



ORIGINAL RESEARCH PAPER

Pathology

CERVICAL CYTOLOGY AND ASSOCIATED FACTORS AMONG TRIBAL WOMEN ATTENDING RIMS, RANCHI.

KEY WORDS:

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ABSTRACT

Background:- Tribes account for 8.6% of total Indian population, with health care being major concern in the isolated tribal areas. Cancer of the uterine cervix is the third most common gynaecological cancer. Cancer of cervix is considered to be an ideal gynaecological malignancy for screening as it meets both test and disease, criteria for screening. The present study aimed to explore the cervical cytology and its associated risk factors among women from tribal communities of Jharkhand attending Pathology department of RIMS, Ranchi. **Material And Method:** It is retrospective study performed in department of Pathology, RIMS, Ranchi. Study population included all tribal women came for Papanicolaou (Pap) smear test between January 2019-December 2020. A semi-structured questionnaire was administered to collect data on socio-demographic and reproductive characteristics of the study. **Result:** None of the women had pap testing smear in their life. Mean age was 35±5 and most of women belong to low socio economic status. Most women were married, poor menstrual hygiene, and age at first sexual activity was 22±3. Lower back ache was common complaint 68% followed by menstrual irregularity. 82% smear was negative for squamous intra epithelial lesion, 9.9% smear was reported as inflammatory, 2.38% was reported as infection, 1.19% as LSIL and 1.58% as HSIL. 3% smear was reported as inadequate.

INTRODUCTION:

Cancer cervix is the second most common cancer in women in the world, while it is leading cancer in women in developing countries. Globally, 15% of all cancers in female are cervical cancers. Cervical cancer is major cause of death women living in developing countries.^[1] It is estimated that in India 1,26,000 new cases occur each year.^[2]

Tribes account for 8.6% of the total Indian population, with health care, major concern in the isolated tribal areas.^[3] Their access to health facility is compromised due to socio-cultural, economical and environmental factors. Main barriers faced by them were cognitive i.e. ignorance about the disease and awareness scores were significantly associated with age, education and income and the number of person with history of cancer in the family.^[4] Cancer cervix is considered to be an ideal gynaecological malignancy for screening as it meets both test and disease, criteria for screening. It has latent phase during which it can be detected as identifiable and treatable premalignancy lesion which preceded the invasive disease and benefit of screening for carcinoma cervix exceeds the cost involved.^[5] Since the introduction of pap test, a dramatic reduction has been observed in the incidence and mortality of invasive cervical cancer worldwide.^[6] Human papilloma virus is central to the development of cervical neoplasia and can be detected in 99.7% of cervical cancer.^[7] The most common histologic types of cervical cancer are squamous cell (70% of cervical cancer) and adenocarcinoma (25%).^[8] The usual 10-20 yrs. Of natural history of progression from mild dysplasia to carcinoma cervix makes this cancer as relatively early preventive disease and provides the rationale for screening.^[9]

MATERIAL AND METHODS

It is retrospective record based study, performed in department of Pathology, RIMS, Ranchi. Study population include all tribal women came for pap test in department of Pathology. With some common clinical presentation of lower backache, white discharge per vagina, menstrual irregularity, and postmenopausal bleeding from January 2019-december

2020. After seeking informed consent from the patient, cervical cells from the squamo-columnar junction were obtained by doctor using bivalveusco's speculum and sterile Ayer's spatula. A thin Papanicolaou (pap) smear was prepared on glass slide, and the cells were fixed with 95% ethyl alcohol and air dried. The smear were reported according to the Bethesda 2021 system.

RESULT:-

Table 1. socio-demography and reproductive characteristics of the study participants.

characteristics	No.(%)
Age	
<30 years	32(12)
30-40	148(60)
40-60	64(25)
>60	8(3)
socio-economic study	
Low	197(78)
High	55(22)
Age at first sexual intercourse	
<18	44(17.35)
19-25	166(66.12)
>25	42(16.53)
Menstrual hygiene	
Home made	223(88.43)
Pad	29(11.5)
Marital status	
Married	246(98)
unmarried	06(2)
Age at first pregnancy	
<20	98(38.84)
>20	154(61.16)

Table 2. Distribution Of Gynaecological Complaints Among The Study Participants.

Gynaecological Complaints	No.(%)
Lower back ache	171(68)

White discharge per vagina	61(24)
Itching per vagina	20(8)
Menstrual problems	
Dysmenorrhea	141(56)
Irregular menstrual cycle	102(40.48)
Post menopause bleeding	06(2.38)
presence of genital lesion	04(1.59)
Number of gynaecological complaints	
Three or more	192(76.19)
Two	36(14.28)
One	14(5.55)
None (preoperative, anxious for issue)	10(4)

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Table 3. Cervical cytology reports of study participants.

cytology Report	No.(%)
NILM	207(82.14)
Inflammatory	25(9.9)
Epithelial cell abnormality	
Perinuclear halo (Infection)	06(2.38)
LSIL	03(1.2)
HSIL	04(1.58)
Inadequate smear	7(3)

RESULT AND DISCUSSION:-

In our present study ,252 women from the tribal population were screened for cervical premalignant and malignant lesion ,microbial infection ,and symptoms suggestive of gynaecological morbidities. In our study majority of women were from 35±5 i.e.145(60%) as shown in Table 1.which is higher as compared to finding of study done by Megersa Argave Aredo et al 26±5.

The predominant gynaecological compliant was lower back ache i.e.171(68%) followed by menstrual problems 141(56%) and whitish discharge per vagina 61(24%) most of women had three or more gynaecological complaints i.e.192(76%) and 14 (5.5%) had at least one gynaecological complaint as shown in Table 2.Similar finding was found in study done by Gosh et al in tribal population of Karnataka.

In our study maximum women 207(82.14%) were negative for intra epithelial lesion.

25(9.9%) women's smear shows inflammatory changes. Epithelial cell abnormalities 06(2.38%) women' s smear shows infectious changes ,LSIL were present in 03(1.2%) and HSIL were present in only 04(1.58%) of women. In our study 07(03%) smear were inadequate. Inadequate smear might be due to dryness of smear or scant cellularity and also could be due to improper sampling technique.as shown in Table 3.Similar result was found in study done by Verma et al in tertiary hospital of rural area of Himachal Pradesh i.e. maximum number of smear were reported as NILM followed by inflammatory smear.

CONCLUSION:-

In our study we found most women belong to poor socio-economic group and having poor menstrual hygiene. Despite being all symptoms preventable low awareness level on cervical cancer and underutilization of screening services was found.

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