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HYSTERECTOMY AMONG NULLIPAROUS WOMEN IN CALABAR - INDICATIONS, COMPLICATIONS, SOCIAL IMPLICATIONS AND MANAGEMENT OUTCOME

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ABSTRACT

A ten year retrospective study was conducted on all major gynaecological operations performed in the UCTH, Calabar, from 1st January, 1993 to 31st December, 2002. The study showed that 3458 major gynaecological surgeries were carried out. There were 596 (17.2%) hysterectomies of which 104 (17.4%) were performed on nulliparous women.

In this paper, we report on the indications, social implications, complications and management outcome of this procedure in the nullipara in our society and suggest ways of preventing some of the conditions that necessitated hysterectomy ab initio.

KEYWORDS: Hysterectomy, Nulliparous Women, South Eastern Nigeria.

INTRODUCTION

Hysterectomy, which is one of the commonest major operations in women in the developed countries (Coulter et al 1988, Carlson et al 1993), has a low acceptance rate among Nigerian patients (Ogunbode 1981, Udoma et al 1998). One of the major reasons is that the uterus is an organ highly treasured by our women who will accept any other method of treatment despite the cost, provided this organ is preserved (Udoma et al 1998). This is due to the fact that, in most African countries, couples desire to have many children. Parenthood represents a measure of one's fertility and sexual adequacy and so the ability to procreate becomes a prominent issue in marriages (Balogun 1995). Infertility therefore becomes an important social and health problem. It is viewed with contempt and a very important cause of divorce in our environment (John and Udoma 1999). Hence hysterectomy done on this group of patients may result in depression and altered self-esteem (Balogun 1995). Despite all these, hysterectomy is being performed on nulliparous patients in our environment. However, the various factors that warrant this procedure amongst this group of patients and the outcome, to our knowledge, have not been studied. We therefore decided to examine the indications, social implications and the outcome of this operation in this group of patients with the aim of suggesting ways of preventing the conditions, which necessitated hysterectomy amongst them and to improve on the outcome of this procedure.

MATERIALS AND METHODS

This was a ten-year retrospective study which focussed specifically on 104 hysterectomies performed for nulliparous patients between 1st January, 1993 to 1st December, 2002, in the University of Calabar Teaching Hospital (UCTH), Calabar Nigeria.

Information obtained from the records included the age of the patients, marital status, educational status, occupation, indication and uterine size at the time of hysterectomy. Data collected also included alternative treatment before presentation for procedure and documented reasons for delay in seeking conventional treatment and morbidity and mortality.

Educational status was categorized into four, namely: high, medium, low and no formal education (Udoma et al 2003). People with university degrees or qualification requiring thirteen years or more of education were included in highly educated group. Medium education was defined as secondary and/or vocational training, or high school requiring 10 –12 years of education, low education were those with primary school certificate or basic education of fewer than ten years and those with no formal education were classified as zero education.

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Patients' relatives did not accede to requests for post mortem examinations, thus the cause(s) of death were based on clinical diagnoses in all the cases. Data were analyzed in groups and percentages.

RESULTS

During the period under review, there were 3458 major gynaecological operations performed in the University of Calabar Teaching Hospital. Hysterectomy made up of 596(17.2%) of these operations and those performed for nullipara were 104, giving an incidence of 17.4% of all hysterectomies performed during the period.

In the 104 patients, giant uterine myoma which was the commonest indication was found in 65 (62.5%) followed by pelvic inflammatory disease with chronic pelvic pain 10 (9.6%), septic abortion with uterine perforation, necrotic and gangrenous uterus in 6 (5.8%), dysfunctional uterine bleeding in 6 (5.8%), cervical intraepithelial neoplasia in 5 (4.8%) and carcinoma of the cervix in 4 (3.8%) of patients. We also found Adenomyosis, carcinoma of ovary, malignant trophoblastic disease and leiomyosarcoma in 3 (2.9%), 3 (2.9%), 2 (1.9%) and 1(1.%) case(s) respectively (Table 1)

The age range of the women was fifteen to sixty years with a mean of 37.5 years. A study of patients age in relation to the indications for hysterectomies has shown that post - abortal complications was the commonest indication, (5, (4.8%) in patients) below thirty years of age, while uterine fibroids was the commonest indication (61(58.7%) patients) in those aged 30 to 60 years. (table II.)

Only 45 (43.3%) of the patients were married. Educational status of patients showed that uterine fibroids 38 (36.5%) was the commonest indications in the two upper educational strata, whereas pelvic inflammatory diseases and chronic pelvic pain 7 (6.7%) and septic abortion with uterine perforation 5 (4.5%) were the commonest indications in those with primary and no formal education.

Uterine size at the time of hysterectomy in those with uterine myomas ranged from 18-36 weeks with a mean of 27 weeks.

Documented reasons for delay in seeking conventional treatments in the 65 cases with huge uterine fibroids included: initial trial of traditional treatment (herbs and enema) in 32 (49.2%), lack of finances in 15 (23.1%), trial of spiritual healing in 9 (13.9%), fear of losing the womb in 6 (9.2%) and total lack of knowledge of the disease in 3 (4.6%).

Complications associated with these operations were seen in 38 (36.5%) patients.

TABLE I: INDICATIONS FOR HYSTERECTOMY AMONG NULLIPAROUS WOMEN IN SOUTH EASTERN NIGERIA

INDICATION	NUMBER	PERCENTAGE (%)
Uterine fibroids	65	61.5
Chronic pelvic inflammatory disease with chronic pelvic pain	10	9.6
Septic abortion with gangrenous uterus	6	5.8
Dysfunctional uterine bleeding	6	5.8
Cervical intra-epithelial neoplasia	5	4.8
Carcinoma of the cervix	4	3.8
Adenomyosis	3	2.9
Carcinoma of the ovaries	3	2.9
Malignant trophoblastic disease	2	1.9
Leiomyosarcoma	1	1
Total	**104**	**100**

Table II AGE/DISTRIBUTION (%) OF PATIENTS WITH UTERINE/PELVIC PATHOLOGY

	AGE (YEARS)				
INDICATION	20	21-30	31-40	41-50	51-60
	%	%	%	%	%
Uterine fibroids N=65	0	3	8.5	50.8	7.7
Pelvic inflammatory disease with chronic pelvic pain N=10	0	0	30	70	0
Septic abortion with gangrenous uterus N=6	66.6	16.7	16.7	0	0
Dysfunctional uterine bleeding N=6	0	0	0	33.3	66.7
Cervical intraepithelial neoplasia N=5	0	0	0	20.0	80.0
Carcinoma of the cervix N=4	0	0	0	25.0	75.0
Adenomyosis N=3	0	0	0	0	100
Carcinoma of the ovary N=3	33.3	0	0	0	66.6
Malignant Trophoblastic disease N=2	0	0	0	100	0
Leiomyosarcoma N=1	0	0	0	0	100

TABLE III DOCUMENTED REASONS FOR DELAYED CONSULTATION IN SIXTY FIVE PATIENTS WITH UTERINE FIBROIDS

DOCUMENTED REASONS	NUMBER	PERCENTAGES (%)
TRIAL OF HERBS AND ENEMAS	32	49.2
LACK OF FINANCE	15	23.1
SEEKING SPIRITUAL HEALING	9	13.9
FEAR OF LOOSING THE WOMB	6	9.2
DID NOT KNOW	3	4.6
TOTAL	65	100

There was haemorrhage in 18, (47.4%) followed by sepsis, in 15 (39.5%), intestinal injury in 2 (5.3%), while bladder injury, ureteric injury, and renal failure were seen in 1 (2.6%) each respectively. Table V

There were five deaths giving a case fatality rate of 4.8%, out of which 3 (60%) were from septic abortion cases while 2 (40.0%) were cases of huge uterine fibroids. Torrential haemorrhage and sepsis were the commonest causes of death.

DISCUSSION

The study has shown that giant uterine fibroids are the commonest indication for hysterectomy among nulliparous patients in our community. It has also revealed that those who presented for this operation as a result of uterine fibroids presented late with huge uterine fibroids requiring this procedure. Worldwide, uterine fibroid is the leading cause for hysterectomy in any age group and parity (Udoma et al 1998, Joel-Cohen 1978, Amerikia and Evans 1979). Documented reasons for late presentation in cases of myoma have shown that a majority of these patients had unorthodox treatments ranging from traditional herbal mixtures to spiritual

healing. In Nigeria, traditional healers are registered to practice, but they are neither integrated into the health care system nor their practices regulated. They are even allowed to use the mass media freely for advertisement of their product services, and bogus expertise in curing many ailments, thus creating 'confidence' in the minds of patients. Their claims concerning the cure of diagnosed malignant conditions and the liberal administration of their herbal concoctions is worrisome. For example, it was documented in one the patient's case notes with uterine fibroids that she abandoned the treatment of a herbalist because her relation, who was attending one of the herbalist's clinics for the treatment of uterine fibroids, died of renal failure.

Another cause of delay in seeking orthodox surgical treatment for uterine fibroids was the cost of the operation and the belief in spiritual healing. In many parts of Southern Nigeria, spiritual churches are popular with the sick (Adetunji 1992). One explanation for their popularity is the poor economic situation in the country, which encourages people to seek consolation in God and to opt for cheaper health services. The cost of myomectomy or hysterectomy ranges from three hundred and eighty US dollars to one thousand five hundred and twenty US dollars (57,000.00 to N205, 200.00 naira). This is far beyond the reach of an average Nigerian.

It is interesting to note the high prevalence of uterine fibroid among the highly educated women. One possible explanation is that they are likely to receive gynaecological examination more often than others. Again, women of high educational class are likely to be those who spent the early part of their lives for professional achievement, delaying the onset of child bearing, and hence the growth of myomas (Udoma et al 2001).

Hysterectomies done as a result of post-abortal complications were seen more in teenagers. Previous reports (Udoma et al 2003) have shown that these teenagers were of low social class, from polygamous homes serving as domestic servants to their mistresses. The operations were usually performed as a last resort [and the patients were often in sub-optimal clinical state (Udoma et al 2003)]. Unsafe abortion has been recognized as a public health problem (Anate et al 1997). It constitutes a major factor in straining the meagre human, financial and material resources of many developing countries in Africa (Whitake and Germain 1999 Action Health Incorporated 1996). Unfortunately, a large proportion of these abortions tends to occur in adolescents-nineteen years and below (United Nations, adolescent reproductive 1989, Ajayi et al 1989, Rosenfield 1994). Deaths due to complications from unsafe abortion represent 40% of maternal mortality in Nigeria and one in eight maternal deaths in the West African sub region as a whole (Hunt II 1976). African women of child bearing ages, married and unmarried, face the problem of unwanted pregnancies and resort to abortion, but adolescent girls often suffer most. In Nigeria, 60% of complications following unsafe abortion in a hospital-based study were experienced by adolescent girls (Action health Incorporated 1996).

The decision to perform hysterectomy in chronic pelvic inflammatory disease, cervical intraepithelial neoplasia, dysfunctional uterine bleeding, genital tract malignancies and adenomyosis in this group of patients were influenced by the age of patients and the stage of the disease and was restricted to older women with no further desire for fertility.

Haemorrhage and sepsis were the commonest post-operative complications and were also the commonest causes of death in the study. These were due to the condition that necessitated the operation as majority of deaths were among those who had septic/unsafe abortion later presenting with haemorrhage and septicemia. Some mortality was from hysterectomies due to huge uterine fibroids with associated pelvic inflammatory disease, a combination that makes the operation technically more difficult (Ogunbode 1981).

Hysterectomy in nulliparous women is a difficult decision to make especially for the young and those looking forward to bearing children. It has been observed that majority of the conditions that necessitated these operations are preventable. To reduce these conditions, legislation on the practices of the traditional medical healers and herbalists should be promulgated. They should be made to register with the health ministry who organize regular supervision of their practices. Adolescents should be made to know more about reproductive health issues, as the current traditional sex education concentrate on family and religious values (Udoma et al 2003). Child labour as presently practiced in our community should be abolished. Above all, there is need to improve the social status of our society though education and gainful employment for many. It is hoped that this will go a long way in changing the attitude of our society for the better.

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