

Original Article

Study of disease pattern of patients admitted in Gynae & Obst. Department in a rural tertiary medical institute.

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Abstract:

The aim of this study was to find out the Gynaecological disease pattern, common diseases, age distribution, organs involvement of female reproductive system, types of diseases etc. in admitted patient of Khwaja Yunus Ali Medical College & Hospital (KYAMCH) a rural tertiary hospital in Bangladesh. In this retrospective & descriptive study total 853 Gynaecological patients were evaluated in 4 years period, who were admitted either from OPD or through emergency. Most of the diagnosis were made after evaluation of organ involvement, 53% uterine origin, most are benign 29%; 40% patient having normal menstrual cycle but suffering from Gynaecological diseases like chronic cervicitis, lower abdominal pain (PID). Vaginal discharge, urinary tract infection, ectopic pregnancy, different types of abortion. This study showed that the Gynaecological disease pattern of Patients admitted in Obs & Gynae department of KYAMCH- a rural tertiary medical institute.

Introduction

Gynaecology is the study of women but usage restricts it mainly to the study of female organ of reproduction & their diseases. The genital tract is so closely linked embryologically and anatomically with the urinary tract and large bowel that certain condition of the urethra, bladder and rectum come to a greater or lesser extent or lesser extent within the province of the Gynaecologist¹. In the rural areas of the developing countries. Gynaecological and sexual case should be part of a primary health care².

Khwaja Yunus Ali Medical College & Hospital (KYAMCH) is a 586 bedded hospital and equipped with the most modern health care facilities. Almost all disciplines are available here including Obs & Gynae. Department. The aim of the hospital in rural area is to give in equal access of medical facility to the majority of

people who were deprived as living in semi urban and rural area.

For policy development, a critical overview is required to identify firstly the extent of systematic list of gynaecological conditions & secondly the social burden of this disease which clearly have an impact on the quality of the lives of women in developing countries. As example menorrhagia is identified as a common but usually non lethal problem. Cervical cancer is uncommon but lethal and potentially amenable to mortality reduction through early case finding or screening interventions. Uterine fibroids and prolapse are of interest as condition showing marked ethnic variation³. One of the public health challenges in Bangladesh is therefore to identify vulnerable groups and to provide them with needed preventive and curative health service⁴.

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In Bangladesh poor are specially disadvantaged in accessing quality health care due to their marginalized position in society. In order to make the existing health care delivery system more pro-poor, knowledge of their health seeking behavior is needed. The aim of this study is to find out the disease at age distribution, disease pattern, organ involvement etc. in a well equipped and good organized way in admitted patients in a rural tertiary care hospital in Bangladesh.

Study place:

Khawaja Yunus Ali Medical College & Hospital (KYAMCH) is a rural tertiary Hospital. It is located about 147km from Dhaka in the bank of river Jamuna. 22.5km from Jamuna bridge & 28km from Shirajgonj city. Most of the patients come here from Rajshahi division & some from greater Mymensingh district. Our study is based on the cases who were suffered from gynaecological problem under Gynae & Obst. Department. The time period 4 years, from March 2008 to March 2012.

Methodology:

The study group consisted of consecutive 853 patients of different age who were suffered from gynaecological disease were recorded serially on monthly basis as they were admitted. The duration of study was 4 year from March 2008 to March 2012. Patients age, different organs involved in female reproductive system. Pattern of diseases were taken as variable. Data were collected from the files of admitted patient & handled with statistical package for social science SPSS-17

Result:

The total 853 patients who were related with gynaecological disease were evaluated within 4 year period. Patients distribution according to their age & disease pattern are given below as pie chart-

Figure-1: Age distribution:

Shows most of them were in reproductive age- 91% , post menopausal age -8% & before pubertal age group-1%.

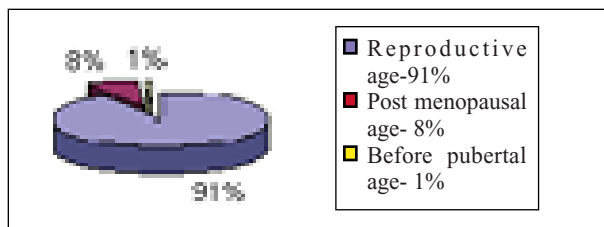


Figure-2:Origin of diseases:

It can be seen that the origin of gynaecological diseases are uterine origin-53% then others variety-4% & ovarian origin-3%.



Figure-3: Diseases pattern:

It shows the pattern of gynaecological diseases most were benign-29%, infective-29%, Next were pregnancy related-24%, malignant-11%, others-10%.& 2% of gynaecological disease with other medical disorder like DM, IHD, Asthma etc.

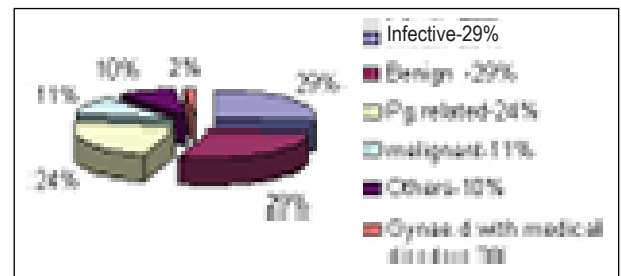


Figure-4:P/V bleeding related gynae. Problem:

There were normal menstrual cycle but patients suffered from Gynaecological disease 40% ,next pregnancy related p/v bleeding -25%, menorrhagia-23%, post coital bleeding-8%, post menopausal-4%,metrorrhagia-4%,2ndry.amenorrhoea-3%

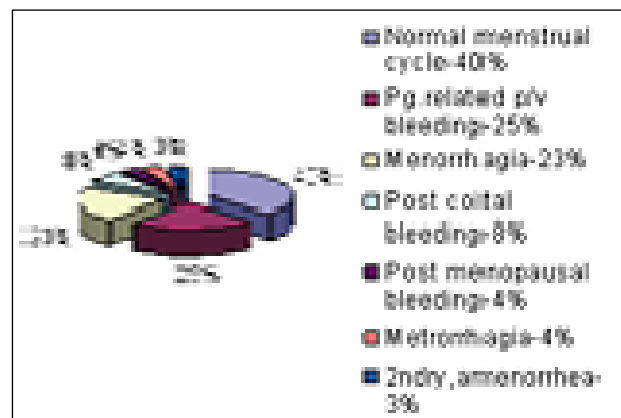


Figure-5: Gynaecological neoplasm:-

Benign -13% & malignant-10%. Patients were admitted in Gynae. Ward.

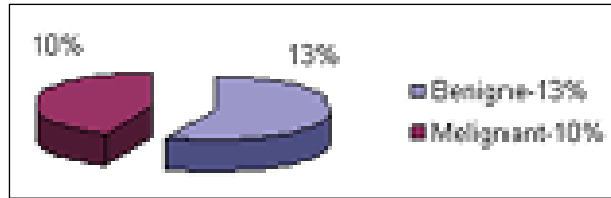
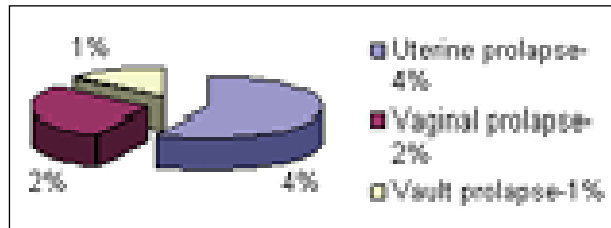


Figure-6: Displacement of genital organs:

Indicates the Gynaecological diseases related with displacement of genital organ from its normal position. Uterine prolapse 4%, vaginal prolapse 2%, vault prolapse 1%.



Discussion:

The aim of this study was to find out the disease pattern and health seeking behavior in rural Bangladesh. The nature of the study was retrospective & descriptive.

The total number of patients were 853 under gynaecological diseases were evaluated on 4 year duration admitted in Gynae & Obst. Ward of KYAMCH. Most of the patients were in reproductive age group, most involved organ is uterus in female reproductive system. The diseases were renamed-chronic cervicitis, CIN, cervical cancer, cervical polyp, uterine fibroid, DUB, different types of abortion like incomplete abortion, missed & threatened abortion, ectopic pregnancy, PID, ovarian cyst and ovarian tumour - malignant & benign. There also many medical disorders associated with gynaecological diseases like -heart disease, DM, asthma, thyroid disorder etc. We found the

population of the locality suffering from uterine disease & pregnancy related gynaecological problem like different type of abortion, ectopic pregnancy and also pelvic inflammatory disease- acute or chronic (PID) etc. No such study was available in our country. So we could not compare our study. Though it was a small observational retrospective & descriptive study, it might be act as nidus for future larger studies to find out & triage of common gynaecological diseases prevalent in our community to prevent both morbidity & mortality.

Conclusion:

From this study it was evident that the disease pattern of the population was very different and they need proper diagnosis and quality service that improve our female reproductive life & quality of life.

References:

1. Kumar p, Malhotra N. Jeffcoate's principles of Gynaecology.
2. R.A. Bang. M.Baitule, S.Sarmukaddam.A.T.Bang, Y Chowdhury, O Tale. The lancet volum 333, Essu 8629 pag: 85-88.
3. R.W.Stones & Z.Matthews-Gynaecological disease in developing countries whose burden ? "Opportunities & Choices" Reproductive health research southampton social statistics research institute University of Southampton.U.K.
4. Sadiq H, Muynck AD . Health care seeking behavior of pulmonary tuberculosis patients visiting Rowalpindi J.Pak. Assoc 2002,51:10-16.
5. N doyamugenyi, R.Neema S, Magnussen P. The use of formal & informal services for antenatal care & malaria treatment in rural Uganda. Health policy plan 1998, 13:94-102.