.37%) cases documented as uterovaginal prolapse of second to third degree for which vaginal hysterectomy performed in 122 patients and manchester repair in 68 patients. 158 (3.68%) patients were of vulvalhaematoma and were drained. 70 (1.61%) patients were of Bartholincyst and marsupialization done. 70 (1.61%) cases were of vesicovaginal fistula.

Table-I. Gynaecological malignancies at S P H Quetta over a period of 5 years (1996-2000) (n=31)

Site	Age (yrs)	No	%age	Type	Stage	Treatment
Ovary	40-60	20	64.5%	Surface epithelial origin	I & II	TAH + BSO Referred to oncology deptt
Cervix	25-55	4	13%	Squamous cell Ca =3 Adeno Ca =1	II & III	Biopsy Referred to oncology deptt
Corpusuteri	60-65	3	9.6%	Chorio Ca =2 Adeno Ca of Endo=1	II	Suction evacuation Referred to oncology deptt TAH + BSO (Refered to oncology deptt)
Vulva	60-70	2	6.45%	Squamous cell Ca	I & II	Redical vulvectomy
Vagina	60-80	2	6.45%	Squamus cell Ca	II & III	EVA + Biopsy Referred to oncology deptt.

Table-II. Comparison of studies of gynaecological malignancies (carried out at different centers)

Site	SPH/BMC Qta 1996-00 (n=31)		Fsd Path Deptt. 1986-94 (n=580)		CMC Larkana 1992-98 (n=282)	
	No of Pts	%age	No of Pts	%age	No of Pts	%age
Ovary	20	64.5%	220	38%	116	41.16%
Cervix	4	13%	193S	33.2%	100	35.46%
Uterus	3	9.6%	110	18.9%	42	14.89%
Vulva	2	6.45%	57	9.9%	10	3.54%
Vagina	2	6.45%	-	-	8	2.83%
Placenta	-	-	-	-	6	2.12%
Total	31	100	580	100	282	100

EUA and dye test performed, repaired, 20 cases found irrepairable 69 (98.6%) were obstetric fistulae and only 1 (1.4%) was after TAH. 20 (0.46%) patients were of rectovaginal fistula and were repaired. 70 (1.61%) patients were of perinealtear second to third degree and were repaired. 54 (1.24%) cases were of haematocolpos EUA done and drained.

50(1.15%) cases were registered as gaped wound of previous operation and resutured. 41 (0.94%) cases were of post coital tear and were stitched.

NOTE

Hb	=	Hemoglobin
EUA	=	Examination under anaesthesia
E&C	=	Evacuation and curettage
D&C	=	Dilatation and curettage
TAH	=	Total abdominal hysterectomy
ERPC	=	Evacuation of retained product of conception
BSO	=	Bilateral salpingo - oophorectomy
TL	=	Tubal Ligatioin
Dept	=	Department

DISCUSSION

According to this study the incidence of DUB was found to be (19.8%) while in study carried out at Abbasi shaheed hospital Karachi it was (10.46%)[1] and in India it is reported to about (12.6%) to (23.17%) of all Gynaecological admission[2]. In this study 475 (55.16%) underwent hysterectomy while (36.76%) in other study, this is because of failed conservative treatment and referral cases.

The incidence of incomplete abortion was 13.2% and missed abortion was 10.03% which is comparable with the available data (12-15%)[3] and 15%[4]. As very few studies have been conducted in Pakistan. The PID was found to be 6.9% which is one of the major public health problem both in developing as well as developed countries because of its increasing prevalence and sequalae like chronic pelvic pain, infertility and ectopic gestation its prevention is very important worldwide and screening would be a valuable tool.

The fibroid was found to be 5.45% because of high incidence other advanced treatment has to be considered in this region for better management. Like hysteroscopic resection, bilateral embolization of uterine arteries, Gonadotrophin releasing hormone agonists and 'add back' therapy[5] should be considered.

The frequency of ectopic pregnancy was 3.82% while in three years study carried out at ZMUH the frequency was, 1.3%[6] but the commonest presentation, previous history and type were comparable. All the patients were treated surgically and none was given the medical treatment because of late referral and no facility of laparoscopy here. Because of high incidence we should consider the methotrexate injection and laparoscopic treatment also which is now accepted as a desirable norm[7,8].

The incidence of molar pregnancy was 3.26% which is high because of poverty, poor nutrition and high parity but in contrast to this the prevalence of choriocarcinoma was just 2 (0.04%) of the total cases and 6.45% of the

Gynaecological malignancies it is either due to prophylactic chemotherapy which is given after evacuation or poor cooperation of patients for proper followup. This differs from the study carried out at Postgraduate Medical Institute Lahore where there were five patients in two year study[9].

Among the Gynaecological malignancies the incidence of cervical carcinoma was also low 4 (12.9%) of the total Gynaecological malignancies and 0.9% of the total cases although there is poverty, high parity and trend of early marriages in this region.

This study differs from the study carried out at PGMI Lahore where during 1 year there were 16 cases[10].

In this study ovarian cancer is found to be the most common followed by cervical, uterine, vulva and vagina comparable with the other studies carried out at C.M.C Larkana and Faisalabad[11,12].

Due to lack of awareness, basic health education and screening facilities in our country patients present in advanced stage so we should think for preventive measure like cytological screening and education of women regarding the diseases.

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