SONOGRAPHIC EFFICACY AS AN AID IN THE DIAGNOSIS OF GYNAECOLOGICAL TUMOURS

By

NIRMALA TATED

SUMMARY

A study of 50 cases of Gynaecological Tumours has shown that ultrasonography has proved to be an invaluable diagnostic and in modern gynaecological practice. In addition to correct diagnosis and early treatment it is non-invasive, non-irritant, requires minimum possible time, portable, result can be immediately seen on the screen and repeat examination can be done without hazards to the patient.

Introduction

Of the several outstanding technological advances in all Branches of Medicine the most outstanding is perhaps the ultrasonography. Ultrasound has revolutionised diagnosis of several gynaecological masses. In gynaecology, tumour masses come readily to laparotomy, often within a matter of days and diagnosis can be quickly confirmed.

Because of safety and accuracy ultrasound is an important procedure in the evaluation of gynaecological tumours. It is non specific, non invasive, non irritating method with minimal disturbances to the patients.

Improvement in gray scale instrumentation has further increased the diagnosite accuracy.

Ultrasonography is highly accurate method of determining the existence of tumour, size, location and consistency.

From: S.M.S. Medical College, Jaipur Rajasthan.

Accepted for publication on 7-9-87.

Material and Methods

The study of evaluation of ultrasonographic diagnosis of gynaeccological masses was conducted on 50 selected cases admitted in State Zenana Hospital, Jaipur.

The study was carried out by detailed history taking and clinical examination in each case. Routine investigations done and ultrasonography was done as a special investigation. Sonographic diagnosis was correlated with the diagnosis after Laparotomy.

The cases studied were fibroid uterus, ovarian tumours, Tubo-ovarian masses, Ectopic pregnancy etc.

Observations

The majority of cases were from the age group of 20-40 years. In nulliparous cases the majority were fibroid uterus. Ovarian neo-plasm were common in multiparous group.

Table I shows the site of involvement majority of cases are uterine masses.

TABLE I Showing Site of Involvement

Site	No. of Cases	Percent-	
Uterine	24	48	
Ovarian	17	34	
T.O. Masses	9	118	

Table II shows type of masses according to their consistancy, majority of cystic masses were benign, solid were fibroid uterus and complex were T.O. masses.

tomy diagnosis. All cases were of clinically suspected cases of gynaecological masses.

Out of 50 cases studied 34% were ovarian masses benign as well as malignant, 43% uterine masses, 12% ectopic pregnancy, 6% tubo-ovarian masses.

Out of these 50 cases studied 52% were solid 26% cystic and 22% complex.

All cases with gynaecological masses under went laparotomy and it was found out that 80% of sonographic diagnosis

TABLE II
Showing Type of Masses Divided According to Their Consistancy

Cystic	No.	%	Solid	No.	%	Complex	No.	%
Ovarian cyst	10	20	Uterine fibroid	23	46	Pregnancy with fibroid	1	20
Pregnancy with								1 17
fibroid uterus	3	6	Fibroma	3	6	T.O. mass	10	· 20
Total	13	26		26	52		11	22

Discussion

The study of 50 cases of gynaecological tumours was conducted with a view to find out the diagnostic value of ultrasonography and its correlation with laparowere correct as compared to 56% of clinical diagnosis.

Ultrasonographic results were found accurate and also helped in determining the existence, size location and internal consistency of gynaecological masses.