Incidence of common risk factors in patients with utero vaginal prolapse

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**INTRODUCTION**

Uterine prolapse is the downward displacement of the uterus into or beyond the vagina due to the inability of the ligaments and fascia to support it. This condition usually co-exists with the vaginal wall prolapse involving the bladder or rectum. The prevalence of prolapse to the level of hymen has a diverse range from 2 – 48%. This long range is probably due to variations in the sources of study populations, age, race, parity and examination methods. According to the Pelvic Organ Prolapse Quantification (POPQ) system, its distribution was found as stage 0, 6.4%; stage 1, 43.3%; stage 2, 47.7% and stage 3, 2.6%. Just to manage Pelvic organ prolapse, more than 200,000 surgical procedures are carried out every year in the United States. This was also found to be the leading indication for hysterectomy in United States of America in women aged 55 years & older. There is an estimated 11%
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Peshawar. Duration of the study was 6 months (11th February 2011 to 11th August 2011). Through a descriptive cross sectional study design, consecutive (non probability sampling) 211 patients were included in the study (6.8% risk of utero vaginal prolapse after two or more vaginal deliveries, 95% confidence interval with 3.4% margin of error under WHO software for sample size determination.)

All patients age 30 to 55 years presenting in Gynae OPD with uterovaginal prolapse were included. However, women (presenting with uterovaginal prolapse) with history of chronic cough associated with chronic obstructive pulmonary diseases (COPD and Asthma), and increased body mass index were excluded.

Patients were included from the Gynae OPD of Khyber Teaching Hospital Peshawar. After fulfilling the criteria of inclusion, they were enrolled in the study. After obtaining approval from hospital ethical committee, written informed consent was obtained from the patient as part of ethical practice. Demographic characteristics like name, age, address were recorded on a Performa. All those patients having UV prolapse of any degree confirmed by examination using PAPQ system were included in study. Detail history was taken especially regarding underlying possible risk factors of UV prolapse like grand multi parity, multiple vaginal deliveries and deliveries assisted by skilled birth attendant and chronic constipation. The history was taken by the researcher from the patient and by checking previous records if available to control bias. The confounding variables like chronic cough, abdominopelvic mass and BMI ≥30kg/m² were excluded through detailed history and clinical examination and investigations to exclude bias in the study results. Performa questionnaire form was used to collect data from the enrolled patients.

All the data obtained was entered in software SPSS version 10 and evaluated by its statistical package. Quantitative data for example age was presented in mean and standard deviation while qualitative or categorical data (grand multi parity, multiple vaginal deliveries, chronic constipation and presence of unskilled attendant at the time of delivery etc.) were evaluated in the form of frequencies and percentages. Risk factors were stratified among the age to see the effect modifiers. Results were interpreted in the form of tables, graphs and pie charts.

METHODOLOGY

This research study was carried out at Obstetrics and Gynecology department, Khyber Teaching Hospital, Peshawar. Duration of the study was 6 months (11th February 2011 to 11th August 2011). Through a descriptive cross sectional study design, consecutive (non probability sampling) 211 patients were included in the study (6.8% risk of utero vaginal prolapse after two or more vaginal deliveries, 95% confidence interval with 3.4% margin of error under WHO software for sample size determination.)

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and 4 of the total patients were of about 30-40 years of age. In 84 patients who had multiple vaginal deliveries, 49 were in age range of 51-60 years, 33 were in 41-50 years’ age group and 2 of the total patients were between 30 to 40 years. Out of 70 grand multi parous women, 45 patients were included in age range group of 51-60 years, 22 were between 41-50 years of age and 3 patients were in 30-40 years’ age group. In 15 patients who had chronic constipation, 8 were 51-60 years of age, 6 women were aged 41-50 years and there was only one patient who was between 30-40 years (Table No. 3).

Mean age came out to be 52 years considering the standard deviation of ± 1.26.

**DISCUSSION**

In our study most of the patients i.e. 58% were in age group of 51-60 years, 35% who had 41-50 years’ age range and 7% were in 30-40 years’ age. Similar results were cited in a study performed by Swift SE et al. in which 60% patients belonged to 51-60 years’ age group followed by 31% patients belonging to the lower age group of 41-50 years and 9% were around 30-40 years of age. In another study done by Machlennan AH et al., similar observations were recorded with 63% (51-60 years’ age group) followed by 32% patients in age range from 41 to 50 years. The younger age group (30-40 years) included only 5% of the total patients.

In this research the frequency of uterovaginal prolapse was mostly found (48%) in those women who had deliveries assisted by unskilled birth attendant followed by 40% patients who had multiple vaginal deliveries, 33% patients who were grand multi parous and 7% patients who had chronic constipation. Comparable figures were also observed in a study conducted by Darshah A et al. where 33.34% incidence of uterovaginal prolapse was found in grand multiparous. 78% incidence was recorded in untrained persons, 32% patients had multiple vaginal deliveries and 5% patients were those who had chronic constipation. According to Miedel et al., in addition to the parity and age, high BMI, family history and constipation or hard stools also significantly and positively increase the presence of uterovaginal prolapse. This was further reinforced by a study performed in 2011 by Walker et al., that risk factors for pelvic organ prolapse in developing countries are similar to those in more affluent countries particularly increased age and parity and that the social consequences of this condition can be devastating for women.
In our study, association of common risk factors of uterovaginal prolapse with age distribution were analyzed as in 101 patients who had deliveries assisted by unskilled birth attendant. A large number of cases (60) belonged to the 51-60 years’ group, with 37 women fitting in age range of 41-50 years and only 4 patients were about 30-40 years of age. In total of 84 patients who had multiple vaginal deliveries, 51-60 years’ age group included the largest number of patients i.e. 49, followed by 33 women in age range 41-50 years and only 2 were 30-40 years old. In 70 patients who were grand multi parous, the same trend follows that the number of cases shows an increasing trend from 30-40 years’ age group reaching to the maximum at 51-60 years’ age range. In 15 patients who had chronic constipation, 8 women were in age group of 51-60 years, 6 were aged from 41 to 50 years and 30-40 years old group included only one of the total patients.

CONCLUSION

Our data confirmed that advanced age, low availability of skilled birth attendant, increasing number of vaginal births, increasing parity statistically increases the risk of pelvic organ prolapse. Lastly, awareness campaigns, preemptive strategies and timely treatment plans of genital prolapse should be instigated to reduce this crucial public health problem.

There should be certain programs to increase awareness that uterovaginal prolapse is a preventable and treatable condition. Women of our society should be educated that timely precautions, apt management during pregnancy, giving birth in the presence of an experienced birth attendant, appropriate post-delivery care, enough birth spacing with proper family planning and avoiding chronic constipation play a major role in preventing UV prolapse. It can be achieved by guaranteeing that women of our society are educated about preventive exercises and treatment strategies for UV prolapse at an early stage. Another key factor to prevent UV prolapse is to ensure easy access of the women to medical assistance. Quality health service should be provided to each and every woman according to international standards. Campaigns raising awareness should be conducted even at village level and also to make prevention exercises and early stage UV prolapse treatment as part of essential health service package with in health sector reform packages. Steps must be taken to reinforce provision of antenatal care services, skilled birth attendants and postnatal care services for each and every delivery. Trained birth attendants should be trained on safe delivery practice.

REFERENCES


