Study of the pattern of the diseases based on the histopathologic specimens submitted at the Paroparkar Maternity and Women’s Hospital (PMWH) in 2065 B.S.

Dr Ashok R Joshi*
* Consultant pathologist, Paroparkar Maternity and Women’s Hospital, Kathmandu.

ABSTRACT

Abstract
The study was conducted in the 2065 BS to find the pattern of the diseases including neoplasms in the women whose histopathological specimens were submitted at the Pathology Department. Of the 1393 biopsies specimens received, 338 were tumours. Of the 430 endometrial biopsy specimens, there were only seven cases of endometrial carcinoma and nine cases of simple hyperplasia and a single case of complex hyperplasia. Of the 222 cases of cervical biopsies, 46 cases were cervical carcinoma, 12 cases of CIN and 55 cases of chronic cervicitis. Uterine prolapse comprised 217 cases, fibroid comprised 145 cases, ovarian neoplasm 114 cases and tubal ectopic pregnancy 47 cases. Hydatidiform mole comprised 47 cases, choriocarcinoma four cases and there was a single case of invasive mole.

The high incidence of cervical carcinoma in the women visiting our hospital makes it imperative to devise strategies to counter it.

Keywords: disease pattern, histopathological specimens, PMWH, Nepal.

INTRODUCTION

PMWH is the only hospital exclusively for women for obstetric and gynaecological care in the whole country. It is run by the government of Nepal and caters mainly to the poor and indigent women of the country. It is also a tertiary referral centre for gynaecological and obstetric difficulties. Although the disease pattern in this hospital has been reported sporadically in the past, we want to see the pattern in the present in the histopathologic specimens so that we can devise strategies to deal with them.

MATERIAL AND METHODS

All biopsies specimens that were sent to the Pathology Department of the PMWH during 2065 BS were properly fixed in formalin and were processed and H and E sections obtained. They were scrutinized under the microscope at 40,100 and 400 magnifications by the consultant pathologist. The blocks of an ambiguous case of ovarian tumour was sent to India for immunostaining to assert the histogenesis of the tumour.

RESULTS

1393 individual biopsy specimens were received. Out of these, 94 cases were from patients who had both endometrial biopsy and cervical polyp removed in the same go and these specimens where submitted together albeit separately. The number of neoplasms were 338 and comprised 24.26% of all the biopsy specimens. Of these 72 cases were malignant lesions and comprised 5.16%.
DISCUSSION

The different site of biopsies and pattern of diseases seen in this study under descending order of frequency are endometrium biopsy, cervical biopsy, uterine prolapse, fibroid, ovarian neoplasms, missed/incomplete abortion, gestational trophoblastic disease and ectopic pregnancy.

Carcinoma cervix is the leading killer in the women of South-east Asia and also in our country. Globally, there are nearly 1.4 million cases of clinically recognized cervical cancer. In the study by Lakhey et al. it is the leading malignancy among all malignancies in the females and comprised 23.8% of all malignancies. Likewise, in the study in Nepalese women in the western part of the country it was second to lung cancer and that too by a narrow margin. Lung cancer in their study among females comprised 20% and cervical cancer 19.7% of all malignancies.

In the study of cancer status in the records of patients visiting TUTH cancer cervix comprised 20.67%. Our data is significantly different and have different connotations from all the above studies in that ours being exclusively a Women’s hospital we dealt only with diseases and neoplasms originating in the female genital tract.
The ovary was the second most common site of malignancy in our study and we came across 15 cases of malignancies arising from that organ. In the study done in women of the western part of the country carcinoma ovary constituted 5.45% of all malignancies and in the study done in eastern Nepal it constituted 8.5%.4,5

Endometrial carcinoma were all together seven cases and comprised 9.7% of the malignancies in our study. In the study in western Nepal endometrial carcinoma constituted 5.45% of all malignancies and in the study done in eastern Nepal it constituted 3.4%.4 In the study in eastern Nepal they constituted 3.4%.4 Endometrial biopsy specimen is the most common specimen received in our department. Endometrial intraepithelial neoplasm comprised nine cases of simple hyperplasia and one case of complex hyperplasia. Many endometrial biopsies were done for investigations of bleeding disorders and the low yield of endometrial carcinoma is converse to the pattern of cervical carcinoma in this study.

Of the 222 cervical biopsies done(out of these 94 were cases of cervical polyp) in this study the histopathologic findings were chronic cervicitis in 55 cases, cervical carcinoma in 46 cases and CIN in 12 cases and one case was inconclusive. The paucity of cervical specimens and the high percentage of cervical carcinoma 20.7% of the cervical total cervical biopsies is very alarming. Also we have to remind ourselves that ours is a service center in which people with full-blown cancer report for confirmation of diagnosis and further management. So naturally we are looking here into the tip of the iceberg and don’t have much information of the submerged part which constitute the more important cervical intraepithelial lesions. We do not have the national data on the cervical intraepithelial lesions in our country and also the HPV prevalence in our country. These high grade CIN are the harbinger of cervical cancer and it is estimated that as many as 7 million women will have high grade changes in the cervix.5

It has been reported that CIN s are very frequent in underdeveloped countries were 4/5 th of cervical cancer of the whole world are found. Studies have reported that about 12% of women in south-west Nigeria had pre-cancerous cervical lesions.7

Our goal should be to catch cervical cancer in its precursor state and nip it in the bud. For this we should rather than concert our activities in the hospital should shift to the community level and initiate community level screening for it.

CONCLUSION

The high incidence of cervical carcinoma yet continues. We are not doing enough to detect this cancer its precursor state. We have to devise strategies to counter this malignancy at a war footing otherwise the same dismal statistics will be repeated in the next years and decades.

ACKNOWLEDGEMENT

I will like to thank the staff in my department Mr Prakash Man Shrestha and Rup Shova Narkarmi and also as usual the help of Lipika Joshi was indispensable.

REFERENCE

1. Souvenir of 49th Anniversary Day of Paropakar Maternity and Women’s Hospital, 2065 BS.