



## TO STUDY PREVALENCE OF UTERINE PROLAPSE AND ITS OBSTETRIC ASSOCIATIONS AT TERTIARY CARE HOSPITAL

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### ABSTRACT

Uterine prolapse is the herniation of uterus into the vaginal wall along its axis mainly due to anatomical weakness. 50% of women present with uterine prolapse during routine gynaecological care. According to WHO, 91% of women (50-79 years) showed some degree of prolapse. In developing countries it is the most common indication for gynaecological surgery. To identify various obstetric etiologies and to evaluate the prevalence of uterine prolapse in women who attended gynaecological OPD in SLIMS. This is a hospital based cross sectional study carried out for 70 women who has uterine prolapse. This study was conducted in Sri Lakshmi Narayana Institute of Medical Sciences from December 2016 to November 2017. A standardized data collection was used to review all outpatients. And the frequency of obstetrical factors is calculated. About 70 patients who attend the gynaecological OPD of SLIMS contribute to uterine prolapse during the study period. Out of which 57.1% of patients are postmenopausal women. The mean age of presentation is 54 years. Multiparous women have higher chances of occurrence than grandmultipara. It is found that home delivery is also an important risk factor for uterine prolapse. By this study, the obstetrics determinants like age, parity, mode & place of delivery, duration of labour are strong and the leading cause of uterine prolapse in later ages. Thereby it lies in the hand of the every health care professional to give proper antenatal and intranatal care to decrease the other gynaecological morbidity in the long run.

**Keywords :-** Uterine Prolapse, Parity, Place of Delivery, Duration of Labour

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### INTRODUCTION

Uterine prolapse is the descent of the uterus occurs when uterus slips from its anatomical place into vaginal canal due to weakening of pelvic floor muscles and ligaments [1]. It is the most common gynaecological problem of women in developing countries. The cause of uterine prolapse depends on the age, parity, mode of delivery, place of delivery, duration of labour, etc. The most commonly noticed complaints are difficulty in micturition, burning micturition, difficulty in defecation,

painful intercourse, abdominal pain, white discharge, foul smelling discharge, difficulty in standing, sitting etc [2].

Uterine prolapse is classified based on severity as

- 1st degree – cervix above the level of introitus
- 2nd degree – cervix at the level of introitus
- 3rd degree – cervix below the level of introitus

#### Procedentia—Uterine fundus outside the introitus

The global prevalence of genital prolapse is estimated to be 2 – 20% in women under 45 years [3]. In

India more than 1 million of Nepali women suffer from uterine prolapse and the majority of these are of reproductive age [4]. And the main aim of study is to identify various obstetric etiologies and to evaluate the prevalence of uterine prolapse in SLIMS.

## METHODOLOGY

This study is a hospital based observational study conducted in Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry for a period of 12 months. This study was conducted in women with uterine prolapse who attended gynaecology OPD. The study was conducted from December 2016 to November 2017. The sample size is about 70.

### Inclusion Criteria:

- Age >30 years
  - 2nd degree , 3rd degree and procedentia
  - Exclusion Criteria: (1) pregnancy
  - Terminally ill
  - First degree prolapse
- (4) Malignancy, fibroid & other gynaecology causes

The purpose of this study was fully explained to participants who underwent this study. The questionnaire includes name, age, parity, mode of delivery, place of delivery, duration of labour, menstrual status. Out of which, age is mandatory.

### RESULTS:

A total 70 women were participated in the study conducted in Sri Lakshmi Narayana institute of Medical

sciences. Table 1 reveals that age group of participants with uterine prolapse. About 11.4% were in the age group of 30-40 years, whereas 18.6 % were in the age group of 40-50 years. The participants with the age group of 50-60 years were 27.1% and >60 years were 42.9%. Among them women > 60 years shows higher number in uterine prolapse.

- Table 2 shows menstrual status of women with uterine prolapse. About 42.9% of women with uterine prolapse were menstruating and 57.1% were postmenopausal women.
- Table 3 deals with parity of uterine prolapse. Nulliparous women hasn't presented with uterine prolapse during the study. 1.4% was pregnant for 1 time. About 35.7% were pregnant for 2 times, 50% were pregnant 3 times, 12.9% were pregnant more than 3 times.
- Table 4 shows 75.7% of women reported delivered at home and 24.3% delivered at hospital.
- Table 5 shows mode of delivery in participants. About 78.6% had normal vaginal delivery without episiotomy and 5.7% had normal vaginal delivery with episiotomy. 14.3% of women had normal vaginal delivery with instrumental and 1.4% of women had LSCS.
- Table 6 shows that 22.9% of women had <2 hours duration of labour and 45.7% of women more than 2 hours duration. 31.4% were unknown about duration.

**Table 1: Age of Participants with Uterine Prolapse**

AGE	NO OF CASES	FREQUENCY (%)
30-40 years	8	11.4
40-50 years	13	18.6
50-60 years	19	27.1
>60 years	30	42.9
TOTAL	70	100

**Table 2: Menstrual Status of Women with Uterine Prolapse**

MENSTRUAL WOMEN	NO OF CASES	%
menstruating women	30	42.9
postmenopausal women	40	57.1
TOTAL	70	100

**Table 3: Parity of Participants with Uterine Prolapse**

PARITY	NO OF CASES	%
NULLIPAROUS	0	0
1	1	1.4
2	25	35.7
3	35	50
>3	9	12.9
TOTAL	70	100

**Table 4: Place of Delivery Of Participants.**

PLACE OF DELIVERY	NO OF CASES	%
home delivery	53	75.7
institutional delivery	17	24.3
TOTAL	70	100

**Table 5: Mode of Delivery Of Participants.**

MODE OF DELIVERY	NO OF CASES	%
NVD without episiotomy	55	78.6
NVD with episiotomy	4	5.7
NVD with instrumental	10	14.3
LSCS	1	1.4
TOTAL	70	100

**Table 6: Duration Of Labour Of Participants.**

DURATION OF LABOUR	NO OF CASES	%
<24 hours	6	8.6
>24 hours	45	64.3
>48 hours	11	14.3
unknown	8	12.9
TOTAL	70	100

## DISCUSSION

In our study, 70 patients are reported in gynaecology OPD from December 2016 to November 2017. with uterine prolapse on considering the inclusion and exclusion criteria. Of these, all patients presented with mass descending per vaginum. The other additional symptoms are pain in vagina, vaginal discharge, urinary symptoms, constipation and low backache [5]. Bleeding per vaginum, coital problem is not included in this present study. Most of them were in peri and post menopausal group and the mean age of uterine prolapse among the women in this study is found to be 54 years. Only Obstetric etiologies are considered in this study. A few studies have shown that vaginal birth is not associated with pelvic organ prolapse and parity might not be the only risk factor and vice versa [6, 7]. A similar study carried out in Hyderabad concluded that pelvic organ prolapse was not necessarily the outcome of

repeated child birth but often followed the damage to the pelvic floor after the very first delivery [8]. And the study conducted in Nepal reveals that teenage pregnancy and too many pregnancy causes prolapsed in women [2].

## CONCLUSION

Uterine prolapse is one of the leading causes of gynaecological morbidity in women. Mostly women age >60 years, pregnancy for 3 times, home delivery, duration of labour more than 24 hours have higher risk of developing uterine prolapse. This is mainly due to lack of knowledge among women. Uterine prolapse is preventable by awareness program and it can be treated as well. Health education about uterine prolapse must be advised to the patient by both public and private sectors in gynaecology OPD. Pelvic floor exercises must be educated to pregnant women. Educate the pregnant women to undertake hospital delivery.

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