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"Study of Incidence and Etiology of Prolapse at Rural Based Teaching Hospital."

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----------***ABSTRACT***----------

In our country as large number of woman deliver at home, usually conducted by untrained dias, incidence of prolapse is higher. The etiology of prolapse was discussed by ARETAEUS, a Greek physician who believed procedentiato be result of weakness of ligaments of the uterus.

There are multiple etiological factors in the developed of prolapse. Diagnosis of prolapse at the earliest will help to reduce the complications of prolapse as well as continue child bearing function of the young woman.

Key words: *Prolapse, Parity, delivery*

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I. Introduction

Prolapse or procedencia (from Latin word procidere, to fall) or downward descent of the vagina and the uterus is one of the leading complaints of the patients attending OPD. Though there is tendency of smaller family size, now a day in India prolapse remain a common gynecological problem in middle and old age groups. Various etiological factors lead to development of prolapse. E.g. poor obstetric during delivery, improper puerperal rehabilitation and manual work irrespective of age and parity.

The obstetrician- gynecologist can understand the cause of prolapse which helps to early diagnosis and treatment.

Aim and objectives:

1. To study the incidence of genital prolapse at general hospital, Sangli. Period Jan 1997 to Dec 1997.
2. To know the etiology of prolapse.

II. Material and Methods

This study was carried out at general hospital, Sangli, Maharashtraduring the period of Jan 1977 to Dec 1977. Total 66 patients were selected and diagnosed. The delivery and type of delivery assessment was done according to age parity, degree of prolapse, symptomatology desire to retain further reproductive function or menstruation. General, local and systemic examinations of patients were done.

Observation and results:

Table No 1:Review of Incidence of prolapse.

Sr.no.	Author	Incidence in %
1	Satur and Chakravarty1995	19.4
2	KaminiNaik et al 1980	19.8
3	Institute of Obst. And Gynaec, Madras	13.0
4	Govt. Rajaji Hospital, Madurai	11.0
5	Present study	11.0

Table No 2: Agewise distribution of 66 patients.

Sr.no.	Age in years	No. of patients	%
1	15-25	3	4.54
2	26-36	21	31.82
3	36-45	10	15.15
4	46-55	15	22.72
5	56-65	12	18.18
6	66-above	5	7.57

Age wise distribution: The cases studied were ranging from 15 years to 80 yrs. Maximum number of patients were from 26-35 yrsi.e. child bearing age group (31.82 %)

Table No 3:Residencewise distribution.

Sr.no.	Residence	No. of patients	%
1	Rural	47	71.21
2	Urban	19	20.79

Maximum numbers of patients were from rural area where home deliveries by untrained dias are common.

Table No 4: Distribution according to menstrual status.

Sr.no.	Menstrual status	No. of patients	%
1	Premenopausal	34	51.52
2	Postmenopausal	32	48.48

According to menstrual status almost equal distribution observed in registered patients.

Table No 5: Distribution according to place of delivery.

Sr.no.	Place of Delivery	No. of patients	%
1	Home	55	83.33
2	Hospital	11	16.67

Maximum number of patients i.e. 83.33 % had become delivered by untrained person while only 16.67% patients delivered in hospital.

Table No 6: Distribution according to parity.

Sr.no.	Parity	No. of patients	%
1	0	2	3.03
2	0+1	5	7.57
3	0+2	12	18.18
4	0+3 & above	47	71.22

Incidence of prolapse increases in proportion with parity. In present study maximum number of patients were Para 3 and above. (71.22 %)

Table No 7: Distribution according to degree of prolapse.

Sr.no.	Degree of prolapse	No. of patients	%
1	I	2	3.03
2	II	10	15.15
3	III	52	78.79
4	Procedentia	2	3.03

The maximum number of patients i.e. 78.79% had III uterine prolapse, 15.15% had II, while I uterine prolapse and procedentia were present in 3.03%.

Table No 8: Distribution according to Vaginal wall prolapse.

Sr.no.	Vaginal wall prolapse	No. of patients	%
1	Urethrocoele	-	-
2	Cystocoele	65	98.48
3	Rectocoele	25	37.88
4	Enterocoele	24	36.36

In present study 98.48% patients were having Cystocoele while 37.88 and 36.36 were having Rectocoele and Enterocoele respectively. None had Urethrocoele.

Table No 9: Distribution according to duration of prolapse.

Sr.no.	Duration of prolapse	No. of patients	%
1	<1 year	17	25.76
2	1-2 year	28	42.42
3	3-5 year	12	18.18
4	>6 year	9	13.64

Maximum number of patients came within 1-2 year of their symptoms.

Table No 10: Paritywise distribution of degree of prolapse.

Sr.no.	Degree of prolapse	Nullypara	Para 1	Para 2	Para 3 and above
1	I	-	1 (1.51)	-	1 (1.51)
2	II	-	-	3(4.54)	7(10.6)
3	III	2(3.03)	4(6.06)	9(13.60)	37(56.00)
4	Procedentia	-	1(1.51)	-	1(1.51)

Increase in parity leads to increase in degree of prolapse. In present study 56% patients were para 3 and above showed III^0 prolapse.

III. Discussion

1. In present study incidence of prolapse is 11 % of all gynecological admissions.
2. In present study 51.52% patients were premenopausal where injury during child birth was main etiological factor. While 48.48% patients were postmenopausal, where oestrogen deficiency precipitated development of prolapse.
3. Thus incidence of prolapse increases as parity increases. In these patients repeated child birth leads to maximum stretching of supports of uterus and vagina as well as trauma to pelvis supporting tissue.
4. It was observed that degree of prolapse directly proportional to parity.

IV. Conclusion

Incidence of prolapse can be reduced by preventing early marriage and advising proper spacing of pregnancies.

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