

A STATISTICAL SURVEY OF PROLAPSE OF THE UTERUS WITH REFERENCE TO AGE AND PARITY

BY

D. M. SATUR, B.A., M.B.B.S., F.R.C.S.E., F.R.C.O.G. (Lond.)

AND

J. CHAKRAVERTI, M.B., F.R.C.O.G.

The object of this survey is to study the incidence of prolapse among the women of the upper and upper middle classes of society, and the cases are therefore taken from the records of the private clinics of Drs. J. Chakraverti and D. M. Satur, and not from the O.P.D. records of any hospital where the bulk of the cases is drawn mainly from the lower middle and poor economic classes.

It will be noted that the survey covers a wide geographical distribution. Chakraverti's cases are drawn mainly from Bengal and its borders, whereas Satur's are from Delhi, the Punjab and U.P. This is interesting for purposes of comparison.

The title of the paper is "A statistical survey of prolapse of the uterus". In the course of our study however, we found that in the majority

of the cases the nature of the prolapse was cystocele and rectocele; next came the combination of cystocele-rectocele and descent of the uterus, while third was cystocele alone. All these varieties have been included, hence in our opinion the term "genital prolapse" would have been more appropriate for this survey than prolapse of the uterus.

It is interesting to note that only about 30% of the cases complained of the symptoms of prolapse (something coming down on or without straining) and that in the rest the prolapse was discovered only in the course of routine pelvic examination.

We shall now analyse our survey under the following heads:—

Incidence:

It would appear from this that one of every five cases examined in

TABLE I

	Total gynaecological cases	Prolapse	Percentage incidence
J. Chakraverti (Bengal & borders)	2,415	395	16.35%
D. M. Satur (Delhi, Punjab, U.P.)	3,079	670	21.76%
Combined	5,494	1,065	19.38%

Paper read at the Eighth All-India Obstetric and Gynaecological Congress held at Bombay in March, 1955.

this class of women suffers from prolapse of one degree or other.

It is the general impression that

there is a much higher incidence of prolapse in Bengal than in any other part of India, but our survey showed otherwise as regards the areas studied and women of better economic status.

Age Incidence.

The cases have been tabulated in age groups of 10 years each starting from 16, the lowest in our series, to a maximum of 70 years.

TABLE II

Age groups	Number of cases	Percentage incidence
I 16—25 years	157	14.73%
II 26—35 years	437	41.03%
III 36—45 years	345	32.39%
IV 46—55 years	109	10.23%
V 56—65 years	17	1.59%

The majority of the cases fell into the age group 26-35 years.

Parity Incidence.

TABLE III

Parity	Number of cases	Percentage incidence
Nullipara	7	0.66%
1	138	12.96%
2	172	16.15%
3	150	14.08%
4	139	12.97%
5	119	11.17%
6	80	7.51%
7	87	8.17%
8 & over	173	16.24%

It will be noted that the incidence rises upto 2nd and 3rd parity and then gradually falls upto 7th para. After this there is a sudden rise again towards 8th para and above, which may be due to the involutionary changes in the pelvic supports with the advance of years. There is a greater

tendency for prolapse to become evident towards the latter part of sexual life, i.e., towards the menopause. It is difficult however to explain the rise of incidence upto 2nd and 3rd parity and the gradual fall thereafter.

Incidence According to the Nature of the Prolapse.

TABLE IV

Nature of prolapse	Number
Cystocele (C)	96
Rectocele (R)	15
C. R.	787
Descent 1st degree (D ₁)	8
D ₂	18
C.D ₁	5
C.D ₂	11
C.R.D. (1 & 2)	103
R. D.	4
Procidentia	18

As was observed previously the largest incidence of prolapse was cystocele and rectocele, next cystocele and rectocele with descent of uterus of various degrees, and thirdly cystocele alone.

It was surprising to note that only a very small percentage of the cases, 12%, gave a history of difficult or prolonged labour, contrary to the general belief.

Further, such exciting factors of prolapse as chronic bronchitis, constipation, diarrhoea, dysentery etc., were found only in 24% of the cases. Poor general health was noticed in only 24% of the cases.

In 62 cases of our series, the patients came in the early months of pregnancy complaining of symptoms of prolapse for the first time. It could most probably be attributed to the succulence of the supporting

TABLE V
Variety of Prolapse with Reference to Age Incidence.

Age	C	R	CR	D ₁	D ₂	CD ₁	CD ₂	CRD _{1 & 2}	DR	Proci- dentia	
I	19	3	108	2	5	1	3	12	2	2	157
16-25 yrs.											
II	49	8	312	3	8	2	5	44	—	6	437
26-35 yrs.											
III	21	2	278	2	3	1	1	31	2	4	345
36-45 yrs.											
IV	7	1	84	1	1	—	2	12	—	1	109
46-55 yrs.											
V	—	1	5	—	1	1	—	4	—	5	17
56-65 yrs. & above											
Total	96	15	787	8	18	5	11	103	4	18	1065

TABLE VI
Variety of Prolapse According to Parity.

Parity	C	R	CR	CD ₁	CD ₂	CRD ₁	CRD ₂	RD	D ₁	D ₂	Proci- dentia	
Nulli.	2	—	3	—	—	—	—	—	1	1	—	7
1 P.	16	4	94	2	4	4	5	2	2	5	—	138
2 P.	24	3	116	—	3	8	11	—	—	5	2	172
3 P.	7	—	125	1	2	2	9	1	1	2	—	150
4 P.	9	3	105	—	—	5	10	—	1	4	2	139
5 P.	13	1	85	1	—	9	5	—	—	1	5	119
6 P.	9	1	59	—	1	3	5	—	1	—	1	80
7 P.	3	1	70	1	1	7	1	1	1	—	1	87
8 P.	13	3	130	—	—	10	9	—	1	—	7	173
& over												
Total	96	15	787	5	11	148	55	4	8	18	18	1065

Key
 C Cystocele
 R Rectocele
 CR Rectocele & Cystocele
 D₁ 1st Degree Prolapse
 D₂ 2nd Degree Prolapse
 CD₁ Cystocele with D₁
 CD₂ Cystocele with D₂
 CRD_{1 & 2} Combination of cystocele, rectocele with descent 1st and 2nd degree.
 RD Rectocele with descent.

structures from pelvic congestion in early pregnancy.

Lastly, we noted in our series that about 55% had associated pelvic pathology of the nature of erosion, laceration, hypertrophy and polypi of the cervix, and fibroids of the uterus. Naturally the patients had symptoms arising from these conditions apart from the prolapse itself. There were

also disturbances of function such as uterine bleeding and secondary sterility. There were six cases of cancer cervix associated with prolapse.

We are indebted to Dr. Anil Kumar Banerjee, M.B.B.S., D.O.G. (Cal.) for his help in collecting and tabulating the material from our case records.

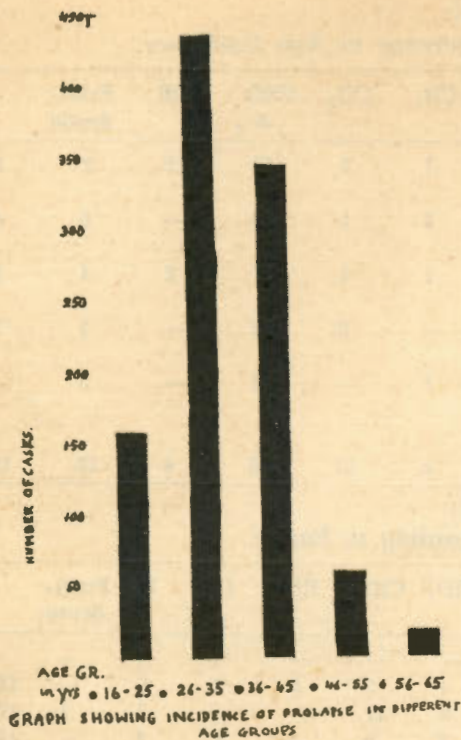


Fig. 1

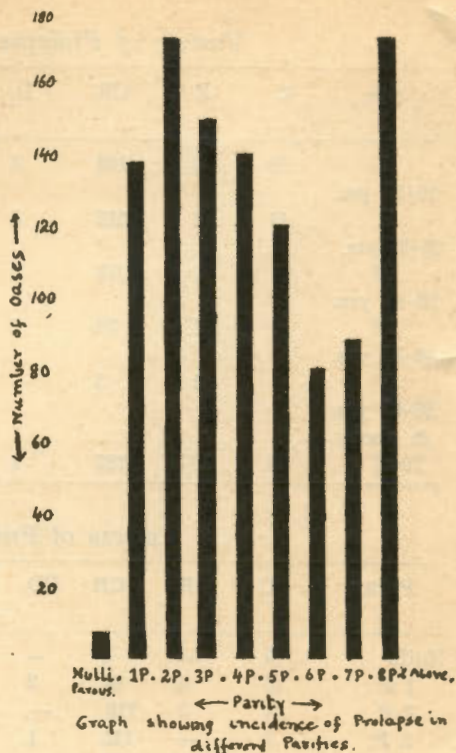


Fig. 2