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FACTORS ASSOCIATED WITH PROLAPSE OF UTERUS

Obstetrics & Gynaecology

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ABSTRACT

Background: Prolapse of uterus is a very common reproductive health problem in women in India. It is detrimental to emotional, physical and psychosocial well being of a woman. Factors affecting prolapse of uterus, if studied well,will help for preventive measures. **Aim and Objective:** To study the factors associated with uterine prolapse at SIMS,Manglore. **Material and Methods:** Total 60 patients diagnosed with uterine prolapse were studied. Data was collected with standard questions. Data included Detailed history,clinical examination and sociodemographic data. It was analysed with appropriate statistical tests. **Results**: Mean age of the patients in our study was 46 ± 3 years. Majority i.e. 41.66% of the patients were in the age group of 41-50 years .Patients from age group of 31-40 years were 10%. Majority patients were contribution with 3-4 parity. 66.66% patients were menopausal and 33.33% patients were premenopausal. 1st degree prolapse was not observed in any patients. 2nd degree and 3rd degree prolapsed was observed in 70% and 20% patients respectively.Procidentia was observed in 10% patients. Cystocele and rectocele were observed in 90% patients. "something coming out of vagina" was the most common complaint of the patients (100%).11

KEYWORDS

INTRODUCTION

Prolapse of uterus is characterized by descent of the uterus, with or without the urinary bladder and bowel, into the vagina.It is due to weakness in normally supportive tissues.[1] The World Health Organization (WHO) reports the global prevalence of uterine prolapse as 2%–20% among women younger than 45 years of age.[2] Prevalence of uterine prolapse in India is 7.6%.[3] Clinical symptoms of uterine prolapsed depends upon involvement of associated pathology in surrounding structures of uterus. They can be classified as vaginal, urinary, bowel and sexual symptoms. Main symptoms observed are pelvic pressure, back pain, urinary and bowel problems, coital discomfort, and drying and cracking of internal tissues exposed outside the vagina.[4] Uterine prolapse affects health and social well-being in the reproductive and economically productive age groups.[5] Uterine prolapse affect physical health, social health and psychological health too, thus it affects women's quality of life.[6] Present study was conducted to find the factors associated with uterine prolapse at a tertiary health care centre.

Aim And Objective

To study the factors associated with prolapse of uterus at SIMS, Manglore.

MATERIALAND METHODS

Present study was conducted at OBGY department of Srinivas institute of medical sciences and research centre,Manglore. Total 60 patients diagnosed with uterine prolapse were studied**.**

Inclusion criteria: 1.
Patients presenting with uterine prolapse

Exclusion criteria: 1. Prolapse and pregnancy2. Patients not willing for surgery 3. Patients who have not given consent for study. Study was approved by ethical committee. A valid written consent was taken taken from the patients after explaining study to them. Data was collected with pretested questionnaire. Data included sociodemographic data. Detailed history of patient was taken. Obstetric history like parity, mode of delivery, abortion history was taken. Through clinical examination was done.Local, clinical and bimanual pelvic examination were carried out. The patients were investigated preoperatively with routine investigations for fitness and pelvic ultrasonography. Treatment was done according to type and grade of prolapse. According to the type of prolapse, associated defect and sexual life of patient, surgery was done. Associated repairs were simultaneously corrected. Data was analysed with appropriate statistical tests.

RESULTS

Table 1: Distribution of patients according to age

Sr no	Age group	No of patients	Percentage
1	31-40	10	16.66%
2	41-50	25	41.66%
3	51-60	12	20%
4	>60	13	21.66%

Table 2: Distribution of patients according to parity

Sr no	Parity	No of patients	Percentage
1	0	0	0%
2	1-2	02	3.33%
3	3-4	43	71.66%
4	≥5	15	25%

Total 60 patients diagnosed as prolapsed uterus were studied in present study. Mean age of the patients in our study was 46 ± 3 years. Majority of the patients in the age group of 41-50 years were 41.66%. Patients in the age group of 51-60 years were 20%. Women above 60 years contributed about 21.66% of total study population. Patients from age group of 31-40 years were 16.66%.

Table 2 shows distribution of patients as per parity. Nulliparous patients did not have prolapse in our study. Patients with parity 1-2 were 3.33% of all. Majority patients of prolapse of uterus were with 3-4 parity with 71.66%. Patients with parity equal or more than 5 were 25%.

Figure 1 shows distribution of patients according to menopausal status of the patients. Out of total 60 patients 66.66% were menopausal and 33.33% patients were premenopausal.

Figure 2 shows distribution of patients according to degree of prolapse.1st degree prolapse is prolapse within the vagina. It was not observed in patients. 2nd degree is descent to the introitus. This second degree prolapse was observed in 70% patients.Third degree descent is descent outside the introitus which is observed in 20% patients. Procedentia is complete prolapse of the uterus. It is observed in 10% patients. In our study we observed various associated pathologies with prolapse. Cystocele wasobserved in 90% patients. Rectocele was seen in 90% patients. We observed urethrocele in 10% study population. None of the patient was having enterocele. "something coming out of vagina" was the most commonly observed complaint of the patients (100%). Other complaints observed were backache (90%), frequent micturition (80%) and constipation (70%) . All patients underwent operative procedures according to type of prolapse, associated defects, age of the patient and sexual life of the patient. Follow up was done monthly till 6 months.

DISCUSSION

Mean age of the patients in our study was 46 ± 3 years. Majority of the

patients were in the age group of 41-50 years (41.66%). Patients in the age group of 51-60 years were 20%. Similar results were seen in Swift SE et al 7where they observed mean age of the patient was 44 years.Swarnalata Das et al 8observed mean age of patient as 46.43 years. Another study by SK Gumanga et al 9 found the mean age of 45.9 years.

In our study Major contribution to prolapsed uterus was seen in patients with 3-4 parity. As parity increases, incidence of prolapse also increases. Similarily SK Gumanga et al 9 found most common parity of 3. The risk of developing uterine prolapse is increased 1.2 times with each vaginal delivery. 10

In our study,66.66% were menopausal and 33.33% patients were premenopausal. In line with our study Swarnalata Das et al 8 found 71% of all women were postmenopausal and 29% were premenopausal. 1st degree prolapse was not observed in any patients. 2nd degree and 3rd degree prolapsed was observed in 70% and 20% patients respectively. Procedentia is complete prolapse of the uterus. It is observed in 10% patients.

In our study we observed various associated pathologies with prolapse. Cystocele was observed in 90% patients. Rectocele was seen in 90% patients. something coming out of vagina " was the most commonly observed complaint of the patients (100%). Other complaints observed were backache (90%) , frequent micturition (80%) and constipation (70%).1

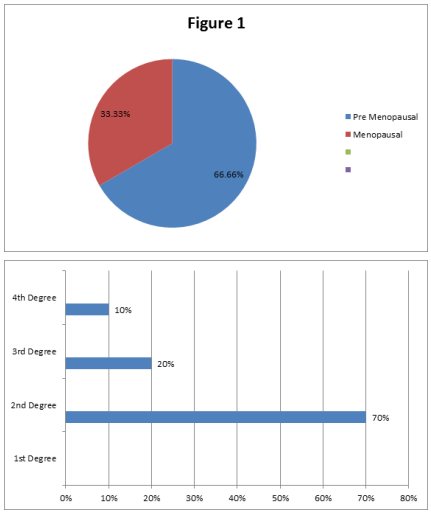

Figure 2

CONCLUSION

Increased age, parity and menopausal age are factors associated with prolapsed of uterus.

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