

Analytical study of hysterectomies

R Sujatha^{1*}, S Sri Narthana², N Saravanakumar³, P M Subramaniam⁴

{¹Assistant Professor, ³Professor, Department of OBGY} {²Assistant Professor, ⁴Professor, Department of Pathology}
Annapoorna Medical College and Hospital, Salem, INDIA.

Email: sujiguptha60@gmail.com

Abstract

Background: Hysterectomy is a very frequently performed surgery in women, next to caesarean section. Hysterectomy is considered definitive treatment of various pelvic pathologies like leiomyoma, dysfunctional uterine bleeding, chronic pelvic pain, endometriosis, adenomyosis, prolapse and malignancies. **Objectives:** The study is done to determine the most important indications for the surgery, the patient demographic profile, the type of surgery done, the incidence of anemia amongst these women and the histopathological correlation with the clinical diagnosis. **Methods:** A retrospective study was done in the Department Of Obstetrics And Gynaecology, Annapoorna Medical College and Hospital for the period Jan 2014 – June 2017. Following data were collected like clinical presentation, Hb% before surgery, type of surgery, histopathological diagnosis of operated specimen and framed a proforma. Hysterectomy specimens were fixed in 10% formalin and studied in Department of Pathology. **Result:** In our study the most common indication for hysterectomy was leiomyoma followed by adenomyosis and other indications. Patients presented with menstrual problems, utero-vaginal prolapse, mass or pain abdomen. Most common Surgical Approach was TAH followed by VH and LAVH. 750 case records were analysed out of which 8 cases of cancer cervix, 4 cases of adenocarcinoma of endometrium, 1 embryonal cell carcinoma of ovary and 1 case of leiomyosarcoma were found. **Conclusion:** Histopathological analysis and review is mandatory to evaluate the appropriateness of hysterectomy. Hysterectomy was justified in 99% women in our series based on post operative histopathology report of the specimen. Hysterectomy improves quality of life and at times is life saving procedure. The medical management options should be discussed with the patient before taking a decision.

Key Words: Hysterectomy, indications, histopathology.

*Address for Correspondence:

Dr. R. Sujatha, Assistant Professor, Dept of Obstetrics and Gynaecology, Annapoorna Medical College and Hospital, Sankari Main Road NH(47), Salem - 636308. Tamil Nadu, INDIA.

Email: sujiguptha60@gmail.com

Received Date: 15/08/2017 Revised Date: 01/09/2017 Accepted Date: 24/10/2017

DOI: <https://doi.org/10.26611/1012422>

Access this article online

Quick Response Code:



Website:

www.medpulse.in

Accessed Date:
08 November 2017

INTRODUCTION

The most common major surgical procedure performed in gynaecology is hysterectomy. Many medical and conservative surgical treatment options are available and yet hysterectomy remains the most common procedure. Although hysterectomy is done to improve patient's quality of life yet it has its own morbidity and mortality.

Three and a half years data of all hysterectomy cases were collected and analysed for the indications and correlated with the histopathological findings. It has been found that the mean age of onset of menopause in those who underwent hysterectomy is much earlier than the average. Charles clay performed the first total abdominal hysterectomy in 1929.

MATERIALS AND METHODS

This is a retrospective study to correlate and evaluate the sensitivity between the indications, demographic features, clinical presentations, per operative findings and histopathological diagnosis in hysterectomy specimens. Case records of all those who underwent hysterectomy from Jan 2014 - June 2017 at Annapoorna Medical College and Hospital were studied.

RESULTS

A total of 750 case records were analysed.

Table 1: Age wise distribution of hysterectomy cases

Age in years	Number of cases	%
21-30	30	04.00
31-40	290	38.67
41-50	321	42.80
51-60	82	10.93
61-70	25	03.33
71-80	2	00.27
Total	750	100.00

Table 1: shows the age wise distribution of hysterectomy cases. The majority of cases were done in the 31-50 year age group.

Table 2: Distribution of cases by presenting complaints

Complaints	Number of cases	%
Mass descending per vagina	141	18.80
Menstrual problems	429	57.20
Pain abdomen	42	05.60
Lump abdomen	17	02.27
Leucorrhoea	89	11.86
Post menopausal bleeding	5	00.67
Low back pain	27	03.60
Total	750	100.00

Table 2: shows the distribution of cases by presenting complaints. Majority of patients presented with menstrual problems like menorrhagia and dysmenorrhea. 18.8% of the cases were done for complaint of mass descending per vagina.

Table 3: Distribution of cases by the clinical diagnosis

Clinical diagnosis	Number of cases	%
Prolapse	141	18.80
Leiomyoma	229	30.53
Adenomyosis	117	15.60
DUB	103	13.73
PID	120	16.00
Ovarian mass/ cyst	35	4.67
Post menopausal bleeding	5	0.67
Total	750	100.00

Table 3: shows the distribution of cases by the clinical diagnosis. In 30.53% of cases the clinical diagnosis was leiomyoma. This is consistent with the findings in other studies.

Table 4: Distribution of cases by type of hysterectomy done

Sr. No	Type of hysterectomy	Number of cases	%
1	VH	261	34.80
2	TAH	224	29.87
3	TAH with BSO	170	22.66
4	LAVH	78	10.40
5	LAVH converted to TAH	3	0.40
6	Extra fascial abdominal hysterectomy with BSO	3	0.40
7	TAH with LSO or BSO	11	1.47
	Total	750	100

Table 4: shows the distribution of cases by type of hysterectomy done. The abdominal approach for surgery was commonest in 54.8% of cases followed by VH in 34.8%, LAVH in 10.4%. In many of the DUB and adenomyosis cases, surgery was done by VH. This reduces hospitalisation and cost. It is to the credit of the institution and the surgeon when the procedure is done by vaginal route or LAVH.

Table 5: Distribution of cases by histopathological diagnosis

Sr. No	Histopathological diagnosis	Number of cases	%
1	Leiomyoma	201	26.8
2	Adenomyosis	148	19.73
3	Leiomyoma + Adenomyosis	83	11.06
4	Leiomyomatous polyp	11	1.46
5	Degenerated leiomyoma	9	1.20
6	Calcified leiomyoma	3	0.40
7	Cervical leiomyoma	2	0.26
8	Leiomyosarcoma	1	0.13
9	Endometrial polyp	12	1.60
10	Disordered proliferative endometrium	134	17.86
11	Cystic atropic endometrium	67	8.93
12	Biphasic endometrium	13	1.73
13	Simple cystoglandular hyperplasia endometrium	26	3.46
14	Complex hyperplasia of endometrium without atypia	1	0.13
15	Complex hyperplasia endometrium with atypia	4	0.53
16	Endometrial cancer	4	0.53
17	Cervical polyp	8	1.06
18	Chronic cervicitis	417	55.60
19	Chronic papillary cervicitis	173	23.06
20	CIN grade II and III	3	0.40
21	Cancer cervix	8	1.06
22	Serous cyst adenoma of ovary	18	2.40
23	Mucinous cyst adenoma of ovary	2	0.26
24	Benign solid ovarian tumour (Brenner, fibroma)	2	0.26
25	Benign teratoma of ovary(dermoid cyst)	2	0.26
26	Ovarian endometriosis	3	0.40
27	Hydrosalpinx	7	0.93
28	TO mass due to chronic pyosalpingoophoritis	1	0.13
29	Tubal pregnancy	1	0.13
30	Ovarian malignancy	1	0.13

Table 5: gives the distribution of cases by histopathological diagnosis. The most common myometrial lesion was found to be leiomyoma in 37.86%. Second most common being adenomyosis. Sometimes the preoperative diagnosis made was leiomyoma but in histopathology, many a time adenomyosis was found to be coexisting. The most common finding in cervix is chronic cervicitis which is consistent with other studies.

The most common finding in endometrium apart from proliferative phase, secretory phase was found to be disordered proliferative endometrium seen in 17.86%. In 8.93% cases cystic atropic endometrium was found. Many a time apart from the clinically diagnosed lesion associated pathology like ovarian or tubal pathology were found to be present.

DISCUSSION

Hysterectomy remains to be a matter of debate owing to varying indications and the physical, economic, emotional and medical impact on the women. Some women had more than one indication. Many women had to be given blood transfusions prior to surgery as they were anemic due to menorrhagia. Some cases who were planned for VH or LAVH had to be converted to TAH due to severe adhesions. Intraoperative complications like bowel injury and bladder injury were managed appropriately. Hysterectomy was considered justified when the pathology report tallied with the preoperative diagnosis and indication for surgery.

CONCLUSION

In our study the most common indication was leiomyoma. The most common surgical approach was abdominal route. Hysterectomy was justified in 99% of women in our series. There is a need for collective action to motivate regular audit in all hospitals to analyse the indications for hysterectomies.

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Source of Support: None Declared
Conflict of Interest: None Declared