# A study of factors associated with uterine prolapse at a tertiary health care centre

Swarn Lata Das<sup>1</sup>, Sushma Sinha<sup>2\*</sup>

<sup>1</sup>Associate Professor, <sup>2</sup>Assistant Professor, Department of Obstetrics and Gynecology, ANMMCH Gaya, Bihar, INDIA **Email:** <u>sumit.sherwoodian@gmail.com</u>

### Abstract

**Background:** Uterine prolapse is a common reproductive health problem in women in developing countries. It affects physical, social and psychological health of a woman. Knowledge of factors associated with uterine prolapse helps to prevent it. **Aim and Objective:** To study the factors associated with uterine prolapse at a tertiary health care centre **Material and Methods:** Total 200 patients diagnosed with uterine prolapse were studied. Data was collected with pretested questionnaire. Data included sociodemographic data. Detailed history and clinical examination. Data was analysed with appropriate statistical tests. **Results:** Mean age of the patients in our study was  $47.43 \pm 2.3$  years. Majority of the patients were in the age group of 41-50 years ( 38%).Patients from age group of 31-40 years were 15%. Nulliparous patients did not. Major contribution to prolapsed uterus was seen in patients with 3-4 parity. 71% patients were menopausal and 29% patients were premenopausal. 1st degree prolapse was observed in 3% patients. 2nd degree and 3rd degree prolapsed was observed in 70% and 19% patients respectively Cystocele was observed in 90% patients. "something coming out per vaginum" was the most commonly observed complaint of the patients (99%).

# \*Address for Correspondence:

Dr. Dr Sushma Sinha, Assistant Professor, Department of obstetrics and Gynecology, ANMMCH Gaya, Bihar, INDIA. **Email:** <u>sumit.sherwoodian@gmail.com</u>

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# INTRODUCTION

Vaginal prolapse is characterised by protrusion of the vaginal wall downward to the introitus. Uterine prolapse is characterized by descent of the uterus, with or without the urinary bladder and bowel, into the vagina and results from weakness in normally supportive tissues.<sup>1</sup> The World Health Organization (WHO) reports the global prevalence of uterine prolapse as 2%–20% among women younger than 45 years of age.<sup>2</sup> Prevalence of uterine prolapse in India is 7.6%.<sup>3</sup> Clinical symptoms of uterine prolapsed depends upon involvement of associated pathology in surrounding structures of uterus. They can

be classified as vaginal, urinary, bowel and sexual symptoms. Main symptoms observed are pelvic pressure, back pain, urinary and bowel problems, coital discomfort, and drying and cracking of internal tissues exposed outside the vagina<sup>4</sup> uterine prolapse affects health and social well-being in the reproductive and economically productive age groups.<sup>5</sup> Uterine prolapse affect physical health, social health and psychological health too thus it affects women's quality of life<sup>6</sup> Present study was conducted to find the factors associated with uterine prolapse at a tertiary health care centre.

### **AIM AND OBJECTIVE**

To study the factors associated with uterine prolapse at a tertiary health care centre.

# **MATERIAL AND METHODS**

Present study was conducted at OBGY department of a tertiary health care centre. Total 200 patients diagnosed with uterine prolapse were studied.

**Inclusion criteria: 1.** Patients presenting with uterine prolapse

**Exclusion criteria:** 1. Prolapse and pregnancy 2. Patients not willing for surgery 3. Patients who have not given

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## RESULTS

Table 1. Distribution of patients according to sociodemographic variable	Table 1	: Distribution of	patients	according	to socioc	lemographic	variables
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Sr no	Age group	No of patients	Percentage
2	31-40	30	15%
3	41-50	76	38%
4	51-60	36	18%
5	>60	58	29%



Figure 1: Distribution of patients according to menopausal status Total 200 patients diagnosed as prolapsed uterus were studied in present study. Mean age of the patients in our study was  $47.43 \pm 2.3$  years. Majority of the patients were in the age group of 41-50 years (38%). Patients in the age group of 51-60 years were 18%, women above 60 years contributed about 29% of total study population. Patients from age group of 31-40 years were 15%. Table 2 shows distribution of patients according to parity. Nulliparous patients did not have prolapse in our study. Patients with parity 1-2 were 3% of all. Major contribution to prolapsed uterus was seen in patients with 3-4 parity. Patients with parity equal or more than 5 were 25%. Figure 1 shows distribution of patients according to menopausal status of the patients. Out of total 200 patients 71 % were menopausal and 29% patients were premenopausal. Figure 2 shows distribution of patients according to

Figure 2: Distribution of patients according to degree of prolapse degree of prolapse. 1st degree prolapse is prolapse within the vagina. It was observed inn 3% patients. 2<sup>nd</sup> degree is descent to the introitus. This second degree prolapse was observed in 70% patients. Third degree descent is descent outside the introitus observed in 19% patients. Procedentia is complete prolapse of the uterus. It is observed in 8% patients. In our study we observed various associated pathologies with prolapse. Cystocele was observed in 90% patients. Rectocele was seen in 75% patients. We observed urethrocele in 21% study population. None of the patient was having enterocele. "something coming out per vaginum was the most commonly observed complaint of the patients (99%). Other complaints observed were frequent micturition (83%), backache (92%), difficulty in defeacation (75%) and difficulty in walking (31%). All patients underwent operative procedures according to type of prolapse, associated defects, age of the patient and sexual life of the patient. Follow up was done at 6 months.

# DISCUSSION

Mean age of the patients in our study was  $47.43 \pm 2.3$ years. Majority of the patients were in the age group of 41-50 years (38%). Patients in the age group of 51-60 years were 18%. Similar results were seen in Swift SE et al<sup>7</sup> where they observed mean age of the patient was 44 years. Another study by Burrows et al<sup>8</sup> found the mean age of 58.8 years. In our study Major contribution to prolapsed uterus was seen in patients with 3-4 parity. As parity increases incidence of prolapse also increases. Similarly Burrows *et al*<sup>8</sup> found most common parity of 3. The risk of developing uterine prolapse is increased 1.2 times with each vaginal delivery. 9In our study 71 % were menopausal and 29% patients were premenopausal. In line with our study Burrows et al <sup>8</sup> found 75% of all 25% women were postmenopausal and were premenopausal. 1st degree prolapse was observed in 3% patients. 2<sup>nd</sup> degree and 3<sup>rd</sup> degree prolapsed was observed in 70% and 19% patients respectively. Procedentia is complete prolapse of the uterus. It is observed in 8% patients. In our study we observed various associated pathologies with prolapse. Cystocele was observed in 90% patients. Rectocele was seen in 75% patients. something coming out per vaginum " was the most commonly observed complaint of the patients (99%). Other complaints observed were frequent micturition (83%), backache (92%), difficulty in defeacation (75%) and difficulty in walking (31%).%). In a study by Christopher et al <sup>10</sup> the commonest symptom experienced by women with prolapse is the sensation or feeling, or seeing, a vaginal bulge Difficulty in micturation was seen in 85 patients . slmilar findings were seen in previous studies 11-13

### CONCLUSION

Risk factors associated with uterine prolapse were increased age, parity and menopausal age group.

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