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A STUDY ON THE ONGOING SCREENING PROCEDURE FOR PROBABLE CARCINOMA CERVIX AT KUSHTIA MEDICAL COLLEGE HOSPITAL, KUSHTIA

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ABSTRACT

Background: Cervical cancer is the most common prevalent cancer that continues to be a major health care problem worldwide. It is an important cause of female mortality and morbidity in the developing countries like Bangladesh. **Objectives:** The purpose of the present study was to evaluate the outcome of screening procedure of cervical carcinoma at Kushtia Medical College Hospital. **Methodology:** This cross-sectional study was carried out at Kusthia Medical College Hospital from January 2019 to December 2019. A total of 157 who were suspected as suffering from cervical carcinoma of uterus and attended gynaecology out-patients' department (OPD) were included as sample of this study. Where only 48 patients examined and shows results. Visual Inspection with Acetic acid (VIA) and lugol's iodine test were done and positive cases were then confirmed by biopsy & histopathology. **Result:** Most of the patients belong to 32-42 years age group, 62.5% and majority were multigravida, 95.8%. 41.7% just completed their secondary level of education followed by 38.9% patients' husband were farmer, 75% patients married in 13-17 years age and got 1st pregnant by 14-18 years old. According to colposcopy report 14.6% cases were low grade lesions, 62.5% patients had foul-smelling per vaginal discharge. Due to time management, less instrument histopathology can't be done to all patients. **Conclusion:** Multiparity, young age at first coitus, early age of marriage are probable provoking factors those increase the risk of cervical cancer in women with HPV infection.

KEYWORDS: Cervical cancer, carcinoma, colposcopy.

INTRODUCTION

Cervical cancer is the most common cancer, and it remains a serious health-care issue round the world.[1]

It is still a major cause of death and morbidity in underdeveloped countries. In the year 2019, there were an estimated 47, 000 new cases of cervical cancer and 223,000 deaths. However, according to numerous researches, the incidence appears to vary from one location to the next. There is no confusion that it is the most prevalent gynecological cancer in many underdeveloped nations.[2-3]

Cervical cancer accounts for around 21-23 percent of female cancers in various parts of India and Bangladesh. In India, the incidence ranges from 20 to 35 per 100,000 women between the ages of 35 and 64. In industrialized nations, the frequency is as low as 1-8 per 100,000 women.[4]

Cervical cancer prevalence in developing nations is associated with a number of risk factors, including early marriage, early sexual intercourse, multiparity, poor socioeconomic status, and a high frequency of Sexually Transmitted Disease.[5]

OBJECTIVE

In this study our aim was to evaluate the outcome of screening procedure of cervical carcinoma at Kushtia Medical College Hospital, Kushtia.

METHODOLOGY

This cross-sectional descriptive study was carried out at Kushtia Medical College Hospital, Kushtia from January 2019 to December 2019. A total of 157 who were suspected to be suffering from cervical carcinoma and attended gynaecology OPD, were included in this study. Where only 48 got examined and shows results.

Demography, history of sufferings, laboratory tests, clinical presentations and mode of treatment data were collected. Demographic variables included age, parity, age at first marriage, socioeconomic condition. Medical history data includes association of other medical diseases such as hypertension, diabetes, heart disease. VIA and lugol's iodine tests were done on arrival; then positive (+ve) cases were sent for biopsy and

histopathology. Histopathology findings were recorded as CIN-I (cervical intraepithelial neoplasia), CIN-II, CIN-III and CIS (carcinoma in Situ).

All collected data were coding and input in SPSS-25 for further analysis. Both descriptive and inferential statistics done. Descriptive statistics included frequency distribution, percent, mean, standard deviation; graph, tables, figures and inferential statistics.

RESULTS

In table-1 shows age distribution of the patients where most of the patients belong to 32-42 years age group, 62.5%. Mean age was 36±6.28 years. The following table is given below in detail:

Table 1: Age distribution of the patients.

	Frequency	Valid Percent
21-31 years	5	20.8
32-42years	15	62.5
>43years	4	16.7
Total	24	100.0

In table-2 shows demographic status of the patients where 41.7% just completed their secondary level of education followed by 38.9% patients husband were farmer, 75% patients married in 13-17 years age and got 1st pregnant by 14-18 years old. The following table is given below in detail:

Table 2: Demographic status of the patients.

Educational status	N	%
Illiterate	13	8.3%
Primary	20	12.5%
Secondary	65	41.7%
SSC	39	25%
HSC	20	12.5%
Husband occupation		
Businessman	62	39.23%
Farmer	62	39.25%
Rickshaw puller	26	16.7%
Track driver	7	4.8%
Income		
10000-15000tk monthly	82	54.2%
>150000 monthly	75	45.8%
Age of marriage		
13-17 years	151	75%
18-25 years	8	25%
1st pregnancy age after marriage		
14-18 years	151	75%
19-25 years	6	25%

In figure-1 shows parity distribution where primigravida were 4.2% and multigravida were 95.8% cases. The following figure is given below in detail:

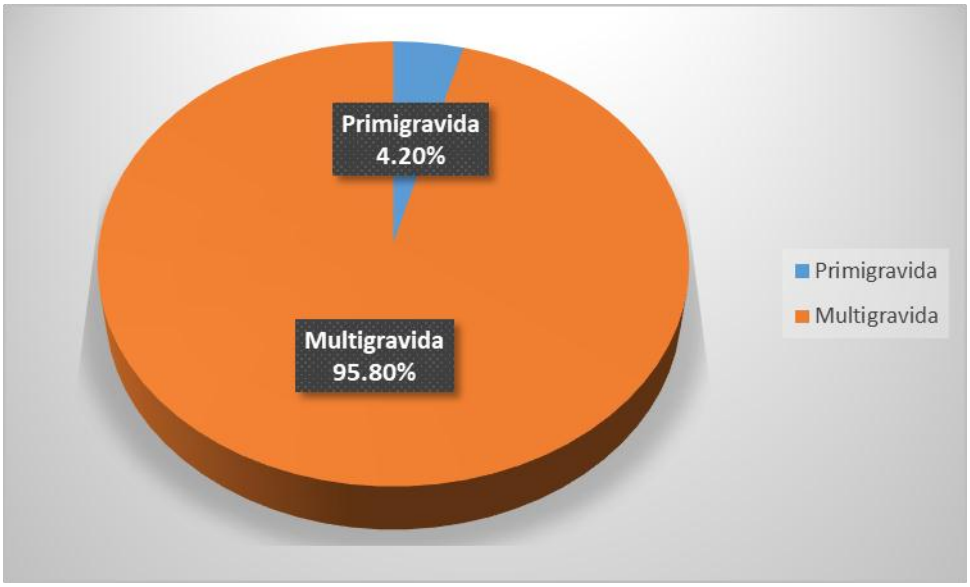

Figure-1: Parity distribution.

In figure-2 shows per vaginal bleeding (post coital) of the patients where 58.3% had vaginal bleeding. The following figure is given below in detail:

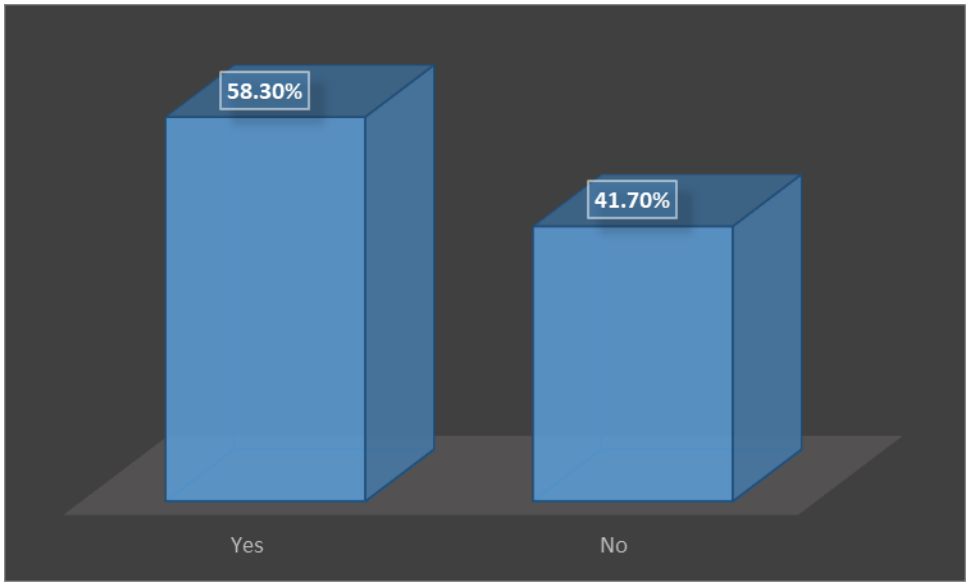

Figure-2: Vaginal bleeding of the patients.

In table-3 shows laboratory findings of the patients where according to colposcopy report 14.6% cases were low grade lesions, 62.5% patients had foul smelling per vaginal discharge. Due to time management, less instrument facilities and less follow up facilities histopathology can't be done to all patients.

Table 3: Laboratory findings of the patients.

Coloscopy findings	**n**	**%**
Normal	38	79.2%
CIN-I	8	14.6%
CIN-II	2	6.3%
Foul Smelling per vaginal discharge	n	%
Yes	39	62.5%
No	9	37.5%

In table-4 shows distribution of the patients according any clinical procedure to avoid cervical carcinoma where 12.5% were undergone Loop Electrosurgical Excision Procedure and 29.2% were undergone thermocoagulation procedure. The following table is given below in detail:

Table 4: Distribution of the patients according any clinical procedure.

Clinical procedure	n	%
Loop Electrosurgical Excision Procedure	3	12.5%
Thermocoagulation procedure	9	29.2%

In table-5 shows distribution of VIA test according to parity, age of marriage and 1st pregnancy of age where there was a significant correlation found among VIA test results, age of marriage and 1st pregnancy of age, 0.000. Early age of marriage and early age of pregnancy both were significant risk factor for cervical carcinoma. The following table is given below in detail:

Table 5: Distribution of VIA test according to parity, age of marriage and 1st pregnancy of age.

VIA test	Parity		P value
	Primigravida	Multigravida	
Positive	0%	100%	**-.466**
Negative	25%	75%	
VIA test	**Age of marriage**		**P value**
	13-17 years	18-25 years	
Positive	75%	25%	**0.000**
Negative	75%	25%	
VIA test	**1st pregnancy age after marriage**		**P value**
	14-18 years	19-25 years	
Positive	75%	25%	**0.000**
Negative	75%	25%	

DISCUSSION

High parity (3 births or more) increases the risk of Cervical cancer by 51% compared to women with no births.[5] In our study we found similar results where primigravida were 4.2% and multigravida were 95.8% cases.

The five year survival rate of cervical cancer when detected at the earliest stage is 92% and the combined five year survival rate for all stages is 71% (American Cancer Society 2009). The highest incidence of cervical cancer is observed in Latin America, Caribbean, sub-Saharan Africa, South and South East Asia.[6]

Incidence in India varies from 2035 per 100,000 women between the ages of 35 years and 64 years. In the developed countries the incidence is as low as 1-8 per 100,000 women.[7]

In one reported study among the females 24% had cervical cancer. Lower education has significant influence on development of cervical cancer. Higher level of secondary education was found to a considerable reduction of Cancer cervix in Kerala of India.[8] Where as in our study 41.7% just completed their secondary level of education followed by 38.9% patients husband were farmer, 75% patients married in 13-17 years age and got 1st pregnant by 14-18 years old.

Another study also showed that low educational level contributed independently to the risk of Cervical cancer.[9] The low income group may be related to high incidence of early marriage, high parity, low attendance to physician and make this vulnerable for the development of Cervical cancer.[10] In our study we have also identify significant correlation among VIA test results, age of marriage and 1st pregnancy of age, 0.000. Early age of marriage and early age of pregnancy both were significant risk factor for cervical carcinoma. Besides that, from our study 12.5% were undergone Loop Electrosurgical Excision Procedure and 29.2% were undergone thermocoagulation procedure. Which was similar to other study.[11]

CONCLUSION

Moreover, multiparity, young age at first coitus, early age of marriage are probable co-factors that increase the risk of cervical cancer in women with HPV infection. Therefore for primary prevention, behavior modification through women empowerment and consciousness about their own reproductive health is important. Improvement of economic status of family and education level of the female population may have a strong positive effect in reducing the number of cancer cervix.

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