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AN AUDIT ON THE HISTOPATHOLOGY REPORTS OF THE MAJOR SURGERY PERFORMED AT OBSTETRICS & GYNAECOLOGY UNIT (WARD 3) OF GENERAL HOSPITAL (TEACHING), BATTICALOA.

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Objective:

Analysis of the available histopathology reports in order to ascertain

1. Pathology for which the surgeries were performed
2. Major indications for surgery

Materials and Methods:

Histopathology reports available at the ward 3 of General Hospital (Teaching) from January 2002 until December 2006 were analyzed. Major indications mentioned in the report were taken for indications and major pathology mentioned in the report as conclusion was taken for pathology. More than one indication or pathology was considered as mixed indications or pathology. Percentage of mean was used for analysis.

Results:

A total of 203 reports were analyzed. 131 (56%) had uterine Pathology; 60(38%) had ovarian pathology; 12

had pathology in the Fallopian tube. 84 out of 113(74%) uterine pathology had fibromyomata and no pathology was detected in 16(14%) cases. Out of 60 ovarian pathology, 26 (43 %) had cystadenoma; 14 (24.5%) had Teratoma and corpus leuteum was found in 5 cases(9.5%). Out of 12 cases with tubal surgery, 10 were performed for ectopic pregnancy.

As for the indications for surgery, menorrhagia or abnormal menstrual bleeding was found in

67 cases; abdominal pain in 26 cases and abdominal lump in 90.

Conclusion:

This survey highlights that the major indications for Major gynaecology surgery were abdominal lump and abnormal menstrual. However normal findings at histopathology were found in about 10% of cases which may be within acceptable proportion. A significant finding is the incidence of teratoma of about 25% of the ovarian pathology in this survey.

Introduction

Women with diseases in their Reproductive Organs generally present with a handful of symptoms. They present with abnormal menstruation, vaginal discharge, abdominal pain and abdomino pelvic lump. On several occasions they present with combination of these symptoms.

Surgical procedures take an integral part in the management of these clients. These procedures generally give the diagnosis of the conditions, staging the malignancy and also aim at providing cure. More than the naked eye appearances, histopathological evaluations hold an important role in providing adequate information on the disease condition and its management. It is of paramount importance that the health care teams should survey their performance as to ascertain that adequate evidence is provided to ensure their practices.

An audit is carried out on the histopathology reports of the major surgical procedures carried out at the Gynaecology cum Obstetrics Unit

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Ward 3) of General Hospital (Teaching), Batticaloa during January 2002 until December 2006 with objectives of identifying the prevalence of chief presenting features requesting surgery and major Gynaecological pathology reported.

Materials & Methods

Histopathology reports available at this unit were taken for analysis. Following information was obtained from these reports;

1. Presenting feature as indication for surgery
2. Histological Diagnosis mentioned as conclusion in the report

When more than one pathology is reported from the specimen sent, decision to identify the chief pathology was made in accordance with the presenting feature (Eg : Presence of Endometriosis of ovary and fibromyoma of uterus, the diagnosis of fibromyoma was made when the indication is abdomino pelvis mass). Similarly in the case of more than one presenting feature, the chief presenting feature was taken in accordance with the pathology. Reports with mixed presenting features and mixed pathology were excluded in this study. Data obtained were processed and analyzed.

Results

A number of 203 histopathology specimens were analyzed. Table I showed the SIH where the lesions were found Table II, III & IV show the distribution of uterine, ovarian and tubal pathology respectively. Table V describes the presenting features.

Among the uterine lesions, Fibromyoma was the chief pathology (64%) for which surgery was performed. In 16 cases no pathology was detected. Among ovarian pathology, Cystadenoma was the major pathology. Teratoma was found in 14 cases gives the incidence of 23% of all ovarian tumours. Corpus leuteum cyst was found in 5 (8%) cases. Among the 12 cases who

had tubal surgery, 10 were performed for ectopic gestation. Among the presenting features abdomino pelvic lump (44%), followed by abnormal menstruation (33%).

Discussion

Pelvic surgery may be said to have begun when Ephraim Mc Dowell in the USA successfully removed a large ovarian tumor from a woman. The operation was performed on the Christmas morning in 1809. This was done before the era of anesthesia or aseptic techniques. This woman made a rapid recovery from surgery and cured of her illness. Myomectomy was performed in 1840, before hysterectomy (in 1843)⁽¹⁾.

The rapid developments of anesthesia, surgical technique, asepsis, antibiotics, blood transformation etc. have made the surgery safe.

Table I-Distribution of Pathology (n -203)

In Ovary	60	30%
In Uterus and Cervix	131	64%
In Fallopian Tube	12	6%

Table II Distribution of Uterine Pathology

Fibromyoma	84	64%
Adenomyosis	18	14%
Metaplasia cervix	10	8%
Carcinoma cervix	02	1.3%
Endometritis	01	0.7%
Normal	16	12%

Table III Distribution of Ovarian Pathology

Cyst adenoma	26	43%
Teratoma	14	23%
Endometriosis	09	15%
Corpus Leuteum	05	8%
Carcinoma	04	7.5%
Others	02	3.5%

Table IV Distribution in Pathology in Fallopian Tube

Ectopic Gestation	10	83%
Salpingitis	01	8.5%
Fimbrial cyst	01	8.5%

Table V Presenting Features Indicating in Surgery

Abdominal pain	26	13%
Abdominal lump	90	44%
Abnormal Menses	67	33%

Table VI Incidence of Germ Cell Tumours (GCT) in Sri Lanka^(5,6)

	Total No. of Ovarian Neoplasma GCT
Attygalle & Thavarasa 1985 (10 Years Study) 84 (13.4%)	624
Jeyaweera 1990 (4 Year Study) 190 (18%)	1056

In this audit it was revealed that many surgeries were performed for uterine fibromyoma or large ovarian mass which were palpable abdominally. However as for the presenting features, it was the abnormal menstruation especially menorrhagia, that indicated surgery in 33% of cases. Clinical assessment as well as ultrasonography provides useful information. Ultrasonography is of use in finding the size of the uterus, texture of myometrium & endometrium, presence of polyps and assessment of lumps in the genital organs^(2,3).

It should be worth to note that 16 (12%) cases who had Hysterectomy did not have any pathology. Hysterectomy has a devastating psychological impact on the woman. Alternative form of treatment such as Thermo Cervical resection of endometrium and more recently Thermal Balloon, Microwave Endometrial ablation, hydrothermal ablation prevent hysterectomy and improve quality of life of woman⁽⁴⁾.

It should also worth to note the significantly high incidence of Teratoma in our study (23%). Teratoma is a Benign Germ Cell Tumour (GCT) of the ovary. Reported incidence of GCT in Sri Lanka via various published and unpublished studies was under 20% (4 yrs) (Table VI).

This audit also has revealed shortcomings. It is only the reports available in the unit that have been included and not all the major Gynaecology surgery performed during the study period was analyzed. This indicates that proper record keeping system should be developed.

Audit of this nature will give us Epidemiological data of the incidence of the diseases so that regional as well as national statistics on the incidence and prevalence of various conditions can be made. These statistics will enable to identify priority areas and conditions & to formulate management protocols.

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