LAPAROSCOPY CAMP STERILISATION IN DARJEELING DISTRICT, WEST BENGAL - A REPORT OF 6125 CASES

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SUMMARY

Camps were performed in almost all corners and remote places of Darjeeling District, India. In all 6125 patients accepted sterilisation. Follow up done up to date revealed that no mortality was reported till date. A few minor complications observed were perforation of the uterus in 97 cases (1.58%), bleeding from abdominal wound in 13 cases, bleeding from cervical tear in 9 cases, subcutaneous emphysema in 11 cases. In 53 cases (0.86%) laparoscopy was done with history of previous abdominal surgery mainly for caeserean section, appendicectomy and laparotomy for pelvic pathology without any complication. In this study 26 were markedly obese and 111 women were puerperal cases on 8th to 21st day of puerperium in all. 188 cases (3%) accpeted sterilisation without a male child which is against the popular belief. Suggestions are made to keep laparoscopy sterilisation a more effective and popular procedure.

INTRODUCTION

Population explosion is a burning problem today. To meet this challenge laparoscopy is very much useful. More than 70% of our peoples live in rural areas. Due to lack of proper education and poverty family planning measures are not used, as a result repeated child birth. Laparoscopic sterilisation camps organised in the rural and remote corners of the country can tackle this burning problem.

MATERIAL AND METHODS

During the study period from March'87 to February'90, a total of 6125 cases were studied. The authors with their team from Kurseong S.D. Hospital, Darjeeling and North Bengal Medical College, Darjeeling performed camps in the remote corners and places approached with difficulty in this hill District. Sometime the authors had to undertake a 4 to 6 hours journey to reach the camp sites and to stay overnight to perform camps on the next day.

Camp sites were organised at Tea garden hospitals, subsidiary health centres, primary

painless for the previous 6 months, lasting 5-7 days at intervals of 30 to 45 days. She had remission with styptics previously. But this episode could not be controlled. She gave no history of bleeding diathesis. She had taken chloromycetin for the first time.

Clinical examination revealed a normal uterus and adnexae. Other systems were normal. Urine test was normal. Blood test showed a low platelet count of 22000 cells/cml and a Hb % - 8.8 gms%. Bleeding time and clotting time were high normal.

A diagnosis of secondary thrombocytopenic purpura due to drug was made. She was treated with corticosteroids, styptics and haematinics. She recovered completely. Her platelet count returned to normal.

CASE NO.3

Miss Z, a young adolescent unmarried girl aged 18 years came with prolonged, profuse bleeding per vagina for the past one month in the month of July 1989. She was treated for the same by a private practitioner. She attained menarche at the age of 14. Her previous cycles were normal following menarche for 3 years. For the past one year, she was having irregular prolonged periods lasting 7 to 10 days at interval of 45 to 60 days.

On examination the patient was of average build but anaemic. No abnormal hair distribution. Her CVS and respiratory systems were normal. Abdominal and vaginal examination revealed no abnormality.

A provisional diagnosis of puberty menorrhagia was made. A complete haemogramme was undertaken to rule out associated blood disease. A repeat blood test showed a low platelet count of 18,000-20,000 cells/cml and a Hb % of 7.8 gms%. Bleeding time and clotting time were normal. Peripheral smear was normal and no immature cells were seen.

A final diagnosis of idiopathic thrombocytopenic purpura was made. She was treated with corticosteroids styptics and haematinics. She recovered completely with a normal platelet count. There was no recurrent bleeding episode.

COMMENT

In cases of menorrhagia apart from the clinical examination before doing an endometrial biopsy, a complete haemogramme is mandatory. Many a times, dilatation and curettage results in a catastrophic bleeding. A total platelet count and peripheral smear makes lot of difference in understanding the pathology of menorrhagia. The above three cases were the examples justifying our attitude.