

Evaluation of Cases of Genital Malignancies in Female at Rajendra Institute of Medical Sciences, Ranchi, Jharkhand

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Abstract: Background: Gynecological cancers are the most common cancers in women and hence an important public health issue. Over 70 % of patient report for diagnostic and treatment services at an advanced stage of disease, resulting in poor survival and high mortality rates. Objective: To evaluate the epidemiological characteristic of 500 cases of genital malignancies and to determine the cause and risk factor and also the treatment modalities and their outcome. Methods: The study includes all malignancies of genital tract diagnosed in Rajendra Institute of Medical Sciences, Ranchi during the period June 2016 to October 2017. Results: A total number of 46, 963 patients attended to the institute, out of which 500 patients were diagnosed with genital carcinoma. Our study showed that 78.2 % of cases were diagnosed as carcinoma cervix, 16 % were ovarian cancer and 5 % were endometrial cancer. Conclusion: Cancer cervix is the commonest type of gynecological malignancies followed ovarian cancer. Efforts towards prevention of these cancers should be directed primarily to health education and screening for premalignant lesions of the female genital tract especially cervical cancer.

Keywords: Gynaecological cancer, ovarian malignancy, cancer cervix

1. Introduction

Gynecological malignancies are second most common cancer of female after breast cancer (1). According to the world cancer report, cancer cervix is the most common cancer of female reproductive tract. About 47, 000 new cases are diagnosed each year (2). There is marked difference in the distribution of cancer sites across different regions of world. In contrast to developed countries, cervical cancer is a public health problem in developing countries like India, so much so that India alone accounts for one quarter of the worldwide burden of cervical cancers (3, 4). Risk factors of carcinoma cervix HPV infection poverty, younger age at pregnancy, multigravida (5). The incidence rates of uterine, vaginal and vulval cancers have remained relatively stable over the last 10 years (6).

2. Material and Methods

The study carried out in Rajendra Institute of medical sciences, Ranchi during the period of June 2016 to October 2017. Study was approved by ethical committee. A total number of 46, 963 patients attended to the institute, out of which 500 patients were diagnosed with genital carcinoma and all cases were evaluated. These 500 cases were analyzed according to age, religion, socioeconomic status, parity, presenting complaints, clinical staging, histopathological diagnosis and mode of treatment in detail.

3. Results

The total number of gynecological cases were 46, 963. Out of 46, 963 cases 500 cases of genital malignancies were detected and all cases were evaluated on the basis of staging of the cancer and management done accordingly.

Table 1: Showing the incidence of female genital malignancy in Rajendra Institute of Medical Science Ranchi, Jharkhand.

Total No. of gynecological cases (June 2016-Oct.2017)	No. of cases of female genital malignancies (June-2016 - Oct. 2017)	Incidence
46, 963	500	1.06%

Table 2: Showing the distribution of various types of female genital malignancies

Types of female genital malignancies	No. of cases	Percentage
Cancer Cervix	391	78.2%
Ovarian Cancer	80	16%
Endometrial Cancer	25	5%
Vaginal Cancer	02	0.4%
Vulva Cancer	02	0.4%
Total	500	

Maximum number of patients were suffering from cervical cancer (78.2%) followed by ovarian cancer (16%) endometrial cancer (5%) vaginal cancer (0.4%) and vulva cancer (0.4%)

Table 3: Showing the age distribution in various types of female genital malignancies

Age in years	Carcinoma cervix	%	Ovarian carcinoma	%	Endometrial carcinoma	%	Valva Carcinoma	%	Vaginal Carcinoma	%
10-20	0	-	5	6.25%	-	-	-	-	-	-
21-30	14	3.59%	4	5%	-	-	-	-	-	-
31-40	56	14.36%	7	8.75%	2	8%	-	-	-	-
41-50	130	33.33%	14	17.5%	8	32%	-	-	-	-
51-60	122	31.28%	32	40%	11	44%	-	-	-	-
>60	69	17.69%	18	45%	4	16%	2	-	2	-
Total	390		80		25		2		2	

Table 4: Showing distribution of patients according to chief complaint

Presenting complaints	Number of patients	Percentage
Contact bleeding	125	25%
Irregular bleeding P/V	235	47%
Postmenopausal bleeding	105	21%
Watery discharge P/V	165	33%
Blood stained discharge P/V	35	7%
Foul smelling discharge P/V	115	23%
Pain in lower abdomen or backache	130	26%
Abdominal swelling	83	16.60%

Table 5: Showing cases of cancer Cervix according to FIGO staging

Stage of disease	Number of patients	Percentage
I A	06	1.53%
IB	04	1.02%
II A	08	4.60%
II B	193	49.36%
III A	86	21.99%
III B	91	23.27%
IV A	3	0.77%
IV B	0	0%
Total	391	

Table 5: Showing distribution of cases of Cancer Cervix according to mode of treatment

Mode of treatment	No. of patients	Percentage
Wertheim's hysterectomy	09	2.30%
Radiotherapy	373	95.39%
Wertheim's hysterectomy + Post - Op. radiotherapy (Combined therapy)	09	2.30%
Total	391	

Table 6: Showing distribution of cases of Ovarian Cancer according to Operative Treatment

Nature of Operation	No. of Patients	Percentage
U/L Salpingo-opherectomy + Contralateral ovary exsisional biopsv.	4	5%
Abdominal Hysterectomy + Bilateral Salpingo-oophorectomy + Omentectomy	64	80%
Debulking Surgery	12	15%
Total	80	

In the present study 500 cases of genital cancer were found and the incidence was 1.06% one and half year. (Table I)

Table II show that patients suffering from cancer cervix were 78.2%, cancer Ovary 16%, Cancer endometrium-5%, Cancer vagina 0.4% and cancer vulva-0.4%. A similar study was carried out by Sarojet al in North Bengal zone. In their series patients suffering from cancer cervix comprised 73%, cancer ovary 11.5%, cancer endometrium 5.5%, cancer vagina 4% and cancer vulva 6%.

Maximum number of cases of cancer cervix were in the age group of 35-60 years (76.71%) which was similar to that of cancer registries in 2012 in Bengaluru. (6) Maximum number of cases of ovarian cancer were in the age group of 51-60 years (50%). According to Dewhurst (2000) the peak incidence was 55 to 60 years which is similar to our study.

Majority of patients were multiparous (95.3%), belonging to low socioeconomic strata (94%) and were illiterate. Irregular bleeding P/V was the components complaint present in 47% of cases. 21% presented with post menopausal bleeding, 33% patients presented with white

discharge, 25% had contact bleeding and 26% presented with pain abdomen. The patients with cervical cancer 58.3% presented with postmenopausal bleeding followed by white discharge 34.4%. Majority of patients with ovarian cancer presented with abdomen swelling 72.4%, and 24.6 % presented with pain abdomen.

18 patients (4.60%) out of 391 patients presented as stage IB, IB or IIA cancer cervix. Maximum patients 94.88% came in advanced stage (Stage IIB + III + IV). All patients diagnosed as stage IA, IB and stage IIA carcinoma cervix had Wertheim's hysterectomy. 94.88% patients attended hospital in advanced stage of carcinoma cervix (Stage II B/III/IV) they were referred for radiotherapy.

Table VI shows that abdominal hysterectomy along with bilateral salpingo-oophorectomy as well as omentectomy were the most common surgical treatment in 80% cases of ovarian cancer. Debulking surgery was done in 15% cases. Squamous cell carcinoma is main histological type in cancer cervix, vulval cancer. Adenocarcinoma is common histological type in ovarian cancer. (7)

4. Discussion

Gynaecological malignancies are or important cause of morbidity and mortality in female. The incidence rates of uterine vaginal and vulvar cancer have remained relatively stable over the last 10 years.(8) Incidence of genital malignancy in our study was 1.06%. According to our study cervical cancer was the commonest (78.2%) amongst female genital cancer followed by ovarian cancer which was comparable with other studies in India and South Asia and Tehran(9) (10). According to a study by Port Harcourt et al 65% had cancer cervix and study by Megafu 73.1% of all genital cancer were cervical cancer. According to Jussawalla et al and NkyerkerK ovarian cancer was second most common malignancy which was comparable to our study

In our study majority of patients were from rural area, illiterate, multiparous and are high risk for cervical cancer due to early marriage, younger age at pregnancy, low socioeconomic status and lack of awareness which was same as American Cancer Society, Cervical Cancer.

The median age of occurrence of cervical cancer in our study is similar to that of SEER data. Majority of patients had more than one complaint. Irregular bleeding P/V was the commonest complaints in 47.11% patients followed by discharge P/V and abdominal swelling compared with various text book.

In our study most patients (94.88%) of carcinoma cervix came in advanced stage, only 4.6% presented in early stage. Chabra et al observed that patients of cancer cervix were in advanced stage before they reached the institution. The patients with advanced stage referred for radiotherapy. Squamous cell carcinoma is main histological type in cancer cervix (94.8%), vulval cancer. In present study 95.7 % cases of ovarian cancer were adenocarcinoma.

5. Conclusion

Most common genital malignancy is cancer cervix. Despite increased awareness about the importance of screening for earlier detection and treatment of gynaecologic cancer, studies suggest numerous disparities in the quality of care for these diseases in particular with respect to race and socioeconomic status. Maximum patients come in hospital when they get symptoms of advanced stage of disease. This is due to lack of awareness in the people. Screening should be done on a mass scale, so that incidence of this dreaded disease may be brought down in our country.

Efforts towards prevention of these cancers should be directed primarily to health education and vaccination against the HPV as well as screening for premalignant lesions of the female genital tract especially cervical cancer.

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