HYSTERECTOMY: DIAGNOSIS BEFORE AND AFTER

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ABSTRACT

The present study was undertaken as a model endeavor to correlate between clinical, operative and histopathological diagnoses of hysterectomy cases. Cases where there is a correlation and where there is no correlation between clinical, operative and histopathological diagrams was studied.

KEYWORDS

Hysterectomy, Clinical Diagnoses, Histopathological Diagnosis.

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INTRODUCTION

The diagnosis and management of a disease in a female patient often proves to be difficult challenge to meet, because it encompasses a large number of diverse gynecological disorders, ranging from inflammation to tumour to even normal/ectopic pregnancy. Hysterectomy has become a common gynaecological operation because of the safety provided to a patient undergoing hysterectomy; has been increased as a result of use of antibiotic blood transfusion facilities, improved anesthetic and surgical techniques, modern instrumentation, and good ICU care leading to less post-operative morbidity and motility. Under these circumstances, there is a growing tendency to liberalize the indications for a hysterectomy and subsequently there is a real danger of a wrong preoperative diagnosis. The treatment may be correct, but the diagnosis may be wrong. Many a times the operative findings are at a variance with the clinical diagnosis. This is probably because of variations in the mode of presentation of a particular condition and overlap of some of the signs and symptoms between two conditions.

AIMS AND OBJECTIVES

1. To study the retrospective correlation between clinical diagnosis and diagnosis after investigations.
2. To study correlation between clinical and operative diagnosis.
3. To study correlation between clinical and histopathological diagnosis.
4. To study the percentage where there are correlations and where there are no correlations between the diagnosis.
5. To study the percentage where there was any indication for the removal of the uterus in absence of any appreciable pathological changes.

MATERIALS AND METHODS

This study was done in gynaecology unit of RCSMGMC Kolhapur for a period of one year. A total number of 125 cases were studied.

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Cases of abdominal and non-prolapse vaginal hysterectomies were included in this study.

Exclusion Criterion

- i. Uterovaginal Prolapse.
- ii. Obvious diagnosis of malignancy of uterus, cervix or ovary.

All the cases were evaluated preoperatively. At the first visit, history was taken and patient was examined clinically to note the findings. Every patient was investigated preoperatively for judging her fitness to undergo surgery. Ultrasound examination was carried out in all patients. Preoperative diagnostic dilatation and curettage was done in some patients, such as dysfunctional uterine bleeding in perimenopausal and post-menopausal bleeding. Pap smear was taken in all patients. In suspicious cases of chronic cervical lesion or abnormal pap smear, cervical biopsy was taken to rule out carcinoma of cervix. Each and every patient was evaluated thoroughly by anesthetist. All the specimens were sent to histopathological examination and histopathological report clinched the final diagnosis.

DISCUSSIONS

A total number of 125 cases were studied retrospectively during this study. Hysterectomy is the second most frequently performed major surgical procedure on women all over the world, next only to Caesarian. In US, approximately 600,000 hysterectomies are performed each year.¹ A study conducted in India stated that incidence of hysterectomy was 7% among married women, above 15 years of age.² Studies have proved that following hysterectomy women suffer from bothersome psychosexual functions.³ Commonest indications for hysterectomy was DUB 51(40.8%), followed by fibroid 23(18.4%) and chronic cervicitis 23(18.4%).

The process of reaching ultimate diagnosis in gynecological case includes proper history taking and clinical examinations, which gives clinical diagnosis, various investigations, laparotomy and finally HPE of the specimen. In this study, dilatations and curettage and pap smear did not help to go nearer the final diagnosis, i.e. the histopathological diagnosis but merely confirmed the clinical diagnosis. The diagnosis of adenomyosis was made in 30 cases in HPE, but it was suspected clinically in one case only. So in cases like adenomyosis, HPE remained the only method to give final diagnosis.

Cervical biopsy was undertaken in 38 cases (30.4%). The indications was a suspicious chronic cervical lesion.

In all cases the report came as chronic non-specific cervicitis, while chronic cervicitis was a clinical diagnosis in only 23 cases. So in the remaining 15 cases, cervical biopsy was helpful to go nearer the final diagnosis in time; i.e. HPE, 116 specimens showed chronic nonspecific cervicitis; i.e. if the number of cervical biopsies done preoperatively were more, we could have reached nearer to the final diagnosis before opening the abdomen in more number of cases. According to the Magon et al. hysterectomy is a surgery which has been used and misused, underused and abused at different times in gynaecology.⁴ As any surgical procedure is associated with a risk of complications, the indication should be carefully evaluated.⁵

CONCLUSION

Hysterectomy is used commonly to improve the quality of life; however, at times it is a life saving procedure. As any surgical procedure, it is associated with a risk of complications, so the indication should be carefully evaluated with the emergence of many conservative approaches to deal with benign gynecological conditions, it is prudent to discuss available options with the patient before taking a direct decision of surgically removing the uterus.

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Sl. No.	DIAGNOSIS	NO. OF CASES	PERCENTAGE
1.	Dysfunctional uterine bleeding	51	40.8
2.	Fibroid	23	18.4
3.	Chronic cervicitis	23	18.4
4.	Ovarian cyst	16	12.8
5.	Tubo-ovarian mass	4	3.2
6.	Pelvic Inflammatory Disease	6	4.8
7.	Adenomyosis	1	0.81
8.	Dermoid cyst	1	0.81
	Total	125	100.00%

Table 1: Clinical Indications for Hysterectomy

The most common clinical indication for hysterectomy was DUB, followed by fibroid and chronic cervicitis.

Sl. No.	DIAGNOSIS	NO. OF CASES	PERCENTAGE
1.	Dysfunctional uterine bleeding	51	40.8%
2.	Fibroid	18	14.4%
3.	Chronic cervicitis	23	18.4%
4.	Ovarian cyst	13	10.4%
5.	Tubo-ovarian mass	4	3.2%
6.	Pelvic Inflammatory Disease	6	4.8%
7.	Adenomyosis	1	0.8%
8.	Dermoid cyst	1	0.8%

Table 2: Intraoperative Diagnosis

Findings in cases of DUB or chronic cervicitis were consistent with the clinical diagnosis, while in cases of fibroid or ovarian cyst diagnosis differed from clinical diagnosis to some extent. Fibroid was misdiagnosed in 21.73% and ovarian cyst was misdiagnosed clinically in 18.75% cases.

Sl. No.	DIAGNOSIS	NO. OF CASES	PERCENTAGE
1.	Dysfunctional uterine bleeding	38	31.4%
2.	Fibroid	18	14.4%
3.	Chronic cervicitis	116	92.8%
4.	Ovarian cyst	13	10.4%
5.	Tubo-ovarian mass	4	3.2%
6.	Pelvic Inflammatory Disease	6	4.8%
7.	Adenomyosis	30	24.0%
8.	Dermoid cyst	1	0.8%

Table 3: Histopathological Diagnosis

Histopathological diagnosis is the final diagnosis. The percentage of clinical diagnosis and histopathological diagnosis differs most commonly in cases of chronic cervicitis and adenomyosis and DUB.

Sl. No.	DIAGNOSIS	NO. OF CASES	CLIN DIAGNOSED	PERCENTAGE RELIABILITY
1.	Dysfunctional uterine bleeding	38	51	74.5%
2.	Fibroid	13	23	78.26%
3.	Chronic cervicitis	116	23	19.82%
4.	Ovarian cyst	13	16	81.25%
5.	Tubo-ovarian mass	4	4	100%
6.	Pelvic Inflammatory Disease	6	6	100%
7.	Adenomyosis	30	1	3.33%
8.	Dermoid cyst	1	1	100%

Table 4: Diagnostic Reliability of Clinical Diagnosis

Diagnostic reliability of TO mass and PID was 100%, while it was least, i.e. only 3.33% in cases of Adenomyosis.

Sl. No.	DIAGNOSTIC LEVELS	TOTAL NO. OF CASES	+VE CORRLN WITH HPE	% +VE	-VE CORRLN WITH HPE	% -VE	IMPROVEMENT
1.	Clinical diagnosis	125	83	66.4%	42	33.6%	-
2.	Investigation						
	a. Cervical Biopsy	38	38	100%	0	0%	33.6%
	b. D & C	51	51	100%	0	0%	33.6%
	c. USG	125	102	81.6%	8.19	04%	14.55%
	d. Pap	125	125	100%	-	-	-
3.	Operative	125	100	80%	135	108%	13.6%
4.	HPE diagnosis	125	125	100%	0	0%	33.6%
Table 5: Diagnostic Reliability of Various Levels							

Negative correlation includes cases in which final diagnosis was missed or wrongly diagnosed. In number of cases, hysterectomy was done under the pretext of one diagnosis; however, for histopathological examination one or two other pathological conditions were also diagnosed to be

co-existing and hence the number of cases with negative correlation with the final diagnosis is more than the study group due to overlap. The most common additional condition was chronic cervicitis co-existing with other condition.