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PREVALENCE AND CLINICAL PROFILE OF UTERINE PROLAPSE AND ITS OBSTETRIC ASSOCIATION IN SOUTH INDIA.

Pavithra I[1] & Tarangini Gajjala[2*]

[1]Assistant Professor, Department of Obstetrics and Gynaecology, Shri Satya Sai Medical College and Research Institute, Tamilnadu, India.
[2]Assistant Professor, Department of Obstetrics and Gynaecology, Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry-605502, (Affiliated to Bharath University, Chennai), India.

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ABSTRACT
Uterine prolapse is the herniation of uterus into the vaginal wall along its axis mainly due to anatomical weakness. 50% of women present with uterine prolapse during routine gynaecological care. According to WHO, 91% of women (50-79 years) showed some degree of prolapse. In developing countries it is the most common indication for gynaecological surgery. To identify various obstetric etiologies and to evaluate the prevalence of uterine prolapse in women who attended gynaecological OPD in shri satyasai medical college and research institute and SLIMS. This is a hospital based cross sectional study carried out for 70 women who has uterine prolapse. This study was conducted in shri satyasai medical college and research institute and Sri Lakshmi Narayana Institute Of Medical Sciences. A standardized data collection was used to review all outpatient. And the frequency of obstetrical factors is calculated. About 70 patients who attend the gynaecological OPD ,contribute to Uterine prolapse during the study period. Out of which 57.1%of patients are postmenopausal women. The mean age of presentation is 54years.Multiparous women have higher chances of occurrence than grand multipara. It is found that home delivery is also an important risk factor for uterine prolapse. By this study, the obstetrics determinants like age, parity, mode &place of delivery, duration of labour are strong and the leading cause of uterine prolapse in later ages. Thereby it lies in the hand of the every health care professionals to give proper antenatal and intranatal care to decrease the other gynaecological morbidity in the long run.

INTRODUCTION

Uterine prolapse is the descent of the uterus occurs when uterus slips from its anatomical place into vaginal canal due to weakening of pelvic floor muscles and ligaments [1]. It is the most common gynaecological problem of women in developing countries. The cause of uterine prolapse depends on the age, parity, mode of delivery, place of delivery, duration of labour, etc. The most commonly noticed complaints are difficulty in micturition, burning micturition, difficulty in defecation, painful intercourse, abdominal pain, white discharge, foul smelling discharge, difficulty in standing, sitting etc[2].Prolapse occurs due to weakening of pelvic support structures of the uterus. Weakening of musculature and ligaments even though multifactorial, the etiology comprises of large number of pre-disposing factors which are easily preventable. These factors are deeply related to the cultural and socio-economic background of women [2] Uterine prolapse is classified based on severity as1st degree – cervix above the level of introitus, 2nd degree – cervix at the level of introitus, 3rd degree – cervix below the level of introitus. Procedentia—Uterine fundus outside the introitus. The global prevalence of genital prolapse is

Corresponding Author

Dr.Tarangini Gajjala
Email: - drpebyreddy@gmail.com

estimated to be 2 – 20% in women under 45 years[3]. In India more than 1 million of Nepali women suffer from uterine prolapse and the majority of these are of reproductive age [4]. And the main aim of study is to identify various obstetric etiologies and to evaluate the prevalence of uterine prolapse in Melmaruvathur Adhiparasakthi institute of Medical sciences and Research.

METHODOLOGY

This study is a hospital based observational study conducted in Shri satyasai medical college and research institute and Sri Lakshmi Narayana Institute Of Medical Sciences. This study was conducted in women with uterine prolapse who attended gynaecology OPD. The study was obtained IEC. The sample size is about 70.

Inclusion Criteria: (1) age >30 years, (2) 2nd degree , 3rd degree and procidentia,

Exclusion Criteria : (1) pregnancy,(2) Terminally ill, (3) first degree prolapse, (4)Malignancy, fibroid & other gynaecology causes

The purpose of this study was fully explained to participants who underwent this study. The questionnaire includes name, age, parity, mode of delivery, place of delivery, duration of labour, menstrual status. Out of which, age is mandatory.

RESULTS:

A total 70 women were participated in the study conducted in Sri Lakshmi Narayana institute of Medical sciences. Table 1 reveals that age group of participants with uterine prolapse. About 11.4% were in the age group of 30-40 years, whereas 18.6 % were in the age group of 40-50 years. The participants with the age group of 50-60 years were 27.1% and >60 years were 42.9%. Among them women > 60 years shows higher number in uterine prolapse.

Table 2 shows menstrual status of women with uterine prolapse. About 42.9% of women with uterine prolapse were menstruating and 57.1% were postmenopausal women.

Table 3 deals with parity of uterine prolpase. Nulliparous women hasn't presented with uterine prolapse during the study. 1.4% was pregnant for 1 time. About 35.7% were pregnant for 2times, 50% were pregnant 3 times, 12.9% were pregnant more than 3 times.

Table 4 shows 75.7% of women reported delivered at home and 24.3% delivered at hospital.

Table 5 shows mode of delivery in participants. About 78.6% had normal vaginal delivery without episiotomy and 5.7% had normal vaginal delivery with episiotomy. 14.3% of women had normal vaginal delivery with instrumental and 1.4% of women had LSCS.

Table 6 shows that 22.9% of women had <2 hours duration of labour and 45.7% of women more than 2 hours duration. 31.4% were unknown about duration.

Table 1: AGE OF PARTICIPANTS WITH UTERINE PROLAPSE

AGE	NO OF CASES	FREQUENCY(%)
30-40 years	8	11.4
40-50 years	13	18.6
50-60 years	19	27.1
>60 years	30	42.9
TOTAL	70	100

Table 2: MENSTRUAL STATUS OF WOMEN WITH UTERINE PROLAPSE.

MENSTRUAL WOMEN	NO OF CASES	%
Menstruating women	30	42.9
Postmenopausal women	40	57.1
TOTAL	70	100

Table 3: PARITY OF PARTICIPANTS WITH UTERINE PROLAPSE

PARITY	NO OF CASES	%
NULLIPAROUS	0	0
1	1	1.4
2	25	35.7
3	35	50
>3	9	12.9
TOTAL	70	100

Table 4: PLACE OF DELIVERY OF PARTICIPANTS

PLACE OF DELIVERY	NO OF CASES	%
home delivery	53	75.7
instituitional delivery	17	24.3
TOTAL	70	100

TABLE 5: MODE OF DELIVERY OF PARTICIPANTS

MODE OF DELIVERY	NO OF CASES	%
NVDwithout episiotomy	55	78.6
NVD with episiotomy	4	5.7
NVD with instrumental	10	14.3
LSCS	1	1.4
TOTAL	70	100

TABLE 6: DURATION OF LABOUR OF PARTICIPANTS

DURATION OF LABOUR	NO OF CASES	%
<24 hours	6	8.6
>24 hours	45	64.3
>48 hours	11	14.3
unknown	8	12.9
TOTAL	70	100

DISCUSSION

Most prolapse cases in this study were of lower socio-economic status and were manual laborers by occupation which was similar to findings of a Nigerian study [1]. In studies done in Nepal [2, 8] and Tamil Nadu, India [1], greater proportion of cases was farmers. These findings infer that woman engaged in strenuous occupations get exposed to raised intra-abdominal pressure over prolonged periods and thus are at risk of developing prolapse [7].

These observations along with age at last pregnancy as a risk factor can be explained by the known fact that process of aging causes loss of collagen and weakness of fascia and connective tissue and the risk of prolapse gets increased during subsequent child births.The fact that poorly supervised labor and delivery conducted by untrained personnel in home environment lead to faulty delivery practices like bearing down for a long time before full cervical dilation, not performing episiotomy when it is indicated and not stitching perineal tears [7]. This causes damage to supporting structures of uterus which predisposes to development of UP [3].

Previous studies shown that difficulty in micturition which was the second most common complaint observed among cases in this study was reported in 34.9 % in a study done in Jordan [3] and 50 % in a study done in Nepal [8]. This symptom occurs due to distortion of passage of urine flow following uterine prolapse. The diversity of symptoms in UP as mentioned above indicates how it can impact a woman physically, socially, and psychologically and thus affect the quality of life.

In our study, 70 patients are reported in gynaecology OPD with uterine prolapse onconsidering the inclusion and exclusion criteria. Of these, all patients presented with mass descending per vaginum. The other additional symptoms are pain in vagina, vaginal discharge, urinary symptoms, constipation and low backache[5]. Bleeding per vaginum, coital problem is not included in this present study. Most of them were inperi and post menopausal group and the mean age of uterine prolapse among the women in this study is found to be 54 years. Only Obstetric etiologiesare considered in this study. A few studies have shown that vaginal birth is not associated with pelvic organ prolapse and and parity might not be the only risk factor and vice versa[6,7]. A similar study carried out in Hyderabad concluded that pelvic organ prolapse was not necessarily the outcome of repeated child birth but often followed the damage to the pelvic floor after the very first delivery[8]. And the study conducted in Nepal reveals that teenage pregnancy and too many pregnancy causes prolapsed in women[2].

CONCLUSION

Uterine prolapse is one of the leading causes of gynaecological morbidity in women. Mostly women age >60 years, pregnancy for 3 times, home delivery, duration of labour more than 24 hours have higher risk of developing uterine prolapse. This is mainly due to lack of knowledge among women. Uterine prolapse is preventable by awareness program and it can be treated as well. Health education about uterine prolapse must be advised to the patient by both public and private sectors in gynaecology OPD. Pelvic floor exercises must be educated to pregnant women. Educate the pregnant women to undertake hospital delivery.

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