Journal of Population Therapeutics & Clinical Pharmacology

RESEARCH ARTICLE
DOI: 10.53555/9b1qn474

A STUDY ON CLINICAL PROFILE OF PATIENTS UNDERWENT HYSTERECTOMY AT A TERTIARY CARE HOSPITAL

Dr Anuradha K Sheshappanavar[1*], Dr Nandini D[2]

[1*]Senior resident, VIMS, Ballari, Karnataka, India
[2]MS, DNB, Department of OBG, Fellow at CRAFT fertility center, Kochi, Kerala,India

***Corresponding author:** Dr Anuradha K Sheshappanavar, Senior resident, VIMS, Ballari. Karnataka, India

Abstract:
The endometrium responds to various alterations in hormonal balance caused due to deficiency of hormone, absence of hormone or excessive hormonal secretion. Alteration in the hormone status occurs either due to intrinsic ovarian abnormalities (primary) or the hypothalamo- pituitary–ovarian axis disturbances (secondary). These hormonal changes brings about arrest in maturation of follicles at different stages resulting in morphological changes. The data for the study was collected from women who were posted for Hysterectomy. History was taken from the patients. Clinical diagnosis was made. Necessary investigations were done followed by Hysterectomy. Specimen was sent for HPE. Then all the findings are correlated and evaluated. The mean duration of last child birth was 17.83 years , SD 8.13 years. The LCB ranged from 2 years to 48 years. Most of the cases had between 11-20 years since the last child birth. 46 were post menopausal ladies , the mean age at menopause was 51.52 years , ranged between 41 years and 55 years. Most cases were multipara , only 8 were primipara and one nulliparous female.

Keywords: Hysterectomy, Post Menopausal, Clinical Profile

Introduction:

Adenomyosis consists of both epithelial and stromal elements, and is located about 2 to 2.5mm below the endomyometrial junction. Furthermore, leiomyomas are frequently associated with adenomyosis hindering the differential diagnosis. Adenomyosis has been difficult to diagnose without the surgical pathology of a hysterectomy specimen. Uterine leiomyomas account for more than 75% of the benign tumors in women of reproductive age group. Studies have suggested that numerous hormones, growth factors, cytokines and other signal transduction pathways have a role in the pathogenesis of leiomyoma. Estrogen and estrogen-related genes might play a predominant role in the growth rate of leiomyomas. The normal myometrium of uteri expresses higher levels of estrogen receptors which is related to pathogenesis. [1,2]

Adenomyosis is a common condition, although it is often overlooked. It is found in 70% of hysterectomy specimens. It is characterized by migration of endometrial glands from the stratum basale into the myometrium. This often occurs with reactive hyperplasia of the smooth muscle. The ectopic glands tend to be at least 2-3mm below the endometrial-myometrial junction. Both Fibroids are the most common benign tumours of the female genital tract in the reproductive age group .[3] The incidence is around 5-20% . These tumours develop in a high proportion of women by 5th decade >45% . Leiomyomas need hormonal milieu for their growth and maintenance as evidenced

by the molecular studies that leiomyomas exhibit more estrogen receptors than normal myometrium Unopposed estrogenic stimulation manifests commonly as endometrial proliferative phase or hyperplasia Leiomyomas are usually asymptomatic, however depending on their size, location and hormonal effects, the commonest clinical manifestations are menorrhagia, dysmenorrhoea, pain abdomen, mass abdomen and mass effects Symptomatic leiomyomas need urgent attention either by myomectomy in younger women desirous of retaining the childbearing function.[4]

The endometrium responds to various alterations in hormonal balance caused due to deficiency of hormone, absence of hormone or excessive hormonal secretion. Alteration in the hormone status occurs either due to intrinsic ovarian abnormalities (primary) or the hypothalamo- pituitary–ovarian axis disturbances (secondary). These hormonal changes brings about arrest in maturation of follicles at different stages resulting in morphological changes. [5]

Hormonal imbalance occurs due to deficiency of one hormone or excessive amount of other and normal state of one. This imbalance produces changes in the morphology of the endometrium. These changes can be differentiated with additional factors like clinical history, general examination of patient and the diagnosis is made with the microscopic examination of endometrial samples.[6]

Methodology:

The data for the study was collected from women who are posted for Hysterectomy. History will taken from the patients. Clinical diagnosis was made. Necessary investigations was done followed by Hysterectomy. specimen was sent for HPE. Then all the findings are correlated and evaluated.

- **STUDY DESIGN:** Present study was a prospective study of all cases undergoing hysterectomy
- **STUDY PERIOD** :One year (12 months) study period.
- **SAMPLING METHOD** :All cases posted for Hysterectomies for benign conditions.

ELIGIBILITY CRITERIA

- **Inclusion Criteria :**
  - All cases posted for Hysterectomy for benign conditions
- **Exclusion Criteria :**
  - Patients with a diagnosis or history of cancer.

The data for the study was collected from women who were posted for Hysterectomy. History was taken from the patients. Clinical diagnosis was made. Necessary investigations were done followed by Hysterectomy. Specimen was sent for HPE. Then all the findings are correlated and evaluated.

Results:

Table 1: DISTRIBUTION OF CASES BASED ON SYMPTOMS

SYMPTOMS	FREQUENCY	PERCENTAGE
IRREGULAR MENSTRUAL CYCLES	207	81.50%
MENORRHAGIA	96	37.80%
POLYMENORRHAGIA	3	1.18%
POLYMENORRHEA	5	1.97%
METRORHAGIA	7	2.76%
PMB	28	11.02%
DYSMENORRHEA	68	26.77%
WDPV	99	38.98%
MASS PER ABDOMEN	15	5.91%
MASS PER VAGINA	60	23.62%
PAIN ABDOMEN	122	48.03%

The most common indication for hysterectomy was menstrual dysfunction seen in 207 cases 81.5% followed by pain abdomen which is 48.03%.

Table 2: Distribution of cases in a particular symptom

	Fibroid uterus	PID	AUB	Prolapse uterus	Ovarian Pathology
WDPV(n=99)	15	53	08	18	05
Menorrhagia(n=96)	32	22	46	02	05
Pain abdomen(n=122)	31	51	23	08	07

In this study we noticed that white discharge per vagina is more common symptom in PID and menorrhagia is more common in AUB followed by fibroid uterus and pain abdomen is more common in PID followed by fibroid uterus.

Table 3: MENOPAUSE

MENOPAUSE	FREQUENCY	PERCENTAGE
YES	46	18.11%
NO	208	81.89%
TOTAL	254	100.00%

46 were post menopausal women in our study , the mean age at menopause was 51.52 years , ranged between 41- and 58 years.

Table 4: OBSTETRIC SCORE

OBSTETRIC SCORE	FREQUENCY	PERCENTAGE
NULLIGRAVIDA	1	0.39%
PRIMIPARA	8	3.15%
MULTIPARA (P2-P4)	198	77.95%
GRAND MULTIPARA(MORE THAN P 5)	47	18.50%
TOTAL	254	100.00%

Most cases were multipara , only 8 were primpara and one nulliparous female among women posted for hysterectomy in our study.

Table 5: LAST DELIVERY IN YEARS

LAST DELIVERY IN YEARS	FREQUENCY	PERCENTAGE
NOT APPLICABLE	1	0.39%
LESS THAN 5 YEARS	6	2.36%
5-10 YEARS	42	16.54%
11-20 YEARS	131	51.57%
21-30 YEARS	48	18.90%
MORE THAN 20 YEARS	26	10.24%
TOTAL	254	100.00%

The mean duration of last child birth was 17.83 years , SD 8.13 years the LCB ranged from 2 years to 48 years. Most of the cases had between 11-20 years since the last child birth.

Table 6: CO-MORBIDITIES

CO-MORBIDITIES	FREQUENCY	PERCENTAGE
DM	12	4.72%
DM, HTN	8	3.15%
HBsAg	3	1.18%
HYPERTENSION	10	3.94%
HYPOTHYROIDISM	4	1.57%
HYPOTHYROIDISM AND TYPE 2 DM	2	0.79%
HYPOTHYROIDISM WITH HYPERTENSION	2	0.79%
IDV	3	1.18%
MODERATE MS/ MYOMECOMY / NON FUNCTIONAL LEFT KIDNEY	1	0.39%
Total	46	18.11%
NO COMORBIDITIES	208	81.89%

46 cases had co morbidities overall HTN seen in 10 cases and DM seen in 12 cases and both DM and HTN present in 8 cases.

Table 7: UTERINE SIZE

UTERINE SIZE	**FREQUENCY**	**PERCENTAGE**
.ATROPHIC	4	0.79%
NORMAL	122	48.03%
BULKY	128	50.39%
TOTAL	254	100.00%

The uterus was bulky in 128 cases ranging between 8 weeks and 12 weeks Size was 14 weeks SD 3.88 weeks.

Table 8: PAP SMEAR

PAP SMEAR	FREQUENCY	PERCENTAGE
ACUTE IS	1	0.39%
ATROPIC SMEAR	11	4.33%
ATYPICAL CELLS OF UNDETERMINED SIGNIFICANCE	1	0.39%
ATYPICAL GRANULAR CELLS	1	0.39%
BACTERIA VAGINOSIS, LSIL	1	0.39%
BACTERIAL VAGINOSIS	3	1.18%
HSIL	1	0.39%
INADEQUATE SAMPLE	2	0.79%
IS WITH ASCUS	1	0.39%
IS WITH ATROPHY WITH ACUS	2	0.79%
IS WITH ATYPICAL GLANDULAR CELLS	1	0.39%
IS WITH HSIL	2	0.79%
IS WITH SHIFT IN FLORA	1	0.39%
LOW GRADE SIL	1	0.39%

IS	137	53.94%
NORMAL STUDY	88	34.65%

34.25% were normal and 53.94 % cases had inflammrory smears**.**

Discussion:

Mangala Gowri et al [7] Present study had greater frequency between 31-50 years (90.3%) age group similar to studies by Ashraf T et al [8]and Begum S et al [9]whereas in contrast Hafiz R et al [10]observed that affected females were a decade lesser 20-40 years of age possibly since they included only menorrhagic patients with fibroid. Multiparous women (94.9%) were found to have leiomyoma as more frequently than nulliparous (1.3%) analogous to study by Begum S et al [9]

Mangala Gowri et al [11] noted that menorrhagia was the commonest clinical manifestation accounting to 49.03% followed by pain abdomen (30.5%), dysmenorrhea (20.07%), and retention of urine.

In the present study it was noted that Menorrhagia in 43 cases 79.6%, Metrorrhagia in 09 cases 16.7 %, Polymenorrhagia in 03 cases 5.6%, Polymenorrhea in 06 cases 11.1% and PMB in 01 cases 1.9 %.

Kothapalli Indira Surya Kumari et al [12] all 81% patients have complaints of menorrhagia Postmenopausal bleeding in 5% patients. Inter menstrual bleeding present for 7% patients.In our study 14.1% were Postmenopausal bleeding 82% patients have complaints of menorrhagia.

Conclusion:

- The mean duration of last child birth was 17.83 years , SD 8.13 years. The LCB ranged from 2 years to 48 years.most of the cases had between 11-20 years since the last child birth.
- 46 were post menopausal ladies , the mean age at menopause was 51.52 years , ranged between 41 years and 55 years.
- Most cases were multipara , only 8 were primpara and one nulliparous female.
- Vaginal route was used in 73 cases 28.74% , TAH in 179 cases 70.04%, and laparsocopic riute was used in 2 cases 0.79i%.

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