Hysterectomy in the Present Day for Dysfunctional Uterine Bleeding: a finding from Tertiary Care Hospital Nepal

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Abstract

Introduction: Hysterectomy is a an operative procedure in gynecology, performed for benign or malignant indication, accomplished via abdominal or vaginal routes, technically as open or endoscopic surgery by various approaches; laparoscopic, laparoscopic assisted vagina hysterectomy or robotic surgery. This study was undertaken to analyze the indications of hysterectomies for benign condition with main focus on dysfunctional uterine bleeding (DUB).

Method: This study was conducted between 2009 April and 2014 March in the Department of Obstetrics and Gynaecology Tribhuvan University Teaching Hospital. Data were obtained from Operation Theater. Results were precisely reevaluated to find out the indication of hysterectomy done for benign etiology, routes of surgery.

Results: Fibroid, utrovaginal prolapsed (UVP), adenomyosis, endometriosis, dysfunctional uterine bleeding (DUB) and adnexal mass were the main indication in total hysterectomy (n 1644) performed for benign aetiopathologies, most surgery being performed abdominally (n1126). DUB which were principally treated by hysterectomy and occupied the fifth position as an indication had the postoperative diagnosis other than DUB on histopathological examination in more than 50%. The endometrial pathologies in the operated cases showed endometrial hyperplasia in three cases and adenocarcinoma in one.

Conclusion: Presently, abdominal hysterectomy is seen as the only available surgical option for DUB, indicating a need for a change in practices favoring organ preservation.

Keywords: Dysfunctional uterine bleeding (DUB), endometrial hyperplasia, hysterectomy.

Introduction

Hysterectomy is a an operative procedure in obstetrics and gynecology, performed elective or an emergency operation for benign or malignant indication, accomplished via abdominal or vaginal routes, technically as open or endoscopic surgery by various approaches; laparoscopic, laparoscopic assisted vagina hysterectomy(LAVH) or robotic surgery.

Studies have shown that the hysterectomies performed for benign condition are on decline currently. This is because of the availability of various medical and sampler surgical option rather than hysterectomy for treating leiomyoma, DUB which still forms the main indication for hysterectomy, followed by adenomyosis, chronic pelvic pain and uterine prolapse. These are uterine-sparing (fertility-preserving) modalities in the management of leiomyoma and adapting selective progesterone receptor modulators (SPRMs), aromatase inhibitors, uterine artery embolization (UAE) and ultrasound waves (MRgFUS) or radiofrequency (VizAblate and Acessa) and myomectomy through various routes. Same holds true for DUB with discovery of mirena, an intrauterine system and ablative techniques.
Obvious changes have been noted with the overall rate of hysterectomy 180/100,000 women per year and important rise in laparoscopic, vaginal hysterectomy at the expense of abdominal procedure.\textsuperscript{17, 18} A declining trend in Italian study dittos the benign indications of hysterectomies 1996-2010\textsuperscript{19}. And this is brought about by understanding the role of natural hormone from ovaries\textsuperscript{19}.

Hysterectomy in our TU Teaching Hospital, Obstetrics and Gynaecology Department is the second commonly performed major operation after cesarean section. As the cesarean section rates are on rise yearly, a desire to explore prevailing situation in hysterectomy indications for benign condition, mainly on abnormal uterine bleeding became the ultimatum influenced from European studies.

Methods

Retrospective study was done from Obstetrics and Gynecology Department, TU Teaching Hospital, Kathmandu Nepal, in the recent five years period from 14th April 2009 - March 2014. Data of Operation Theater Record book and histopathology reports were collected by MD Residents, and presented as academic exercise as power point slides, quarterly as well as annually were the main source. Hysterectomies done for benign conditions from all routes open/laparoscopic - major abdominal/vaginal surgeries were utilized for regrouping under different headings/subheadings such as elective/emergency surgery done either as single or combined operation. For avoiding errors or replications, the final histopathological confirmation of the post-surgical diagnosis was accepted for entry. Suppose if hysterectomy was done for DUB and the report came as leiomyoma, they were included under leiomyoma and not as DUB. Thus the numbers of hysterectomy indications were recalculated verified and reevaluated having main focus on DUB.

Results

Hysterectomy formed 34.3% of total surgeries (n=4749) during the recent five years in Obstetrics and Gynecology Department, TU Teaching Hospital.

The indication of hysterectomy (n=1075) were uterine fibroid (n=765), uterovaginal prolapsed (UVP)(n=514), adenomyosis (168), endometriosis (58), DUB (53) and adnexal mass (38) with others (48) respectively and in small numbers were also done for pelvic inflammatory diseases, endometrial polyp or mullerian abnormalities. (Figure 1)
Hysterectomy in the Present Day

NB: HP-histopathology, EM-endometrium, EC-endocervical, A-adenomyosis, F-fibroid
E-endometriosis, PE-proliferative, Aty-Atypical

Finally after bringing cases under a decent heading from where they deserved to be; Indications of hysterectomy were as follows, fibroid (n765); uterovaginal prolapse (n 514 ); adenomyosis (n168); endometriosis (n=58); DUB (n53); others (n 48); adnexal mass (n=38).

Other comprised a group
In this group were polyp 14 [cervical (2) and endometrial polyp (12)]; pelvic inflammatory disease PID 13 [ four associated with endometriosis, one with tubo-ovarian abscess and two with salpingitis]. Cervicitis 8, tubo-ovarian mass, TOM (n 5; one a complicated case of mullerian aggenesis with hematometra-hematosalphinx ); chronic ectopic (n4) and a case each of hematometra, rudimentary horn pregnancy rupture, molar pregnancy & vaginal adenosis.

In the adnexal mass, after subtracting the endometriosis [which earlier belonged to the group, most common were presentation of cystic ovaries 26 (hemorrhagic (n12); follicular (n9); corpus luteal cyst (n5)); fimbrial cysts (n6); and a case each of infected urachal cyst, tuberculosis, hydrosalphinx and broad ligament fibroid (Figure 2).

Figure 2 Indications of hysterectomy for Adnexal mass (n=38) and others (n=48)

In addition, there were few cases whose histopathological study were alike DUB, in whom hysterectomy indications were other than DUB such as premenopausal-post-menopausal bleeding, endometrial hyperplasia, myoma or adenomyoma. Borrowing these few cases having endometrial histopathological features of DUB, even then, did not make up in number, after the exclusions of the non-DUB cases such as adeno-myoma and endometriosis that formed major bulk.

Discussion

Our study shared similar indication of hysterectomy for benign conditions; congruent to others, where fibroid remained in the top among the rest.12

Although, many treatment modalities have emerged up in the twenty first century, large numbers of hysterectomies are being performed in this tertiary care center for benign pathologies, owing to the attitude of women in this part of world who merely insist on getting rid of their uterus, unaware of the aftermath of hysterectomy in terms of ovarian functions failure besides sexuality issues differing in uterine preservation views amongst the more educated affluent women in developed countries.19. Recent times have opened a gate for minimally invasive endoscopic surgery, having an unbeated high rise and this advent of modern technology has not been well utilized. Endoscopically performed hysterectomy, laparoscopic hysterectomy or LA VH or Robotic surgery have not been introduced in full swing, either due to the lack of enthusiasm, economic burden/ financial constraint or something else.3,4

With regards to hysterectomies for DUB, preoperative endometrial study would have eased us in making the right decision of avoiding hysterectomy, as many of them except for a few cases of atypical complex endometrial and endometrial adenocarcinoma had endometrial pictures that did not mandate hysterectomy. Such as the ones with normal endometrium, secretary endometrium or proliferative endometrium, disordered proliferative and even complex endometrial hyperplasia without atypia, in reality could have been followed up or given other choices, in the context of uterine sparing /conserving policies adapted globally in the management of DUB. To help support women to retain her uterus, mirena, a miraculous intrauterine system has revolutionaried the management of DUB worldwide and succeeded ablative techniques which are popular too.14-16. But what keeps us away is the cost.

It is true that, most women do prefer hysterectomy to medical management in our set up but change is possible by counseling, at least for the sake of patient’s benefit and students learning.

The spirit of adapting newer technique is important and can we opt for less invasive vaginal hysterectomy procedure for non-decent uterus of DUB in preference to abdominal hysterectomy, considering, the fact that we are far from pinhole procedures9,10, 20
Conclusion

It is imperative to march forward from the current practices of abdominal hysterectomy alone in the management of dysfunctional uterine bleeding, which is the call of the day by employing newer technological advances worth adapting.

Conflict of interest: None declared.

References


