

ORIGINAL RESEARCH PAPER

Oncology

A RETROSPECTIVE REVIEW OF HYSTERECTOMY IN A TEACHING HOSPITAL

KEY WORDS: Abdominal ,Vaginal, Hysterectomy, Prolapse, Menorrhagia

Dr Khushboo Jain MS OBG Senior Resident (Govt Medical College Kota)

OBJECTIVE- Hysterectomy is the most common gynaecological surgery performed through out the world. The objective of this study is to review the indications of hysterectomy, pre op clinical diagnosis and ultrasound findings.

MATERIAL AND METHODS- A retrospective study of medical records of the patients who underwent hysterectomy between July 2017 to June 2018 at New Medical College Hospital, Kota was done. Various demographic and clinical information were retrieved. Clinical presentation, indications and USG findings were studied.

RESULTS- A total of 374 hysterectomies were done over a period of one year. Amongst them abdominal hysterectomy (61.9%) was the most common. Mean age at the time of hysterectomy was 46.1 year. Most common clinical presentation was menorrhagia (37.8%) followed by something coming out of vagina(32.3%). Majority of the women undergoing hysterectomy were in the age group 41 to 50 years (47.6%).

CONCLUSION- Uterine leiomyoma and prolapse are the most common indication for which hysterectomy is performed.

ABSTRACT

Hysterectomy is the most commonly performed surgery by gynaecologists through out the world. It is also the most common surgical procedure in peri and post menopausal women. Hysterectomy remains the only definitive treatment option in several gynaecological conditions. There are many indications for hysterectomy like fibroid uterus, prolapse, dysfunctional uterine bleeding using variety of techniques like abdominal, vaginal or by laparoscopy.lt improves the quality of life of a woman with fibroids and prolapse. However the predictive advantages must be weighed against the possible risk of surgery and other alternative treatment option available.6

MATERIAL AND METHODS-

A retrospective study of medical records of 374 patients who underwent hysterectomy between July 2017 to June 2018 in New Medical College Hospital, Kota was done. Various demographic data pertaining to age ,parity ,chief complaints with additional information on type of hysterectomy, indication and Ultrasound findings were retrieved.

Statistical analysis of the data was done.

RESULTS-

Age-

The mean age at which women undergo hysterectomy is 46.1 years. The most common age group is 41 to 50 years (47.6%) while 7.2% patients were above 60 yrs and 32.9% were below 40

Table 1: Age

Age	Number	Percentage (%)
21-30	8	2.1
31-40	115	30.8
41-50	178	47.6
51-60	46	12.3
>60	27	7.2
Total	374	100

Parity - In terms of parity majority of the patients were para 2 or 3 (74.7%).

Table 2: Parity

62

Parity	Number	Percentage (%)	
0	4	1.1	
1	28	7.5	
2	157	41.9	
3	123	32.8	
4	47	12.5	
5 & >5	15	4.2	
Total	374	100	

Symptoms -

Menorrhagia (37.8%) and something coming out of vagina i. e. genital prolapse (32.3%) were the most common chief presenting complaint .Abnormal uterine bleeding presented in the form of menorrhagia (37.8%) Polymenorrhoea (12%) Meno metro rrhagia (4.8%) and post menopausal bleeding (1.9%) .Palpable abdominal mass was present in 4.3 % and 6.9% presented as chronic pelvic pain.

Table 3: Symptoms

Symptom	Number	Percentage (%)
Menorrhagia	141	37.7
Polymenorrhoea	45	12
Menometrorrhagia	18	4.8
Post Menopausal Bleeding	7	1.9
Something coming out per vaginum	121	32.6
Chronic Pelvic Pain	26	6.9
Abdominal mass	16	4.2
Total	374	100

Indications-

Uterine prolapse is the most common indication (32.5%), fibroid uterus(28.8%) being the second most common while DUB(18.4%) third most common indication.

Table 4: Indications

Indication	Number	Percentage (%)
Fibroid	108	28.9
Prolapse	121	32.6
DUB	69	18.4
Adenomyosis	37	9.8
PID	22	5.8
Adenexal mass	11	2.9
Malignancy	6	1.6
Total	374	100

Type of hysterectomy -

Most common type of hysterectomy was total abdominal hysterectomy with uni or bilateral salpingo oopherectomy (61.9%) followed by vaginal hysterectomy with pelvic floor repair (32.6%), 2.4% was non descent vaginal hysterectomy. Laparoscopic assisted vaginal hysterectomy was done in 2.1%cases.

Table 5: Type of Hysterectomy

Type of Hysterectomy	number	Percentage (%)
TAH with BSO	232	61.9
Vaginal Hysterectomy with PFR	121	32.6
NDVH	9	2.4
LAVH	8	2.1
Extended Hysterectomy	4	1
Total	374	100

www.worldwidejournals.com

Table 6: Ultrasound Findings

-	
Number	Percentage (%)
123	32.9%
87	23.3%
32	8.5%
9	2.4%
45	12.1%
78	20.8%
374	100
	123 87 32 9 45 78

DISCUSSION-

Hysterectomy is the most common performed gynaecological surgery throughout the world. Abdominal hysterectomy is done to relieve symptoms like AUB and pelvic pain while as a definitive management for diseases like fibroid, adenomyosis.

We also consider age and parity before performing hysterectomy. Most of the patients belonged to the age group of 41 -50 years (47.6%) with mean age of 46.2 years which is at par to the study by Jha R.et al.¹

About 80% of the hysterectomy are performed in women of the age group 20 -50 years and mostly for benign conditions. Only 1.3% were done for malignancy which is et par to study by B V Rajeshwari⁵ where 75% surgeries were performed in women less than 50 years & 2.3% surgeries were for malignancy.

Menorrhagia was the commonest symptom followed by prolapse uterus. In our study Genital prolapse is the most common indication for which hysterectomy is done (32.6%). Fibroid is the indication in 28.4% and DUB in 18.4% cases which is at par to the study by Jha R et al study¹ and Shergill SKstudy². Clarke A ³ has reported the commonest indication to be DUB (58%) followed by fibroid (23.2%). Similarly Saleh S.S⁴ also found DUB as commonest indication followed by fibroid.

CONCLUSION

Hysterectomy will remain a common gynaecological operation in both developing and developed countries. Uterine fibroid and uterine prolapsed are the common indications for hysterectomy.

REFERENCES

- Jha R,Pant AD,Jha A,Adhikari RC,Syami G. Histopathological analysis of hysterectomy specimens. J Nepal Med Assoc 2006;45:283-90 PMid:17334416
- hysterectomy specimens. J Nepal Med Assoc. 2006; 45:283-90 PMid; 17334416
 Shergill SK Shergill HK , Gupta M, Kaur S. Clinicopathological study of hysterectomies. J Indian Med Assoc. 2002; 100:238-39. PMid: 12405332
- 3 clarke A,Blackk n,Rowe P,Mott S,howle k. Indications for and outcome of total abdominal hysterectomy for benign disease; a prospective cohort study.Br J Gynaecol.1995.tb11398.xPMid:7654638
- Saleh. S.S,Fram K .Histopathology diagnosis in women who underwent a hysterectomy for a benign condition. Arch Gynecol Obstet. 2012;285:133943
- 5. BV Rajeshwari Views and Reviews of Hysterectomy- A Retrospective Study of 260
- Cases Over A period of 1 Year Bombay Hospital Journal, Vol. 50, No. 1. 2008.

 6. Lefebvre G, Jeffrey j, Vilos G, Arneja J, Birch C, Fortier M . SOGC clinical guideline hysterectomy. J Obstet Gyneacol can. 2002;24:3761 PMid:12196887