OBSTERIC HYSTERECTOMY
(A Review of 50 Tases from January 1987 to August 1990)

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SUMMARY

The following is an analystical review of 50 cases of Obstertrichyst erectomy done at the LTMGH Sion Bombay-400 022 from January 1987 to August 1990. The total number of deliveries in our hospital during this period was 25705 giving an incidence of 0.19%. Majority of patients were unbooked cases and we had only 6 elective caesarean hysterectomies. In this cumulative study of 50 cases, there were 26 deaths (32%) with septic abortion contributing a formidable number both for hysterectomy and greater maternal mortality. Our retrospective review traces not only indications but also clinical presentation, complications, maternal morbidity and mortality.

INTRODUCTION

Obstetric hysterectomy was developed as an heroic operation of necessity in an attempt to reduce the exceptional maternal mortality from various obstetric complications like rupture uterus, septic abortion, postpartum haemorrhage and caesarean section, which until the latter part of the 19th century approached 100% even in large hospitals in urban area. In the modern day obstetric practice it is a rare event most often being a life saving procedure in cases with uncontrollable haemorrhage and/or sepsis. Elective obstetric hysterectomy may also be done for those with coexisting cervical or overian malignancy and rarely as means of sterlization.

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MATERIAL AND METHODS

During the period January 1987 to August 1990, a total of 50 obstetric hysterectomies were performed at the LTMGH Sion-22. We have included hysterectomies performed for any indication, emergency or elective, during pregnancy, labour and puerperium. Our data also includes all hysterectomies following complicaions like MTP perforations, sepsis etc. Each case record was analysed in detail as regards indications

demographic details such as age, parity, booked, unbooked etc, type of operation performed viz. total or subtotal and its reason, problems encountered during the operation, complications, morbidity and mortality.

OBSERVATIONS AND ANALYSIS

The incidence of obstetric hysterectomy in our series is 0.19% with 44 cases being emergency hysterectomies. The majority of patients (50%) were in the 21-30 yrs age group while a formidable group of 34% were under the age of 20 years. This is observed due to social custom of early marriage and child bearing in Indian society. In our study there were 9 cases of septic abortion in unwed monthers, while 5 of the married mothers had undergone MTP in private hospitals to end up in septic abortions. Besides 42% of our patients undergoing obstetric hysterectomy were nulliparas explaining high incidence of septic abortions (Table 1). Rupture uterus either traumatic or spontaneous goes to second place (20%) as in comparision to the observation made by Kaul (1982) and Ambiye (1988) who found a higher incidence of hysterectomy following rupture uterus. In our series there were 10 cases of rupture, 2 following application of forceps, 2 following previous LSCS and 3 following classical caesarean section; 1 patient had undergone cranitomy for undelivered head of the breech and 2 following internal podalicversion. After rupture uterus the other common cause was postpartum haemorrhage (16%). 4 patients were transferred from private nursing homes due to bleeding following LSCS and 4 patients had atonic PPH. Table 1 lucidly lists the other indications comparing them to ambiye's and kaul's series respectively. Elective hysterectomy as an indication for sterllization was not undertaken in this series although quoted in other series e.g. Kaul (1982) with 2 cases, Sturdee and Rushton (1986) with 5 cases and Rachagan and Sivanesaratnam (1984) with 2 cases. Almost all the patients presented to the hospital in a collapsed state with a threadly pulse, unrecordable blood pressure, pallor tachycardia, tachypnoea and varying amount of dehydration. 10 patients presented with hematuria. An abdominal tapping revealed blood aspiration in 14 cases while in 20 there was pus.

A formidable group of 35 cases had severe anemia while 15 cases had moderate anemia. 8 of the 23 patients with septic abortion were treated conservatively with dose monitoring, antibiotics and blood transfusion for a time until the condition improved for exploration or deteriorated for a mandatory hysterectomy. Exploration revealed the following findings; 10 cases of hemoperitoneurn of more than 1000 cc, 20 cases of pus in pertoneal cavity. Uterus showed a fundal perforation in 7 cases and in 2 cases there was fundal perforation with sticks and pus oozing out. A transverse rupture involving the uterus was seen in 7 cases. Two patients had vertical tear including bladder, while in 4 patients the uterus was gangrenous. In one patient there was cervical tear going to the broad ligament following midcavity forceps. In our study only 14% patients underwent subtotal hysterectomy while in 86% a total abdominal hysterectomy was done. All patients were trated with Ampicillin, Garamycin, Metronidazole and lately ciprofloxacin and metronidazole. Table 2 shows us the maternal morbidity as compared to Kaul's series (1982). In the present series 24% of patients were discharged between 7-10 days. 6% of the wound dehiscence cases developed burst

TABLE 1
INDICATIONS FOR OBSTETRIC HYSTERECTOMY

Sr No.	Indication	Present Series (Percentage)	Ambiye's Series (Percentage)	Kaul's Series (Percentage)
1.	Rupture Uterus	20%	67.8%	63.9%
2.	Gestational tumour	-	0.9%	10.9%
3.	pph	16%	8.4%	9.0%
4.	Perforation following MTP	-	10.3%	7.2%
5.	Placenta Accreta	4%	-	3.6%
6.	Chorioamnionitis	4%	0.9%	1.8%
7.	Septic abortion	46%	8.4%	-
8.	Prolonged labour	8%	-	-
9.	Abruptio Placenta	2%	-	-
10.	Sterlization	-	-	3.6%
11.	Cancer cervix	-	1.8%	-
12.	Secondary abdominal Pregnancy	-	0.9%	-

TABLE 2
MATERNAL MORBIDITY

	Present Series (percentage)	Kaul's Series (percentage)
Bladder injury	2%	-
Vesicovaginal Fistula	2%	3.6%
Uterovaginal Fistula	-	-
Wound Dehiscence	22%	25.3%
Pelvic Cellulitis	4%	-
Pelvic Abscess	4%	-
Fecal Fistula	2%	-
Pleural Effusion	-	1.7%
Deep Vein Thrombosis	2%	-
Intraperitoneal haemorrhage	2%	5.6%

abdomen. In this cumulative study of 50 cases, there were 16 deaths (32%); 18% were of sepetic abortion, 6% of rupture uterus and 8% of postpartum haemorrhage of which 1 developed intraperitoneal haemorrhage on 4th day and another pulmonary embolism; the remaining went in anuria, septic shock and terminal DIC.

DISCUSSION AND CONCLUSION

In the series analysed above, out of 50 cases of obstetric hysterectomy, 23 patients were due to septic abortion, 10 cases of rupture uterus and 8 cases belong to the post partum haemorrhage group (Table 2). To decrease this high incidence of septic abortion a proper sex education must be given to teenagers and the society at large should change the double standard attitude to those adolescent unwed mothers, knowing equally well that sexual desire is at its peak following adolescence. These teenagers must be made well aware of the hazards of such pregnancy and the ill effects which follow when an illegal attempt is made to terminate it in secrecy and much out of shame. While a proper antenatal check, maintaining a good antenantal health so as to make out any abnormality in the fetus or the mother prior to admission and meticullous monitoring of a patient with uterine scar will go along way in decreasing incidence of rupture. A meticulously monitored labour upto the 4th stage will help in decreasing the incidence of postpartum haemorrhage.

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