



CLINICO - PATHOLOGICAL FEATURES OF GYNECOLOGICAL MALIGNANCIES REPORTED AT TERTIARY CARE RURAL HOSPITAL.

Obstetrics & Gynaecology

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ABSTRACT

Gynaecological malignancies are a group of different malignancies of the female reproductive system which include carcinoma of ovary, cervix, and body of uterus, vulva and gestational trophoblastic neoplasia. They are significant causes of morbidity and mortality among women throughout the world. In this study pattern and relative frequencies of gynaecological malignancies studied.

KEYWORDS

Carcinoma ovary, carcinoma cervix, frequency of gynaecological malignancies.

INTRODUCTION :

Gynaecological malignancies are a group of different malignancies of the female reproductive system which include carcinoma of ovary, cervix, and body of uterus, vulva and gestational trophoblastic neoplasia. They are significant causes of morbidity and mortality among women throughout the world. Carcinoma of Cervix remains to be the leading cause of death in the developing countries, whereas cancer endometrium is the commonest in developed countries, Ovarian cancer may often have non-specific or misleading symptomatic presentation, whereas cervical cancer often presents with some specific symptoms.

AIMS AND OBJECTIVES:

1. To determine the pattern of malignancies catered by our institution.
2. To find out the histological types of gynaecological malignancies.

MATERIALS AND METHODS:

This is a retrospective observational study done at department of obstetrics and gynaecology, AH&RC, B.G. Nagara. The patients with symptoms of gynaecological malignancies were screened. Their diagnoses were confirmed by histopathology.

The case records of these patients were retrieved from medical records department, and the following information collected like demographic and general details like age, marital status, parity, clinical features, investigation, histopathological data and involvement at various sites and stage at presentation. Histopathology was analysed and expressed in percentage.

The data collected were analysed using Microsoft Excel for determining the relative frequency of the tumor and descriptive statistics for demographic data and is expressed in percentage.

RESULTS:

During this study period 46 gynaecological malignancies reported out of which 17 were cervical, 20 were ovarian cancer and 9 were cancer of corpus uteri. The mean age of cervical cancer was 58 years, ovarian cancer was 56 years and cancer of uterine corpus was 57 years.

women with corpus uteri and carcinoma cervix commonly presented with postmenopausal bleeding, women with ovarian cancer presented with abdominal pain and distension, squamous cell carcinoma of cervix, adenocarcinoma were the commonest histopathology seen in endometrial and ovarian cancer respectively.

Table 1 : Age distribution of study subjects

AGE IN YEAR	CERVIX	OVARY	UTERUS
41-50	5	6	2
51-60	9	13	5
61-70	2	1	2
>70	1	0	0

Table 2: Distribution of study subjects based on socioeconomic status

SOCIO-ECONOMIC STATUS	FREQUENCY	PERCENT
LOWER CLASS	20	53.6
LOWER MIDDLE	19	50.7
MIDDLE CLASS	7	11.7
TOTAL	46	116.0

Table 3:

EDUCATION	FREQUENCY	PERCENT
HIGH SCHOOL	15	50.0
ILLITRATE	20	56.6
PRIMARY	9	30.0
PUC	2	6.6
TOTAL	46	143.2

Table 4:

PRESENTING COMPLAINTS	SITE OF MALIGNANCY		
	UTERUS	CERVIX	OVARY
POSTMENOPAUSAL BLEEDING	6	11	2
PAIN ABDOMEN	2	0	12
MASS PER ABDOMEN	0	0	6
WDPV	1	6	0

Table 5:

SITE OF MALIGNANCY	HISTOLOGICAL TYPE	NUMBER	PERCENTAGE
OVARY	EPITHELIAL SEROUS MALIGNANT SEX CORD MUCINOUS CYSTADENOCARCINOMA	6 10 2 2	58.3%
CERVIX	SQUAMOUS CELL CARCINOMA	17	53.44%
ENDOMETRIUM	ENDOMETRIAL ADENOCARCINOMA	9	17%

Table 6:

	STAGING LAPAROTOMY	HYSTRECTOMY	RADIOTHERAPY	FOLLOWUP CHEMOTHERAPY
CERVICAL CANCER		5	12	

OVARIAN CANCER	16	3		1
ENDOMETRIAL CANCER	7	2		

DISCUSSION:

- This study is an attempt to investigate the clinicopathological presentation of the patients with gynecological malignancies in a tertiary care.
- While analyzing the symptoms, excessive, offensive with or without blood stained vaginal discharge was found to be the most frequently reported symptom on presentation by the patients with histopathologically confirmed gynecological malignancies.
- Chhabra et al. (2002) in a rural institutional study in India observed that white/blood stained discharge was complained by most of the patients (61.2%) with gynecological malignancies, followed by heavy, prolonged/infrequent menses/postmenopausal bleeding (57.1%). Most frequently reported symptom among cervical malignancy patients as found by Chhabra et al. (2002) was white/blood stained discharge (76.9%).
- Ovarian cancer is the most common lethal gynecologic cancer and seventh most common cause of death from cancer in women (4.2% of deaths) world wide. Surgical management of ovarian neoplasm differs according to their subtypes.
- In contrary to the present study where most of the patients (88.9%) with ovarian malignancy reported lump in abdomen, the most common presenting symptom among ovarian cancer patients as found by Chhabra et al. (2002) was pain in abdomen (62.8%).
- Odukogbe et al. (2004) reported abdominal swelling as the most common presenting symptom among the patients of ovarian cancer in a hospital of Nigeria. A recently published study from a tertiary care hospital of Pakistan (Saeed and Akram, 2012) had reported abdominal pain (74.6%) and distension (76.0%) as the most common presenting symptoms of patients with epithelial ovarian cancer.

CONCLUSION:

- This study reflects the importance of awareness among women as well as the health care personnel about the possible symptoms of gynecological malignancies.
- It can be concluded from this study that the patients can be identified as possible cases of gynecological malignancies according to some suggestive symptoms, especially when regular screening procedures cannot be implemented in practice.
- Women should also be assured that having these symptoms does not mean that she have or will get cancer, but it indicates that she should report to a qualified health care provider promptly to exclude the possibility of malignancy as early as possible.
- Symptomatology screening for gynecological cancer should be done in all women coming for some problem in the hospital so as to detect and treat the malignancies at the earliest and to decrease the incidence of advanced cancer.

REFERENCES:

- Ethirajan S et al. *Int J Reprod Contracept Obstet Gynecol*. 2018 Aug;7(8):3343-3347 2.
- Jamal S, Mamoon N, Mushtaq S, Luqman M, Moghal S. The pattern of gynecological malignancies in 968 cases from Pakistan. *Ann Saudi Med*. 2006;26(5):382-4. 3.
- Joseph A, Olisaemeka EP, Chukwudi OR, Igwe NM, Rose AM, Conrad EC. Frequency and pattern of gynaecological cancers in federal teaching hospital, Abakaliki, Nigeria. *J Basic Clin Reprod Sci*. 2015;4(2):54-7.
- Chhabra S, Sonak M, Prem V, Sharma S (2002). Gynaecological malignancies in a rural institute in India. *J Obstet Gynaecol*, 22, 426-9.
- Das S, Patro KC (2010). Cancer care in the rural areas of India: a firsthand experience of a clinical oncologist and review of literatures. *J Cancer Res Ther*, 6, 299-303.
- Laurvick CL, Semmens JB, Holman CD, Leung YC (2003). Ovarian cancer in Western Australia (1982-98): incidence, mortality and survival. *Aust N Z J Public Health*, 27, 588-95.
- Sarkar M, Konar H, Raut DK (2010). Symptomatology of gynecological malignancies: experiences in the gynecology out-patient clinic of a tertiary care hospital in Kolkata, India. *Asian Pac J Cancer Prev*, 11, 785-91.
- Agarwal S, Malhotra KP, Sinha S, Rajaram S. Prole of gynaecologic malignancies reported at a tertiary care centre in India over the past decade: Comparative evaluation with international data. *Indian J Cancer*. 2012;49(3):298-302.
- Jhansivani Y, Rani S. Epidemiology of gynecological cancers in a tertiary care center (Government General Hospital, Guntur). *IOSR J Dent Med Sci*. 2015;14(9):41-5.