HYSTERECTOMIES FOR BENIGN PELVIC CONDITIONS

by

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SUMMARY

A review of 439 cases of abdominal and vaginal hysterectomies done for benign pelvic pathology and of subsequent histopathological reports, showed adenamyosis in 45 out of 439 cases.

The commonest indications for hysterectomy are prolapse (30.52%), Chronic cervicitis (28.47%) and FUH (24.37%). Contributing for 83.36% of hysterectomies done for benign pelvic pathology.

It is seen that 40.7% of cases belonged to the age group below 35: Considering the above indications this may be due to early marriages, repeated child birth at short intervals and poor quality of obstetric care available to the class of patients who attend General Hospital. Present surgical facilities have cut down the incidance of sub total hysterectomies and also of operative mortality to Nil in the present series.

Introduction

Many Gynaecologists prefer hysterectomy to trial of conservative treatment in cases of chronic cervicitis bad cervix, functional uterine haemorrhage prolapse etc. when a woman has completed her family or is nearing menopausal age.

Some women demand hysterectomy because they feel that their ill health is due to the pelvic disorders they have complaints as (Lecurrhoea, Irregular menses, prolapse etc.). However, removal of uterus during reproductive age can affect the psychological well-being of a woman and indications for hysterectomy should be such that conservative treatment will not be helpful.

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Vaginal hysterectomies are now done more commonly for indications other than uterine prolapse when there is laxity of uterine supports, no adnexal pathology and uterus is not bigger than 10-12 weeks size pregnancy.

Total hysterectomy is done unless there are technical difficulties forbidding it. Ovaries when normal are conserved in premenopausal patients.

Material and Methods

Four hundred and thirty-nine (abdominal + vaginal) hysterectomies done for benign pelvic pathology, in the B.J. Medical College and Sassoon Hospital Pune, during 1-4-79 to 31-3-80 were studied with the above aim.

Observations

One thousand and seventy-eight major

and minor gynaecological operations were done during the period. 439 or 40.7% were (abdominal and vaginal) hysterectomies done for benign pelvic disorders. Ovaries when normal were conserved in premenopausal patients. Out of 439 cases 222 (50.6%) were abdominal hysterectomies and 217 (49.4%) were vaginal hysterectomies.

Indications for Hysterectomies

One hundred and thirty-four out of 439 (30.52%) were vaginal hysterectomies done for 3rd degree uterine prolapse/ procidentia. Amongst other causes, chronic cervicitis/bad cervix formed indication for 28.47% (125 out of 439). In 9 cases cervicle epithelium dysplasia was reported on preliminary biopsy.

D.U.B./F.U.H. formed indication for 24.37% (106 out of 439) cases. Endometrial dysplasia was reported in 3 cases on preliminary curettage.

Uterine fibroids accounted for 9.33% (41 out of 439) hysterectomies.

Chronic pelvic infection was reason in 2.9% cases and ovarian tumours in 2.5% cases.

II. *Age of Hystereetomy Patients*

177 out of 439 or 40.7% patients belonged to the age group below 35 years. After the age of 50 there is increase in the incidence.

As seen from Table Ia, the increased incidence after the age of 50 years is mainly due to increase in the incidence of vaginal hysterectomies done for prolapse.

As seen from Table Ib, in individual age groups, incidence of vaginal hysterectomies done for prolapse goes on increasing from 23.72% in age group below 35 years to 69.1% in the age group 51 years and above.

TABLE Ia

Incidence of Abdominal/Vaginal Hysterectomies in Different Age Groups

Number and Type of Histerectomy	Upto 35 Yrs.		36—40 Yrs.		41—45 Yrs.		46—50 Yrs.		51 Yrs. and above		Total	
		%		%		%		%		%		%
1. Vaginal hysterectomy for Prolapse — Number and percentage	42	(31.34)	30	(22.3)	22	(16.45)	13	(9.69)	27	(20.14)	134	(100)
2. Vaginal hysterectomy for conditions other than prolapse—Number and percentage	37	(44.57)	22	(26.5)	16	(19.27)	5	(6.02)	3	(3.61)	83	(100)
3. Abdominal Hysterectomy—Number and percentage	98	(44.18)	60	(27.03)	40	(18.01)	15	(6.75)	9	(4.0)	222	(100)
Grand Total	177		112		78		33		39		439	

TABLE Ib
Incidence of Abdominal and Vaginal Hysterectomies in Each Age Group

Type of Hysterectomy		Age Up to 35 years %	36 to 40 years %	41 to 45 years %	46 to 50 years %	51 and above years %	Total number %
(a) Abdominal + Vaginal Total hysterectomies	Number	177	112	78	33	39	439
	%age	(100)	(100)	(100)	(100)	(100)	(100)
(b) Abdominal hysterectomies	Number	98	60	40	15	9	222
	%age	(53.5)	(53.5)	(51.2)	(45.45)	(26.8)	(50.6)
(c) Vaginal hysterectomies for conditions other than prolapse	Number	37	22	16	5	3	83
	%age	(20.98)	(19.72)	(19.61)	(16.16)	(4.1)	(18.9)
(d) Vaginal hysterectomies for prolapse	Number	42	30	22	13	27	134
	%age	(23.72)	(26.78)	(28.19)	(39.39)	(69.1)	(30.5)
(e) Total of C & D	Number	79	52	38	18	30	217
	%age	(44.7)	(46.5)	(48.8)	(55.55)	(73.2)	(49.4)

III. *Route of Hysterectomy*

Besides the cases of prolapse, vaginal route was preferred in 83 out of 305 (27.2%) cases.

As seen from Table IIa, as far as indications other than prolapse are concerned; the percentage of incidence of abdominal and vaginal route is almost equal for each age group. As seen from Table IIb, roughly 25 to 28.6% of the hysterectomies are done by the vaginal route in each age group for indications other than prolapse.

Complications, Morbidity and Mortality

As seen from Table II urinary complications were more common. The right ureter was severed in a case of uterine fibroid growing in the right broad ligament. Ureteric catheter was passed and end to end anastomosis was done. The ureteric catheter was removed after 24 hours. I.V. Pyelography done two weeks later did not show any abnormality.

Bladder was injured in 1 case of chronic pelvic infection.

Post-operative urinary infection occured in 23 cases of abdominal and 19 cases of vaginal hysterectomies.

Other complications as seen from Table III were rare.

Post-Operative Histopathological Examination

Chronic non-specific cervicitis with hyperkeratosis, parakeratosis and ulceration or erosion was reported in 134 cases of prolapse. Dysplasia of cervicle epithelium was diagnosed in 4 cases and malignancy in none.

Adenomyosis, (superficial or deep) was detected in 45 cases out of 439 or 10.2% cases.

Out of 125 cases of chronic cervicitis/

TABLE II
Complications

Type of complications	Number		Total
	Abd. Hyst.	Vag. Hyst.	
Injury to ureter	1	—	1
Injury to bladder	1	—	1
Burst Abdomen	1	—	1
Pelvic Abscess	—	2	2
Post-operative urinary infection (Mild/ Moderate)	23	19	42
Total	26	21	47

bad cervix, dysplasia of cervicle epithelium was detected in 11 cases and maligancy in none.

Genital tuberculosis was detected in 1 case out of 13 cases of chronic pelvic infection. Borderline malignancy was noticed in one case of serous papillary cystadenamas, out of 11 cases of ovarian tumours in which hysterectomy was done.

Discussion

In the present series, 30.52% hysterectomies were done for prolapse and 28.47% for chronic cervicitis or bad cervix. 40.7% cases belonged to age group below 35 years.

Early marriages, repeated child births at short intervals and poor quality of obstetric care available to the low socio-economic class of patients attending general hospitals may be contributing to the above.

In 1971 White, *et al* reported that 63% of vaginal hysterectomies in their series were for prolapse. In present series 61.74% cases of vaginal hysterectomies were done for prolapse which is comparable to above.

Mishra and Roy Chowdhari (1971) reported that 30.5% of the abdominal hysterectomies were done for abnormal uterine bleeding. In the present series, 24.37 of all hysterectomies and 31.5% of abdominal hystrectomies were done for PUH/DUB.

Incidance of chronic cervicitis (28.47%) in present series in more as compared to 11.6% reported by Mishra and Roy Chowdhary (1971).

Mishra and Roy Chowdhary (1971) quoted maximum incidence of hysterectomies in age group below 40 years. In persent series it was maximum below 35 years age.

The increasing surgical facilities have reduced the mortality to Nil in the present series. Also subtotal hysterectomy was not done in any case.

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