

Hysterectomy: the indications and results. A study of (113) patients in Duhok City



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Abstract

This study included (113) patients who underwent hysterectomy from February 1998 to April 2000 in Azady General Hospital in Duhok City. The mean age for the included patients was (46.5) years.

Abnormal uterine bleeding was the major indication for hysterectomy (68%) and the next common indication was lower abdominal pain, pelvic pain & backache (10.6%). Fifty two patients (46%) had no gross or microscopic pathology while endometrial hyperplasia was found in (18) patients (16%), adenomyosis in (11) patients (9.7%), Leiomyomas in (10) patients (8.8%), Endometrial polyps in (5) patients (4.4%) and only four patients had malignancies (3.5%); three of them had uterine malignancies and only one had ovarian cancer.

Keywords :- *Hysterectomy, Endometrial hyperplasia, Leiomyoma, endometrial Polyp.*

Introduction

Hysterectomy is a relatively easy operation to perform and many perform the operation at the request or demand of their patients who are led to believe that all their troubles originate in their pelvic organs and that they will be cured by having “every thing removed”(1), but often a hysterectomy can exacerbate – rather than ameliorate – the conditions that led to surgery (2). In the United States, hysterectomy is the second most commonly performed major operation and approximately one in (3) women will have this operation resulting in (590.000)

procedures per year. The most common indications for hysterectomy are leiomyomata uteri, abnormal uterine bleeding, endometriosis, pelvic pain and pelvic organ prolapse. Although hysterectomy is an appropriate therapeutic option for some women with these conditions, in many instances less radical alternatives may be offered (3), for example endometrial ablation (4) and proper hormonal therapy or drug therapy for dysfunctional uterine bleeding (5), similarly, GnRH analogues can provide an alternative for hysterectomy in the treatment of

symptomatic myomas (6)(7). The trend for hysterectomy varies from country to another, in the United States, the hysterectomy rate is five times higher than that of European countries (2) and amongst developed countries New Zealand and Australia have some of the highest hysterectomy rate (8). Figure (1) shows the trends for hysterectomy in different countries (9).

This study aimed to find the correlation between the indications for hysterectomy and the pathological findings in the uteri probably this will make the view clearer to the gynecologists so that unnecessary operations will be avoided in the future. In addition, it will provide a statistical data for neoplastic and non neoplastic lesions of the uterus in this area.

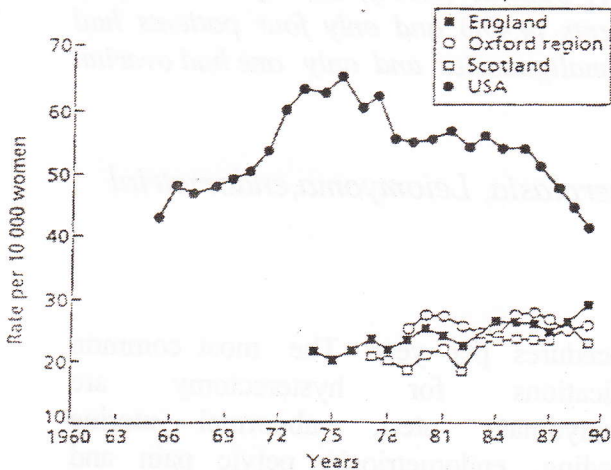


Figure (1) shows the trend for hysterectomy in different countries.

Patients & methods

A total of (113) hysterectomy specimens were received in the Histopathology Department in Azady General Hospital in Duhok from February 1998 to April 2000. The specimens were fixed in (10%) formalin. Then the specimens were cut and inspected for any gross pathology, which was described

in details. Sections were made from the uteri including the endometrium and myometrium and from any grossly visible lesion, then processed in the usual way for the paraffin embedding method. The sections were cut and stained by hematoxylin & eosin (10). For each patient, a format was filled including her age, indications for operation, the gross appearance and the histopathologic findings.

Results

The mean age for the included patients was (46.5) years, the youngest was (30) years old and the oldest was (70). Figure (2) shows the age distribution of the patients. Regarding the indications for hysterectomy, menorrhagia was responsible for (68%) and figure (3) shows the various indications for hysterectomy. Ninety four specimens (83.2%) showed no gross lesion and in (10) patients (8.8%) well circumscribed white gray tumors were seen, they were multiple in (5) patients and single in (5) patients and in (6) patients they were less than (5) cm diameter while in the other (4) they were more than (5) cm. Endometrial polyps were seen in (5) patients, their diameter ranged from (0.5-3) cm. In (3) patients, irregular uterine growths were detected; one of them is papillary, the other was an irregular growth inside a rounded mass and the last one was fungating growth from the myometrium. One patient had a big ovarian mass weighing about (1) Kg with areas of hemorrhage and necrosis. Histopathologically, (52) patients (46%) had normal specimens and table (1) shows the histopathological findings in the specimens.

Figure (2) shows the age distribution of the patients.

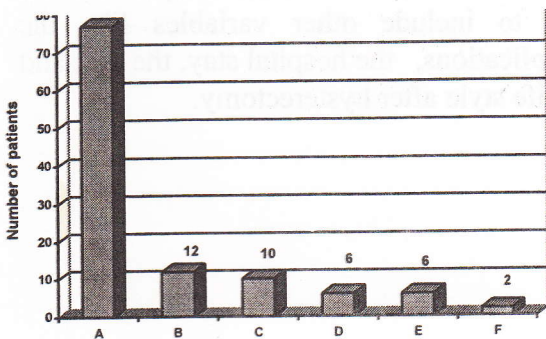
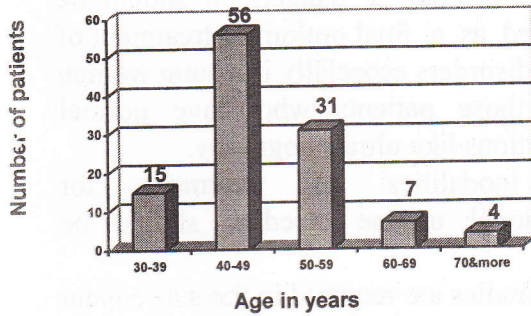


Table (1) shows the histopathological findings in the included specimens.*

Histopathological findings	No. of cases	Percent
No pathology	2	6%
Endometrial hyperplasia	8	6%
Adenomyosis	1	7%
Leiomyoma(s)	0	8%
Atrophic endometrium	0	8%
Chronic endometritis		3%
Endometrial polyp(s)		4%
Malignancies**		5%
Total	16	

* Three patients had combined pathologies.

** The malignancies were; an endometrial adenocarcinoma, a low grade endometrial stromal sarcoma arising from leiomyoma and an ovarian serouscystadenocarcinoma.

Discussion

Hysterectomy is the most often performed operation in gynecology (11). In the United States, it was estimated that (8.6) million women had had hysterectomy from 1980-1993 (12). The hysterectomy rate in the U.S is twice that in the United Kingdom and more than (3) times the rate in Sweden and Norway (13). In Duhok City, there are three hospitals in which hysterectomy can be performed; one is governmental and the two others are private hospitals. During the year 1998, the total number of hysterectomies performed in Azady General Hospital was (158) and this raised to (173) during 1999(14). While in the two private hospitals, (73) hysterectomies were done in 1999 with an average cost of (3000) ID approximately (150)\$ (15)(16). Abnormal uterine bleeding was the commonest indication for hysterectomy in this study (68%) but (52) patients (46%) had no gross or microscopic pathology. This finding can be explained in three ways: firstly, the bleeding may be dysfunctional but the dysfunctional uterine bleeding affects (5%) of the menstruating women (5) and the option of hysterectomy should be kept to the last when other fail, secondly, there might be an exaggeration of the blood loss by the patient or, thirdly, there was an over perception of the patients complaint by the gynecologists.

In the U.S, (90%) of hysterectomies are not related to cancer (2) and in this study only (4) out of (113) patients were found to have malignancies. Although endometrial carcinoma is the most common pelvic gynecological cancer in women (17), it seems to be uncommon in this area (1 out of

113 patients). Similarly uterine sarcomas are rare tumors (18)(19) and two cases only were detected in this study. Uterine leiomyoma is the most common tumor in women affecting at least (25%) of women in their reproductive life (20). The prevalence is higher in black women (21), however, in this study it was found only in (8.8%) of patients, a figure lower than what was reported for other races. This finding may be a real low rate of leiomyoma in Kurdish women or it may be because many of the leiomyomas are asymptomatic or due to lack of post mortim studies.

Recommendations

Because hysterectomy is a major operation and not without a danger, it should be considered as a final option for treatment of benign disorders especially in young women or in those patients who have normal investigations like ultrasonography.

Other modalities of treatment for dysfunctional uterine bleeding should be adopted.

Further studies are required in the subsequent years to determine the trend of hysterectomy and to include other variables like the complications, the hospital stay, the cost and the life style after hysterectomy.

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هەلکێشانی منالدان : هۆ و ئه نجامه کانی.

تویژینه وه بو (۱۱۳) نه خوش له پارێزگای دهوک

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پوخته

ئه م تویژینه وه به له سه ر (۱۱۳) نه خوش کراوه که نشته ر گه ری هه لکێشانی منالدانیان بۆ کراوه له شه باباتی ۱۹۹۸ هه تا نیسانی ۲۰۰۰ له نه خوشخانه ی نازادی گه شتی له پارێزگای دهوک . ناوه ندی ژمیره ییی ته مه نی ئه وه نه خوشانه (۴۶،۵) سه له . خوین به ربوونی منالدانی ناسروشتی گرنکترین هۆی هه لکێشانی منالدان بوو له (۶۸٪) . نازاری سک و که لێن و پبه شت نیشان دووم هۆ بوو (۱۰،۶٪) ، په نجا و دوو نه خوش (۴۶٪) هه یچ نه خوشی به کی دیاریان مایکروسکۆپی یان لێ نه ده رکه وت ، له کاتی کدا زور بوونی لوه له (۱۸) نه خوش (۱۶٪) دیاری کران (Adenomyosis) له (۱۱) نه خوش (۹،۷٪) ، سه ندانی ماسوله کی نه رم له (۱۰) نه خوش (۸،۸٪) ، گوشتی زیاده ی منالدان له (۵) نه خوش (۴،۴٪) وه چوار نه خوش به ته نها شه یره نجا یان هه بوو (۳،۵٪) : سه ی له وه نه خوشانه شه یره په نجه ی منالدانیان هه بوو و به کێک به ته نها شه یره نجه ی هه لکه دانی هه بوو .

استئصال الرحم : الدواعي و النتائج

دراسه ل (۱۱۳) مریضه فی مدینه دهوک .

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الخلاصه

شملت هذه الدراسة (۱۱۳) مریضه اجريت لهن عملية استئصال الرحم من شباط ۱۹۹۸ الی نیسان ۲۰۰۰ م فی مستشفى ازادي العام فی مدینه دهوک . كان معدل العمر للمریضات المشمولات بالدراسة (۴۶،۵) سنه . كان النزف الرحمي غير الطبيعي اكثر دواعي الاستئصال شيوعا (۶۸٪) و جاءت الام اسفل البطن و الام الحوض و الام اسفل الظهر ثانيا (۱۰،۶٪) . اثنان و خمسون مریضه (۴۶٪) لم یثبت وجود اي افه لديهن لا ضامره للعیان و لا مجهريه فی حين تم تشخيص التکثر الغدي لبطانة الرحم فی (۱۸) مریضه (۱۶٪) ، البطانة المهاجره الی الطبقة العضليه فی (۱۱) مریضه (۹،۷٪) ، ورم العضلات الملساء الحميد فی (۱۰) مریضات (۸،۸٪) ، زوائد بطانة الرحم فی (۵) مریضات (۴،۴٪) و اربع مریضات فقط كانت لديهن سرطانات (۳،۵٪) ؛ ثلاث منهن كانت السرطانات رحميه و مریضه واحده فقط كانت مصابه بسرطان المبيض .