ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

"A CLINICAL STUDY OF UTEROVAGINAL PROLAPSE"

KEY WORDS:

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INTRODUCTION

Prolapse occurs due to weakening of pelvic supports of the uterus. Among15-44 years, gynecological disorders contribute to 7% and in 45-54 years age group is 14%. Among these problems genital prolapse rate was 7.

Symptoms may include fullness of vagina, pain during intercourse, difficulty in micturition, urinary incontinence, and constipation. Lower back pain and vaginal bleeding can also occur

Risk factors include, childbirth, obesity, constipation, and prolonged cough. Diagnosis is based on examination. It is a form of pelvic organ prolapse, together with bladder prolapse, large bowel prolapse, and small bowel prolapse(4).

The uterus is normally held in place by a hammock of muscles and ligaments. When these ligaments become so weak, the uterus slips down from its normal position. These ligaments are the round ligament, uterosacral ligaments, broad ligament and the ovarian ligament. The uterosacral ligaments are by far the most important ligaments in preventing uterine prolapse. Treatment of uterine prolapse can be conservative, mechanical, or surgical. Conservative treatment include life style modification and muscle strengthening exercises such as Kegel exercise(6).Pessaries are a mechanical treatment that supports the vagina and elevates the prolapsed uterus to its normal, correct position.

Surgical procedures include hysterectomy or uterus-sparing technique such as laparoscopic hysteropexy, Sacro hysteropexy or the Manchester operation.

Uterine prolapse is a common problem among parous and aged women in developing countries. It is known to cause physical and psychosocial problems affecting the quality of life of patients(9). Hence the study was undertaken to evaluate the incidence of uterovaginal prolapse and to identify the risk factors so that appropriate measures can be taken to prevent the uterovaginal prolapse.

AIMS AND OBJECTIVES

AIM:

To find out the incidence of uterovaginal prolapse in those who are attending hospital and its incidence in different age groups and common clinical symptomatology and their etiological and predisposing factors.

OBJECTIVES:

1. To study the incidence of uterovaginal prolapse.
2. To study the incidence of uterovaginal prolapse in relation to predisposing socio-demographic factors.
3. To study the factors like duration of disease, degree and components of uterovaginal prolapse associated pelvic findings and clinical presentation.
4. To study different modes of treatment and post operative follow up.

5. To study the impact of uterovaginal prolapse on quality of life.

MATERIALS AND METHODS:

Study Area:

The current study was undertaken to find out the incidence of uterovaginal prolapse in different age groups and common clinical symptomatology and their etiological and predisposing factors among patients of Government General Hospital, Kakinada.

Study Design:

Hospital based prospective observational study.

Study Population:

Patients who attended outpatient /admitted to inpatient ward in the dept. of Gynecology, GGH, Kakinada with clinical diagnosis of Uterovaginal prolapse.

Sample Size: 60

METHODOLOGY

Study Subjects:

Patients who attended outpatient /admitted to inpatient ward in the dept. of Gynecology, GGH, Kakinada with clinical diagnosis of Uterovaginal prolapse.

Inclusion Criteria:

1. All patients with uterovaginal prolapse attending OPD or admitted in gynecological wards who are available for follow up.
2. Patients who have given consent.

Exclusion Criteria:

1. Pregnant woman with prolapse.
2. Patients with severe co-morbid factors.
3. Prolapse associated with any ovarian mass.

Study Period:

The study period is 24 months i.e., from October 2020 to October2022.

Study Tools:

A pre-tested, semi-structured questionnaire was used to collect information

Data Collection:

Data on detailed history, physical examination including general and systemic evaluation, laboratory investigations were taken.

Study Variables:

Age, education, religion, locality, income, socio-economic status, parity, type of delivery, pap smear, cervical biopsy, ultrasound abdomen, blood investigations etc.

Statistical Analysis:

Data was analyzed by using Microsoft Excel 2016, SPSS 21 and represented in the form of tables and diagrams. Percentages, means, and proportions were used for descriptive variables. Appropriate statistical tests were applied wherever necessary. P-value of < 0.05 was taken as statistically significant.

Ethical Issues:
Prior approval from the Institutional Ethics Committee (IEC) has been obtained. Informed consent from the study subjects was obtained. The interviews were ensured confidentiality and comfort. No physical insult or inconvenience is caused to the patient. The patient can withdraw from the study anytime during the process.

RESULTS
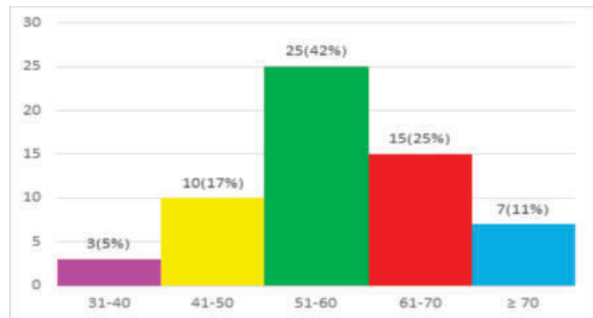
Figure 1: Distribution of study subjects based on Age group (n=60)
In the present study, the 31-40 years age group constitutes 5%, 41-50 years age group constitute 17%, 51-60 years age group constitute 42%. The 61-70 years age group constitute 25% and ≥70 years age group constitute 11%. Most study subjects belong to the age group of 51-60 years. The mean age of study subjects is 45.6 years ±6.6 SD.
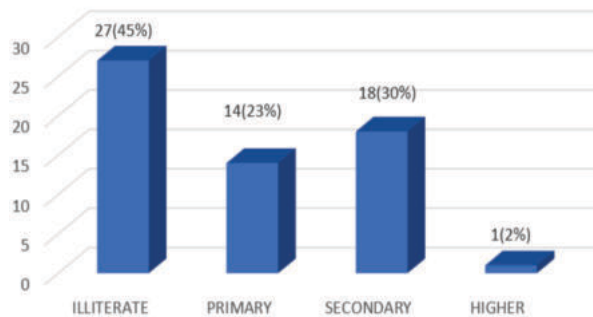

Figure 2: Distribution of study subjects based on Education (n=60)
In the present study, 45% of study subjects were illiterate, 23% had primary education, 30% had secondary education and only 2% had higher education. The majority of study subjects were illiterate.
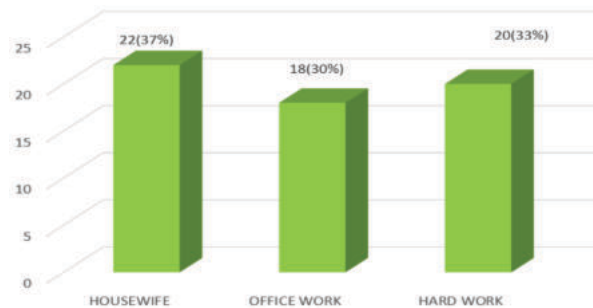

Figure 3: Distribution of study subjects based on Occupation (n=60)
In the present study, 37% of study subjects were housewives, 30% does office work and 33% does hard work or labor work. Majority of the study subjects were housewives.
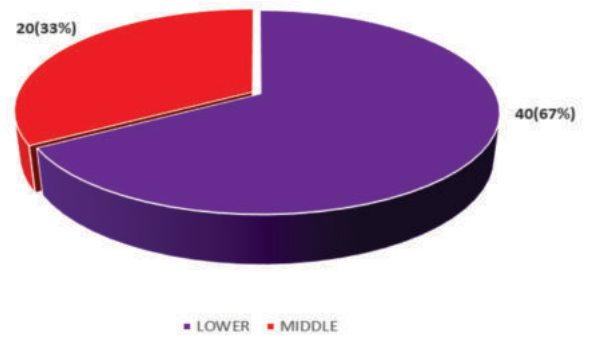

Figure 4: Distribution of study subjects based on SES (n=60)
Based on BG Prasad socio-economic classification, (on income basis) the study subjects were classified. 33% of study subjects belong to middle class and 67% belong to lower class. Most of the study subjects belong to lower socio-economic status.
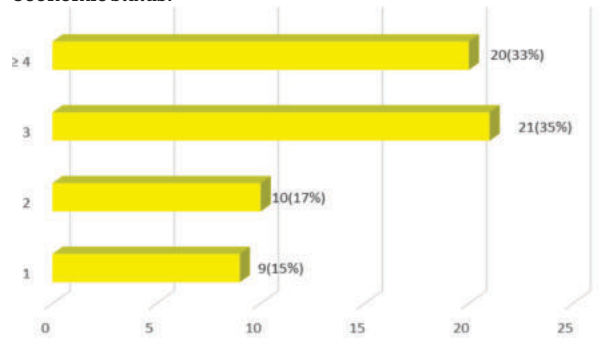

Figure 5: Distribution of study subjects based on Parity (n=60)
In the present study, 15% of study subjects were first parity, 17% were second, 35% were third, 33% were fourth and above. More than half of study subjects were third parity and above.
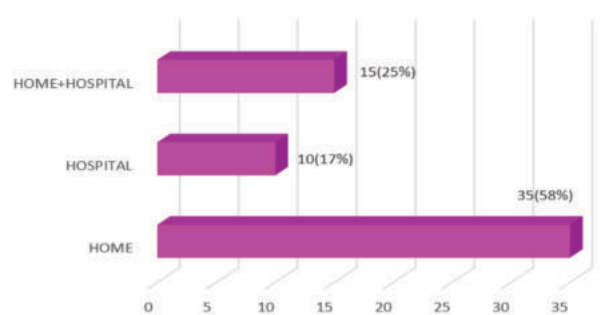

Figure 6: Distribution of study subjects based on place of delivery (n=60)
In the present study, 58% of study subjects have delivery at home, 17% have delivery at hospital and 25% have delivery at both home and hospital. More than half of the study subjects have delivery at home.
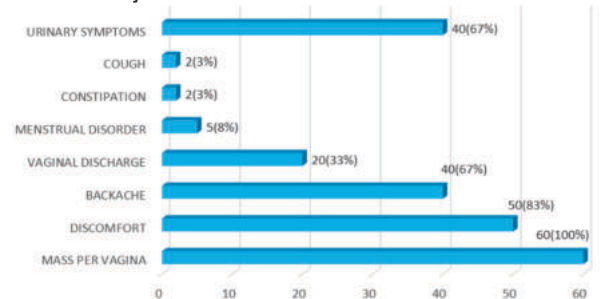

Figure 7: Distribution of study subjects based on presenting complaints (n=60)

In the present study, 100% have mass per vagina, 83% have dragging discomfort in lower abdomen, 67% have back ache, 33% have vaginal discharge, 8% have menstrual disorder, 3% have constipation, another 3 % have cough and 67% have urinary symptoms. Mass per vagina, discomfort, back ache, and urinary symptoms are present in most of the study subjects. Study subjects have more than one symptom.
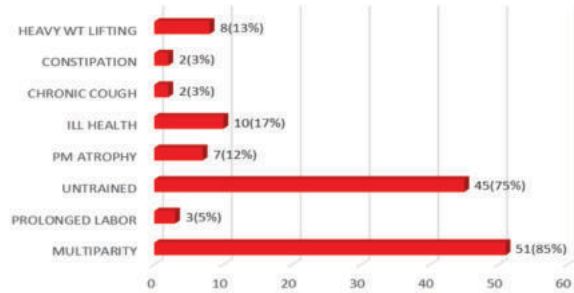

Figure 8: Distribution of study subjects based on aggravating factors (n=60)

In the present study, among 85% of study subjects aggravating factor is multiparity, in 5% of study subjects prolonged labor, 75% untrained person, 12% post-menopausal atrophy, 17% ill-health(anemia), 3% cough and another 3% constipation and 13% heavy weightlifting. Multiparity and untrained person during delivery is the common aggravating factor.
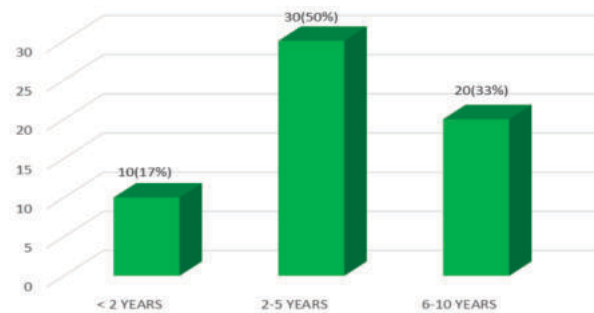

Figure 9: Distribution of study subjects based on duration of symptoms (n=60)

In the present study, 17% of study subjects have disease from < 2 years, 50% have the disease from 2-5 years and 33% from 6-10 years. Half of the study subjects have the disease from 2-5 years.
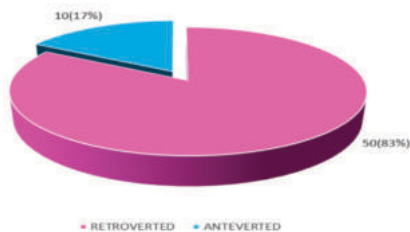

Figure 10: Distribution of study subjects based on position of uterus (n=60)

In the present study, 83% of study subjects have retroverted position in prolapse and only 17% have anteverted uterus. The majority of the study subjects have retroverted uterus.
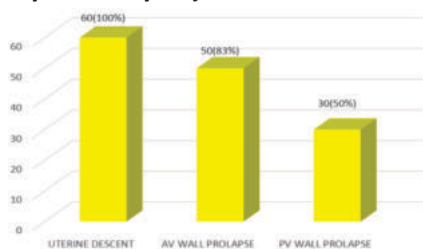

Figure 11: Distribution of study subjects based on components of UV prolapse (n=60)

In the present study, 100% of study subjects have uterine descent, 83% have anterior vaginal wall prolapse and 50% have posterior vaginal wall prolapse.
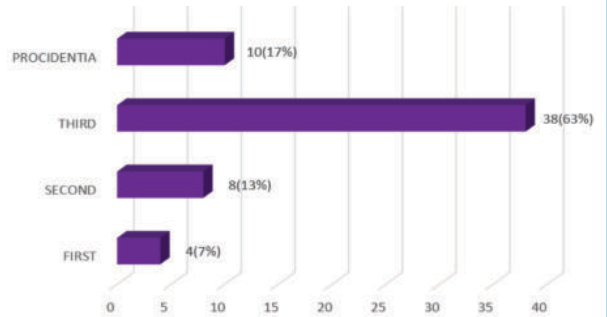

Figure 12: Distribution of study subjects based on degree of prolapse (n=60)

In the present study, 7% of study subjects have first degree prolapse, 13% have second degree prolapse, 63% have third degree prolapse and 17% have procidentia. The majority of the study subjects have third degree prolapse.
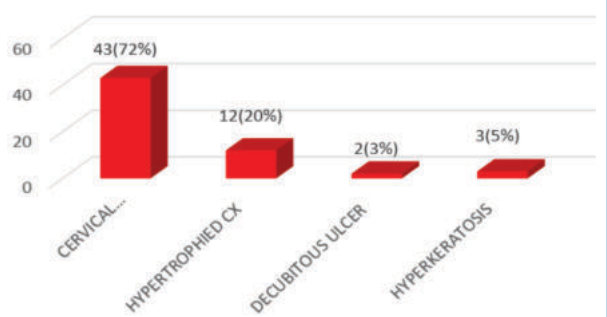

Figure 13: Distribution of study subjects based on pelvic findings (n=60)

In the present study, 72% of study subjects have cervical elongation, 20% have hypertrophied cervix, 3% have decubitus ulcer and 5% have hyperkeratosis. Nearly two-thirds of the study subjects have cervical elongation.
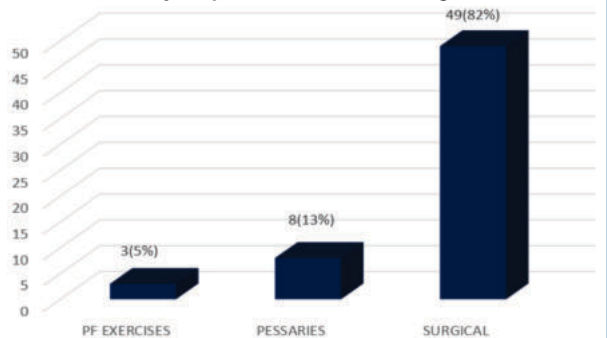

Figure 14: Distribution of study subjects based on treatment (n=60)

In the present study, 18% of study subjects have conservative treatment among which 5% were given plevic flooe exercises and 13% pessaries. 82% of study subjects have underwent surgical treatment.

SUMMARY
1. Study subjects of 42% belong to age group of 51-60 years. Mean age was 45.6 years ± 6.6 SD in the study.
2. Illiterates were 45% in the study.
3. Labour work/hard work is done by 33% of study subjects.
4. Majority of the study subjects 67% belong to lower socio-economic class.
5. Majority of the study subjects 85% were multiparous in the present study.
6. Majority of the study subjects 58% have home deliveries.
7. Mass per vagina is presenting complaint among all the study subjects 100%.

8. Majority of the study subjects 50% have duration of symptoms for 2-5 years.
9. Majority of the study subjects 83% had retroverted uterus.
10. Third degree prolapse is present in majority 63% of study subjects.
11. Cervical elongation is present in majority 72% of study subjects.
12. Majority of the study subjects 82% have undergone surgery.

CONCLUSION

1. The majority of the study subjects were above 50 years age group in the study.
2. Nearly half of the study subjects were illiterate in the study.
3. One-third of the study subject's occupation was labour work in the study.
4. More than half of the study subjects belong to lower socio-economic status in the study.
5. Most of the study subjects were multiparous in the study.
6. More than half of the study subjects had deliveries at home in the study.
7. Mass per vagina is the predominant presenting complaint in the study.
8. Half of the study subjects have duration of symptoms for 2-5 years in the study.
9. Most of them have retroverted uterus in the study.
10. Majority were diagnosed with third degree prolapse in the study.
11. Nearly two-thirds of the study subjects have cervical elongation in the study.
12. Most of the study subjects underwent surgery.

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