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GENITAL PROLAPSE – CLINICAL PROFILE IN A TERTIARY CENTRE

Gynaecology

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ABSTRACT

Introduction: Pelvic organ prolapse is a highly prevalent condition in the female population, which impairs the health - related quality of life of affected individuals. This present study was done to determine the risk factors, clinical factors presentation and management stratagies in Genital Prolapse

Methods : Retrospective analyisis of cases admitted in our tertiary institute ie, Govt. General Hospital, Anantapuram over a period of nine months i.e. from Jan to Sept. 17 was done.

Results : Total 92 patients with Genital Prolapse (POP- pelvic organ Prolapse) were admitted during our study period. Majority of cases presented at 51 -55 year of age(52.17%) mostly manual laborers. (86%) obstetric factors like multiparty >4 deliveries (68%), age at last pregnancy was 25-30 years (57%) inadequate birth spacing ie., less than 18 months (72%), home deliveries conducted by untrained personnel (32%), vaginal deliveries (89%) prolonged duration of labour (21%) and heavy work in post natal period (34%) was observed. Most common complaint was white discharge occasionally mixed with blood 48(52.17%) followed by mass per vagina 39 (42.39%) difficulty in micturation 5(5.4%) majority were 3rddegree u.v. prolapse (95.6%) associated with cystocele. Mainly managed by Vaginal Hysterectomy.

Conclusion: Women should be councelled regarding the preventive measures like reduction in family size . institutional deliveries and rest in post natal period and awareness regarding the post natal pelvic floor exercises to strengthen the pelvic musculature.

KEYWORDS

Gental prolapse Risk factors Management

INTRODUCTION :

Genital Prolapse is a common gynaecological problem which can occur at any age due to loss of support to uterus, bladder and bowel. Although this condition is non-fatal, it may seriously influence the physical, psychological and social well being of the affected individuals and thus affects the ability to work and earn a livelihood (1)

More over, understanding of clinical presentation and management of genital prolapse will help us to strengthen patient care practices. With this back ground, this study was taken up to evaluate the risk factors, clinical features and management of genital prolapse. Permission from hospital ethical committee was taken.

Methods :

This was a retro- spective review of records of Genital Prolapse cases admitted over a period from Jan -17 to Sept. -17 in Government Medical College/GGH Anantapuram (A.P.) The Details regarding the age at the onset of symptoms, parity status obstetric information and degree of POP (Pelvic organ Prolapse) were analysed.

Results :

Majority of the cases were from rural areas with low socio-economic status and manual laborers. (86%).

Majority of them (48) 52.17% presented at 51-55 year of age. Multiparity was noted in 68% of cases. In adequate birth spacing was noted in 72%. Deliveries conducted by untrained personnel was noted in 32%. History of prolonged labour was there in 21%. Resumption to normal physical activity and heavy work was noted in 34% with in 2 weeks of post natal period.

History of chronic Constipation and Ch. Cough was noted in 27%. Most of the cases presented 88 (95.6%) as III rd degree U.V. prolapse with cystocele and rectocele procidentia was noted in 3 (3.2%) and vault prolapse in 1 women. (1. 08%).

Common complaint was W.D. mixed with blood in 48 (52.17%) followed by mass per vagina 39(42.39%).

Most common co. morbid condition was anemia and hypertension. Vaginal hysterectomy with cystocele repair /PFR was done in 90 cases (97.8%) out of 92 patients. In the remaining two cases (2.17%) conservative management in the form of ring pessary was advised as their general condition was unfit the surgery due to cardiac failure (LVF).

Discussion :

Genital Prolapse Can Occur in any age group, as evidenced in our study majority presented between 51-55 years, however in studies done in Nepal (2) and Egypt majority of cases were in age group of 20-29 and 30-39 years respectively.

Most of the cases with prolapse were manual laborres belonging to low social –economic status which is comparable to the Nigerian study (3,4). This is substanciated that women engaged in strenuous work are exposed to raised intra-abdominal pressure, in turn at increased risk of genital prolapse.

The risk of prolapse was more among grand –multiparous women as in this study. In other studies risk was most after second delivery (1), after third delivery (5), after fourth (6) and so on. This will explain the fact that with aging and increasing parity the collagen tissue and supporting fascia will become weak and predisposes to genital prolapse.

Table I – showing the age pattern in prolapse cases

Age	No of Cases	%
45 years	4	4.34%
46-50 years	6	6.52%
51-55 years	48	52.17%
56-60 years	30	32.60%
60 years	4	4.34%
Total	92	100%

Most of cases delivered at home conducted by untrained staff (32%) comparable to study done by Ravindra STK in Tamilanadu (40%) Prolonged labour and In –adequate rest in post natal period was observed by Bodner Adler B.(7). Few cases in our study had history of giving birth to large babies vaginally. None practised any postnatal (Kegel's) exercises.

Prolapse was seen in 85% of menopausal women which was observed by Thape B(2) study done in Nepal.

As observed in our study the most common complaint was (52.17%) white discharge is comparable to Nigerian study (8).

The other symptoms observed were pain abdomen, micturation difficulty and constipation similar to other studies (3).

Thus the diversity of symptoms will indicate how it can impact women physically, socially and psychologically and affect the quality of life.

III rd degree U-V prolapse with cystocele is the most common type of prolapse as observed in Nigeria study (8).

Vaginal hysterectomy with anterior calporrhaphy and posterior- calpo perineorrhaphy was main modality of surgical management in our study. Similar to the study done in Nepal. Post Op complication in the form of wound sepsis and UTI were noted in our study comparable to other studies. (8)

In Nigerian study 2.5% of UV. Prolapse cases were managed conservatively similar to our study (8).

Pelvic floor strengthening exercises (Kegel's) along with pessary rings are suitable for women who are unfit for surgery, more over it is beneficial for conditions like urinary incontinence, fecal incontinence and low back pain (9).

Conclusion :

Awareness regarding the birth spacing methods, accessibility, adoption of good obstetric facilities and adequate rest, good diet and regular practice of pelvic floor strengthening exercises in postnatal period are needed to prevent prolapse. Early identification and proper management of cases will result in improvement in quality of life in cases of genital prolapse.

Compliance with Ethical standards and approval was taken by institute ethical committee.

Conflict of interest - Nill

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