

# IS PROPHYLACTIC OOPHORECTOMY JUSTIFIABLE?

By

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## Introduction

This paper is the result of a good team work by many medical and para-medical personnel attached to the Arignar Anna Memorial Cancer Institute, Kancheepuram, where a Cervical and Oral Cancer Screening (combined with general health care) programme initiated by the World Health Organisation is going on since 1969.

In our country, there prevails so much dread of ovarian malignancy among the gynaecologists working and being trained in the referral hospitals that there is a general trend of doing prophylactic bilateral oophorectomy in any woman undergoing hysterectomy (in itself often unnecessary) for non-malignant conditions irrespective of age, particularly if the woman is past 30 years.

To assess whether such a drastic measure is warranted as prophylaxis of ovarian malignancy the data of cancer survey over 15 years were analysed.

Invariably in all cases of pathologically proved or unproved but clinically diagnosed ovarian malignancy there was mass or fullness in the fornices.

Just as there is no place for prophylactic bilateral mastectomy there is no reason for prophylactic oophorectomy since the ovaries are of more physiological significance for the female.

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TABLE I

Observation in the Service area	Arignar Anna Memorial Cancer Institute, Kancheepuram
Total number of women over fifteen years of age	37,695
Total number of women screened	36,571
Cases of ovarian malignancy	4
Cases of breast malignancy	8

Even in the postmenopausal women normalcy of the genitalia and their secretions are maintained for varying number of years in different individuals. Atrophy of the genitalia sets in many years after the cessation of menstruation. Moreover the incidence of ovarian malignancy is much less in the Asians than in the Westerners and more so in the multiparous women.

Hence it is unjustifiable to remove the normal ovaries while doing hysterectomy for non-malignant conditions in the premenopausal women especially under forty five years of age.

It may be said that detection of breast cancer by routine check up is easier than detecting ovarian malignancy. But a regular schedule of yearly pelvic examination, as is being done along with cervical cancer screening will help to screen for ovarian pathology as well. If all cases with suspicious fullness or mass in the fornix or palpable ovaries are investigated, aided by laparoscopy also, even earliest cases may be detected and treated suitably.

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*References*

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2. Malcolm Coppleson (1981) *Epidemiology of gynaecological cancer II*, p. 19, *Gynaecologic Oncology—Fundamental Principles and clinical practice Vol. I*. Churchill Livingstone, U.S.A.