



STUDY OF DEMOGRAPHIC AND CLINICAL PROFILE IN PATIENTS PRESENTING WITH PELVIC ORGAN PROLAPSE IN MAHAKAUSHAL AREA

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ABSTRACT

Background: Pelvic organ prolapse (POP) is one of the most common gynaecological problem encountered worldwide. POP is a bulge or protrusion of pelvic organs and their associated vaginal segments into or through the vagina. It is a common in older women. Pelvic organ prolapsed, results from attenuation of the supportive structures.

Methods: A total number of 125 patients were registered in Gynae OPD fulfilling inclusion criteria evaluated for risk factors, clinical presentation, other demographic factors like age, weight. Detailed history was obtained and examination done. Data recorded and analyzed.

Results: Out of 125 women 54 (43.2%) were in age group 41-50 years. 79 (63.2%) were post-menopausal. 102 (81.4%) were more than third parity. 107 (85.6%) had home delivery. 119 (95.2%) had symptom of something coming out of vagina.

Conclusions: Prolapse development is multifactorial, with vaginal child birth, advancing age as the most consistent risk factors.

KEYWORDS : Demographic profile, Clinical profile, Pelvic organ prolapse

INTRODUCTION

Pelvic organ prolapse is an increasingly common condition seen in women with the aging of the population. Causes of pelvic organ prolapse are multifactorial and contribute to the weakening of the pelvic support connective tissue and muscles as well as nerve damage. Patients may be asymptomatic or have significant symptoms such as those related to the lower urinary tract, pelvic pain, defecatory problems, fecal incontinence, back pain, and dyspareunia.[1]

Pelvic organ prolapse (POP) is a bulge or protrusion of pelvic organs and their associated vaginal segments into or through the vagina. The more common pelvic support disorders include cystoceles and rectoceles, enteroceles, and uterine prolapse; reflecting displacement of the bladder, small bowel, rectum, and uterus, respectively; resulting from failure of the endopelvic connective tissue, levator ani muscular support, or both. [1]

Pelvic organ prolapse (POP) is a common condition with an overall incidence of more than 10% in the western world[2]. The mean prevalence of pelvic organ prolapse is 19.7% in the Indian subcontinent[3]. Up to 50% of women may have some degree of prolapse and asymptomatic.

MATERIAL AND METHOD

It is a prospective observational study conducted in the department of Obstetrics and Gynaecology, Netaji Subhash Chandra Bose Medical College & Hospital, Jabalpur (M.P) from 1st March 2015 to 31st August 2016. Patient with history and symptoms suggestive of pelvic organ prolapse were included in the study like Something coming out of vagina, Urinary and fecal incontinence, Difficulty in urination and defecation, Pelvic fullness, Digital reposition of prolapse part to urinate or defecate and Backache.

A total number of 125 patients were registered in Gynae OPD fulfilling inclusion criteria evaluated for risk factors, clinical presentation, other demographic factors like age, weight. Detailed history (including menstrual and obstetric) was obtained and examination (General and systemic) done. Data recorded and analyzed.

RESULT AND DISCUSSION

Total 9336 patients attended Gynae OPD of NSCB Medical College during study period, out of which 354 patients were diagnosed pelvic organ prolapse. Incidence of pelvic organ prolapse was 3.8%

at our institute. In Northern India the incidence of uterine prolapse is 7.6%, Eastern India 20%. In Southern India, Tamilnadu, the incidence of uterine prolapse is 0.7% and in Karnataka the incidence of uterine prolapse is 3.4%.[4]

54(43.2%) patients were in the age-group of 41-50 years out of total 125 patients. Next common age-group being 51-60 years of females, represented by 37(29.0%) patients, followed by age-group <40 years and >60 years represented by 25(20.0%) and 9(7.2%) patients respectively. Out of 125 patients 54(43.2%) were in the age-group of 41-50 years. The mean age was around 47.4 years. These results for age was little lower then study conducted by Raizada et al (2014) [5] and Manonai et al (2011) [6].

Age has been recognized as an intrinsic factor in the development of pelvic prolapse. Swift et al (2005) supported this theory by showing an increase in the odds ratio for pelvic prolapse from 1.04 to 1.46 for a change in 10 years of age.[7]

Table 1: Showing distribution of patient frequency between age-groups.

Age (years)	Frequency (Number of Patients)	Percentage (%)
< 40	25	20
41-50	54	43.2
51-60	37	29.6
>60	9	7.2
Total	125	100%

100(80.0%) patients were from upper lower Class of socio-economic stratum, followed by 17(13.6%) patients of lower and 8(6.4%) patients of Lower middle class of socio-economic status. 93(74.4%) patients were postmenopausal while 32(25.6%) were premenopausal. These results were comparable to the findings by Slieker-ten Hove et al (2009).[8]

Table 2: Showing distribution of patient according obstetric profile.

Obstetric History (Number of events)	Parity	Live Issue
0	X	2 (1.6%)
1	2 (1.6%)	8 (6.4%)

2	21 (16.8%)	35 (28%)
3	40 (32%)	40 (32%)
4	28 (22.4%)	20 (16%)
5	20 (16%)	14 (11.2%)
6	4 (3.2%)	3 (2.4%)
7	8 (6.4%)	3 (2.4%)
9	1 (0.8%)	X
11	1 (0.8%)	X
Total	125 (100%)	125 (100%)

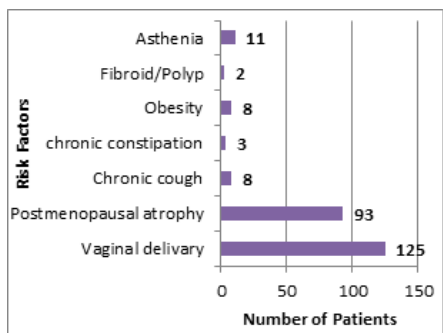
Most number of patients 40(32%) have shown third parity followed by 4th, 2nd, 5th, 7th, 6th and 1st parity in 28(22.4%), 21(16.8%), 20(16.0%), 8(6.4%), 4(3.2%) and 2(1.6%) patients respectively. Patel et al (2006) showed an odds ratio of 4.0 and 8.4 with parity one and two, respectively, without differentiating between different modes of delivery.[9]

Most patients 107(85.6%) had history of home delivery while only 18(14.4%) were delivered at health institution. . Percentage of home deliveries was 57.0% in a study by Ghumanga et al (2014).[10]

62(49.6%) patients had interval of two years between consecutive deliveries. It is followed by a birth interval of one, three, four and five years in 35(28.0%), 24(19.2%), 1(0.8%) and 1(0.8%) patients respectively. Rortveit et al (2007) concluded that, the risk of prolapse was significantly increased in women with one (odds ratio = 2.8, 95% confidence interval = 1.1–7.2), two (odds ratio = 4.1, 95% CI 1.8–9.5), and three or more (odds ratio = 5.3, 95% CI 2.3–12.3) vaginal deliveries compared with nulliparous women. [11]

All 125(100%) patients had vaginal delivery. Post menopausal atrophy was present in 93(74.4%) patients, asthenia in 11(8.8%), chronic cough and obesity in 8(6.4%) patients each, Chronic constipation in 3(2.3%) and Fibroid/Polyp in 2 (1.6%) patients.

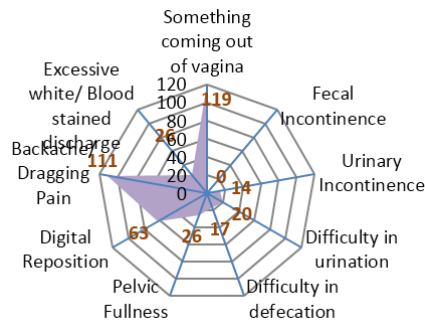
Graph 1: Showing frequency of risk factors among patients.



Mean hemoglobin levels was 9.82 gm/L. Most of the patients 118(94.4%) were anemic with hemoglobin levels lower than 12 gm/L while only 7(5.6%) patients had hemoglobin level 12 gm/L or more. Commonest symptom which patients presented was complaint of something coming out of vagina;119 patients (95.2%). 118(88.8%) presented withbackache/dragging pain, 63(54.4%) patients needed digital reposition, 26(20.8%) presented with excessive white/blood stained discharge, 20(16.0%) presented with difficulty in urination, 17(13.6%) with difficulty in defecation and 14(11.2%) patients presented with urinary incontinence. Elvis et al saw that Out of the 127 affected women, a dragging lump was felt occasionally in 68 %, sometimes in 19%, most of times in 9 % and all the times in 4 %. 73 % of affected women experienced soreness in the vagina. Around one third had to insert their fingers in the vagina to either start or complete emptying of the bladder or to empty the bowel.[12] In a study done by Rortveit et al symptomatic prolapse was reported by 118 (6%) women. Almost 50% of these women reported moderate or great distress, and 35% reported that the symptoms affected at least one physical, social or sexual activity. Irritable bowel syndrome, constipation, and self-reported fair or poor health status were strongly associated with prolapse, with ORs

of 2.8 (95% CI 1.7–4.6), 2.5 (95% CI 1.7–3.7), and 2.3 (95% CI 1.1–4.9). [11]

Graph 2: Showing frequency of clinical symptoms among patients.



CONCLUSIONS

Prolapse development is multifactorial, with vaginal child birth, advancing age as the most consistent risk factors. Vaginal delivery, hysterectomy, chronic straining, normal ageing, and abnormalities of connective tissue or connective-tissue repair predispose some women to disruption, stretching, or dysfunction of the levator ani complex, connective-tissue attachments of the vagina, or both, resulting in prolapse. Patients generally present with several complaints, including bladder, bowel, and pelvic symptoms; however, with the exception of vaginal bulging, none is specific to prolapse. Women with symptoms suggestive of prolapse should undergo a pelvic examination and medical history check. no effective prevention strategy for prolapse has been identified, considerations include weight loss, reduction of heavy lifting, treatment of constipation, modification or reduction of obstetric risk factors, and pelvic-floor physical therapy.

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