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TO STUDY THE INPATIENT SURGICAL TREATMENT PATTERNS FOR PATIENTS WITH PALPABLE ABDOMINAL MASS IN GYNAECOLOGICAL PATIENTS.

Dr. Suchita Bajaj[1], Dr. Neeta Natu[2], & Dr. Nitin Mandani[3]

Resident[1,3], Professor[2]

Sri *Aurobindo Institute* of Medical *College* & *PG Institute, Indore*[1,2&3]

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Address for Correspondence: Dr. Nitin Mandani, Resident, Sri *Aurobindo Institute* of Medical *College* & *PG Institute, Indore*[1,2&3]
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Abstract

Background:

Patients admitted in Gynecological ward in Department of Obstetrics and Gynecology in diagnosed with uterine fibroid and ovarian mass were selected for the study. The Criteria for diagnosis either by clinical features, USG findings and hysterectomy or confirmed by histopathological examination.

Result:

There are 104 cases of abdominal mass of which 55 cases are of ovarian mass and 46 are of fibroid and 3 are other masses.

Conclusion:

Management of these giant intraabdominal cysts has traditionally required a full midline laparatomy. Minimally invasive surgical technique has been applied to the management of these giant cysts. Ultrasound is effective in detecting the abdominal mass, size and type of abdominal mass, so that early diagnosis can be done and treatment can be given as soon as possible.

Keywords: Surgical, Abdominal Mass & Gynaecological.

Introduction:

Gynaecologists are often confronted with the dilemma of differentiating malignant tumours from benign in patients presenting with pelvic mass or presumptive diagnosis of liomyomata. In female reproductive tract the differential diagnosis of pelvic mass is quite variable because abnormality may arise from gynaecological or non gynaecological origin. Gynaecological masses are either uterine or adnexal. Adnexal region is composed of ovary, fallopian tube, broad ligament, and associated blood and nerve supply. While non gynaecological sources of pelvic masses are those arising from bladder, ureter, rectum, colon, blood vessels and nerves in the pelvis.[1]

Gynaecologists are often confronted with the dilemma of differentiating malignant tumours from benign in patients presenting with pelvic mass or presumptive diagnosis of liomyomata.1 In female reproductive tract the differentia diagnosis of pelvic mass is quite variable because abnormality may arise from gynaecological or nongynaecological origin.[2,3]

Material & Method

This study is a prospective study of all cases of large abdominal mass presenting during September 2017 to September 2018.

Study population

- Includes Women (all ages) and the relevant population of women with treatment for fibroids and ovarian mass.

Selection of study subjects

- Patients admitted in Gynecological ward in Department of Obstetrics and Gynecology in diagnosed with uterine fibroid and ovarian mass were selected for the study.

The Criteria for diagnosis either by clinical features, USG findings and hysterectomy or confirmed by histopathological examination.

All the patient coming with palpable abdominal and pelvic adnexal mass in the gynecologic OPD were included in the study irrespective of age, parity, symptomatology, marital status, etc.

A detailed history of each case was recorded with reference of age, religion, parity, socioeconomic status, symptomatology, marital status, menstrual history, obstetric history, family history, history of contraceptive methods, method adopted and history of present and past medical and surgical illness.

Examination

Through clinical examination including per abdominal, per speculum, per vaginal and per rectal examination was done.

Routine Investigation

- ABO Rh
- Platelet count BT, CT
- Hb estimation
- Total and differential W.B.C. count
- ECG
- Urine examination
- Chest x-ray
- USG
- MRI /CT scan
- CA 125

After pre operative evaluation, the patients were taken for surgery and the intraoperative findings about the origin of mass were noted down. Details to size, weight, no. of tumors, type of tumor and secondary changes in tumors were studied. After surgical excision and examination of gross nature of the mass, it was sent for histopathological examination and the biopsy reports were studied and inferences noted down. All patients suspected to have malignancy were referred to cancer hospital for further management. Details of every case were noted in case sheet.

Results

Table 1: Incidence of palpable abdominal mass

Total no. of cases	Incidence (%)
104	5.33%

There are 104 cases of abdominal mass of which 55 cases are of ovarian mass and 46 are of fibroid and 3 are other masses.

Table 2: Distribution of patients in relation to target symptoms

Target symptoms	Total No. of cases	%
Abdominal pain + distension	28	26.92%
Abdominal Lump	17	16.34%
Bleeding PV	42	40.38%
Pelvic pain	78	75%
Constipation	18	17.30%
Burning micturition/Frequency	16	15.38%

Table 3: Showing USG finding

USG finding	Total No. of cases	%
Cases with ovarian mass	55	52.88%
Cases with ascites	2	1.92%
Cases with fibroid	49	47.11%
Cases with fibroid with ovarian	7	6.73%
Torsion	2	1.92%
Pleural effusion	3	2.88%
Peritoneal deposits	4	3.84%
Liver metastasis	1	0.96%

Discussion

In the present study the incidence of benign tumor is 83.33% and that of malignant tumors is 16.66%. Similar finding was seen in study done by Jha et al.[4] were 83.9% of ovarian tumors were benign and 16.1% of ovarian tumors were malignant. However, in a study done by Ahmed et al.[5], the incidence of benign tumors was 59.2% and malignancy was 40.8%. According to JPMA (2009), there were 72% benign tumors and 28% were malignant.

In our study, the range of age was 15-70 years. This correlates well with many studies done in different part of the world. In another study done by Bhattacharya et al.[6] the youngest patient was 10 years old girl and old age was 73 years old. Our study showed the peak incidence of ovarian tumors in age group more than 40 year and in between 21-25 years which was comparable with study done by Kayasth et al.[7] were peak incidence of ovarian tumors was between 21-40 years. Maximum number of malignancy was seen in older age group. Similar finding was seen in our study were 10.91% case of malignancy were seen in patients over 40 years. But in a study done by Kayasth et al.[7] 66.7% cases of malignancy were seen in patients over 40 years.

Conclusion

Management of these giant intraabdominal cysts has traditionally required a full midline laparatomy. Minimally invasive surgical technique have been applied to the management of these giant cysts.

Ultrasound is effective in detecting the abdominal mass, size and type of abdominal mass, so that early diagnosis can be done and treatment can be given as soon as possible.

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