

Types of Gynecological Cancers Detect in Females at Tertiary Care Tertiary Centre

Sadia Zahoor, Sonia Zulfiqar and Iffat Yasmeen

ABSTRACT

Objective: To determine the frequency of various gynecological cancers at a tertiary care hospital.

Study Design: Cross sectional study.

Place and Duration of Study: This study was conducted at the Department of Obstet and Gynae, Sheikh Zayed Hospital, Rahim Yar Khan from January 2018 to December 2018.

Materials and Methods: In this study, the females with age more than 30 years irrespective of their gravida and parity presenting with per vaginal bleeding were included. All these cases underwent biopsy under direct vision and assessed for its results on histopathology for various malignancies.

Results: In this study, 50 cases with positive malignancy outcome were selected. The mean age of the participants was 55.67 ± 13.31 years and mean duration of symptoms was 7.45 ± 1.61 months. Out of 50 cases, only 32% were educated, 84% were from rural population and 10% were smokers. Out of 50 cases cervical malignancy was seen in 26 (52%), ovarian in 15 (30%) and endometrial or uterine in 9 (18%) of the cases.

Conclusion: Gynecological malignancies are not that rare and the cervical cancer is the commonest CA detected followed by ovarian carcinoma.

Key Words: CA, Biopsy, Smoker, cervical

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INTRODUCTION

Gynecological cancers are considered as one of the salient health care problems as they add to a great degree of cost and as well as morbidity and mortality in females all across the globe. They are observed worldwide with variable degree of prevalence.¹ The malignancies originating from the genital tract origin range from 31.6% to 35% of the cases in underdeveloped countries and 12 to 13% in cases of North America² and other developed countries.³

These malignancies include cervical carcinoma (CA), ovarian carcinoma, uterine and or endometrial carcinoma, vaginal carcinoma and vulvar carcinoma.^{4,5} There are different risk factors that can predispose to this and include age of the patient, parity status, smoking, family history of gynecological malignancies, exposure to radiations etc.⁶⁻⁸

There are number of investigations to guide for further management. Radiological investigations are to guide only & tissue diagnosis is always needed for definitive

diagnosis and to direct for further curative or palliative management, which is another challenge in the under developed countries. The data has shown that the most common malignancy observed is cervical cell carcinoma and it is followed by ovarian carcinoma. Rapid detection and early management can reduce the degree of morbidity and mortality significantly.⁹⁻¹⁰ The local data is very scarce regarding the overall prevalence as well as for its spectrum of types.

MATERIALS AND METHODS

This cross-sectional study was carried out at Sheikh Zayed Hospital, Rahim Yar Khan during 01-01-2018 to 31-12-2018. In this study, the females with age more than 30 years irrespective of their gravida and parity presenting with per vaginal bleeding of at least 3 months were included via non probability, consecutive sampling. The cases with any bleeding disorder, or taking treatment with antiplatelet therapy or those with platelet count less than 50 thousand per ml or with end stage renal or liver failure were excluded from this study. Then these cases underwent USG. The suspected lesion assessed on USG was noted and the biopsy was taken and sent for histopathology of the same institute and the various gynecological malignancies were labelled by the presence of malignant cells with or without small areas of necrotizing tissue, surrounded by anaplastic as well as the presence of hyperplastic blood vessels and were labelled as cervical, ovarian or endometrial depending upon the site of biopsy.

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Statistical analysis; SPSS version 23.0 was used for data analysis. Frequency and percentages were calculated for qualitative and mean and SD for quantitative data.

RESULTS

In this study, 50 cases with positive malignancy outcome were selected. The mean age of the participants was 55.67 ± 13.31 years and mean duration of symptoms was 7.45 ± 1.61 months as shown in table I. Out of 50 cases, only 32% were educated, 84% were from rural population and 10% were smokers as in table 2. Out of 50 cases cervical malignancy was seen in 26 (52%), ovarian in 15 (30%) and endometrial or uterine in 9 (18%) of the cases as shown in figure I.

Table No.I: Demographics (n= 50)

Variables	Mean \pm SD	Range
Age (years)	55.67 ± 13.31	35-78
BMI (kg/m ²)	23.67 ± 3.91	20-31
Gravida	4.57 ± 1.12	0-9
Parity	3.11 ± 1.01	0-7
Duration of symptoms (months)	7.45 ± 1.61	4-24

Table No.2. Study variables (n= 50)

Variables		Number	%
Educational status	Educated	16	32
	Uneducated	34	68
Residential status	Rural	42	84
	Urban	08	16
Smoking	Yes	5	10
	No	45	90
Family h/o malignancy	Yes	6	12
	No	44	88

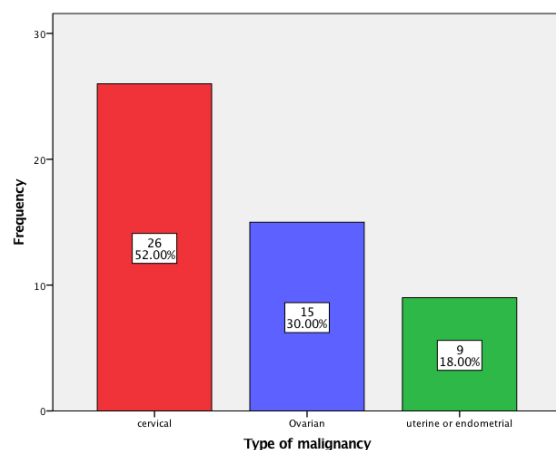


Figure No.1: Type of malignancy detected (n= 50)

DISCUSSION

Gynecological malignancies are one of the leading causes of morbidity and mortality in females and

amongst then 2nd common causes after breast malignancies. They have equal distribution all across the globe; however, the prevalence and distribution of various malignancies varies. Overall incidence ranges from 30 to 35% of over all malignancies detected in females. The major risk factors are age, family history and parity.¹¹⁻¹²

In the present study, out of 50 cases cervical malignancy was the most common and it was seen in 26 (52%), followed by ovarian cancer seen in 15 (30%) and endometrial or uterine which was observed in 9 (18%) of the cases.

These results were comparable to the findings of the studies done in the past regarding evaluation of various gynecological malignancies where cervical lesion was the most common. According to a study carried out by Nkyekyer K et al, revealed that the most common malignancy in their biopsies was cervical cancer, which was seen in 57.8% of their cases and was close to 52% in the present study.¹¹

Ugwu et al, carried out a similar study in an African country, and also found cervical cancer as most common one which 78% of their cases and this was followed by ovarian cancer seen in 17% of the subjects, and in the present study ovarian CA was seen in 30% of the cases.¹²

The findings of the study done by Kyari et al was also in conjunction to the finding of the present study as they found ovarian CA in 27% of their cases and 30% in present study. A little higher prevalence was seen in a study by Jamal et al where they found ovarian CA in 42.4% and cervical CA as 50%, where the latter was again the commonest one.¹³⁻¹⁴

According to the studies done by Salani et al and De Angelis Ret al, cervical cancer was most common and it was seen in more than 60% of their cases; and they further described that this has significant association of this with age of the patient and the parity. They also found ovarian CA as the 2nd most common malignancy detected.¹⁵⁻¹⁶

CONCLUSION

Gynecological malignancies are not that rare and the cervical cancer is the commonest CA detected followed by ovarian carcinoma.

Author's Contribution:

Concept & Design of Study:	Sadia Zahoor
Drafting:	Sonia Zulfiqar
Data Analysis:	Iffat Yasmeen
Revisiting Critically:	Sadia Zahoor, Sonia Zulfiqar
Final Approval of version:	Sadia Zahoor

Conflict of Interest: The study has no conflict of interest to declare by any author.

REFERENCES

1. Goff BA, Mandel LS, Drescher CW, Urban N, Gough S, Schurman KM, et al. Development of an ovarian cancer symptom index: possibilities for earlier detection. *Cancer* 2007;109(2):221-7.
2. Ryerson AB, Ehemann C, Burton J, McCall N, Blackman D, Subramanian S, et al. Symptoms, diagnoses, and time to key diagnostic procedures among older U.S. women with ovarian cancer. *Obstet Gynecol* 2007 ;109(5):1053-61.
3. Iyoke CA, Ugwu GO, Euzebus CE, Frank OE, Osaheni LL, Azubuike KO. Challenges associated with the management of gynaecological cancers in a tertiary hospital in South East Nigeria. *Int J Women's Health* 2014;6:123-30.
4. Iyoke CA, Ugwu GO. Burden of gynaecological cancers in developing countries. *World J Obstet Gynecol* 2013;2:1-7.
5. Ibrahim SA, Natalia A, Abubakar IS, Garba ID. Pattern of gynaecological admissions in aminu kano teaching hospital: a three year review. *Tropical J Obstet Gynaecol* 2011;28:145-50.
6. Adamou N, Umar UA. Delayed presentation of patients with gynaecological malignancies in kano, North-Western Nigeria. *Open J Obstet Gynecol* 2015;5:333-40.
7. Jhansivani Y, Rani S. Epidemiology of gynecological cancers in a tertiary care center (Government General Hospital, Guntur). *J Dental Med Sci* 2015;14(9):41-5.
8. Sudhir, Krishna D. Knowledge and practice about cervical cancer screening among women in a rural population of South India. *Scholars J App Med Sci* 2014;2(2C):689-93.
9. Aswathy S, Quereshi MA, Kurian B, Leelamoni K. Cervical cancer screening: Current knowledge & practice among women in a rural population of Kerala, India. *Ind J Med Res* 2012;136(2):205–10.
10. Yakasai IA, Ugwa EA, Otubu J. Gynecological malignancies in Aminu Kano Teaching Hospital Kano: a 3 year review. *Niger J Clin Pract* 2013;16:63-6.
11. Nkyekyer K. Pattern of gynecological cancers in Ghana. *East Afr Med J* 2000;77:534-8.
12. Ugwu EO, Ifeikigwe ES, Okeke TC, Ugwu AO, Okezie OA, Agu PU. Pattern of gynecological cancers in University of Nigeria Teaching Hospital, Enugu, south eastern Nigeria. *Niger J Med* 2011; 20:266-9. †
13. Kyari O, Nggada H, Mairiga A. Malignant tumors of female genital tract in North Eastern Nigeria. *East Afr Med J* 2004;81:142-5. †
14. Jamal S, Mamoon N, Mushtaq S, Luqman M, Moghal S. The pattern of gynecological malignancies in 968 cases from Pakistan. *Ann Saudi Med* 2006;26:382-4.
15. De Angelis R, Sant M, Coleman MP, et al. Cancer survival in Europe 1999–2007 by country and age: results of EUROCARE-5—a population-based study. *Lancet Oncol* 2014;15: 23–34.
16. Salani R, Backes FJ, Fung MF, et al. Posttreatment surveillance and diagnosis of recurrence in women with gynecologic malignancies: Society of Gynecologic Oncologists recommendations. *Am J Obstet Gynecol* 2011;204:466–478.