Scholars Journal of Applied Medical Sciences
Abbreviated Key Title: Sch J App Med Sci
ISSN 2347-954X (Print) | ISSN 2320-6691 (Online)
Journal homepage: https://saspublishers.com/sjams/

OPEN ACCESS

Obs and Gynae

The Clinical Status of the Patient with Cervical Cancer Reporting in NIRCH

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DOI: 10.36347/sjams.2020.v08i05.043 | **Received:** 16.05.2020 | **Accepted:** 23.05.2020 | **Published:** 30.05.2020

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Abstract **Original Research Article**

Objective: In this study our main goal is to evaluate the clinical statusof the patient with cervical cancer reporting in NIRCH. ***Method:*** this retrospective study was done at NICRH, Dhaka from June 1 2017 to June 1 2019. A total of 384 patients who diagnosed as cervical cancer were included in the study. ***Results:*** during the study, among 384 patients, 214 were illiterate. Followed by 92 patients passed primary, 70 patients were passed secondary and only 8 people passed college. 222 patients had low economic status. Followed by 73 had multiple sex partner, 251 had poor personal hygiene, 176 used OCP. 30% had post-menopausal bleeding. Followed by 23.70% had intermenstrual bleeding, 14.06% had post coital bleeding,19.01% had Excessive whitish p/v discharge,14.32% had foul smelling discharge. ***Conclusion:*** In most cases of cervical cancer in early stage is symptomless. Here I give emphasis on important risk factors and characteristics of cervical cancer patients. Poor resource countries like Bangladesh, it will help by screening to detect early invasive carcinoma and can help plan of management and thereby to attain good prognosis.

Keywords: Clinical profile, cervix, cervical cancer.

INTRODUCTION

Cancer of the cervix is the most common genital tract malignancy in the female and is a major public health problem in the developing countries [1]. Worldwide, about half a million new cases are seen each year, with majority coming from the developing nations. In India, more than 1.2 lac new cases of cancer of cervix uteri occurred in the year 2012 with age-specific incidence rate of 22 per 100,000 [2]. It is estimated that cervical cancer will occur in approximately 1 in 53 Indian women during their lifetime compared with 1 in 100 women in more developed regions of the world.

The exact cause of cervical cancer remains unknown. However, it is now well recognized that cervical cancer is more common among women living in poor conditions, with low-income levels and lack of education. There are abundant studies on risk factors related with cervical cancer. In addition to human papillomavirus, there are various risk factors associated with cervical cancer such as early age at marriage, early age at first sexual intercourse, a greater number of sexual partners, high parity, and smoking [3, 4].

In this study our main goal is to evaluate the clinical status of the patient with cervical cancer reporting in NIRCH.

OBJECTIVE

General Objective

To evaluate the clinical status of the patient with cervical cancer reporting in NIRCH

Specific Objective

- To detect educational level of the patients.
- To identify risk factors related to patient.

METHODOLOGY

Type of study	Retrospective study
Place of study	NICRH,Dhaka
Study period	June 1 2017 to June 1 2019
Study population	Total no of sample was 384 who were diagnosed as cervical cancer
Sampling technique	Purposive

METHOD

It is a record based retrospective study and was carried out to evaluate the medical records of women with cervical cancer treated for surgery or with radiotherapy and chemotherapy. The data on socio-demographic factors and clinical profile of 384 cervical cancer patient were recorded in data sheet.

Statistical Analysis

First data were edited to the validity and consistency of the data. After proper verification data were coded and entered into computer by using SPSS software programs. Descriptive analysis was done by percentage, mean and standard deviation. Association was observed by appropriate statistical test at 95% confidence interval eg. odds ratio, Chi-squiare, t-test.

RESULTS

In Table-1 shows age distributions of the patients where most of the patients belong to 45-54 years (32.03%) age group. The following table is given below in detail:

Table-1: Age distribution

Age	No. of Patients	% of Patients
<35	8	2.08
35-44	67	17.45
45-54	123	32.03
55-64	112	29.17
65-74	61	15.88
75 and above	13	3.38

In Figure-1 shows marital status of the patients where 91.14% patients were married and 8.86% patients where unmarried. The following figure is given below in detail:

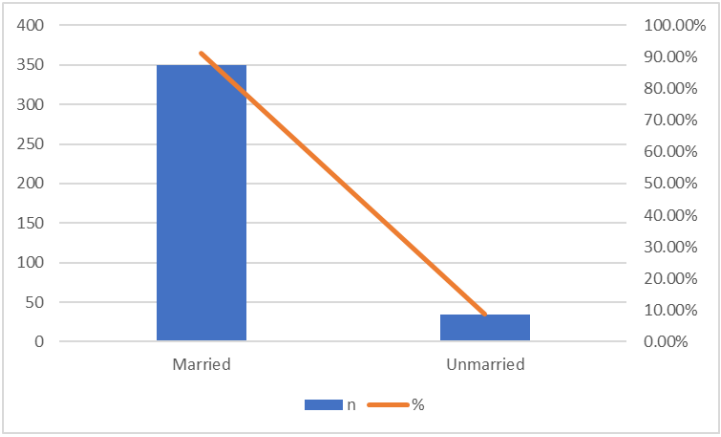

Fig-1: Marital status of the patients

In Table-2 shows educational level of the patients where among 384 patients, 214 were illiterate. Followed by 92 patients passed primary, 70 patients were passed secondary and only 8 people passed college. The following table is given below in detail:

Table-2: Educational level of the patients

Stage	No. of Patients
Illiterate	214
Primary	92
Secondary	70
College and above	8

In Table-3 shows risk factors related to patient where out of 384 patients, 222 patients had low economic status. Followed by 73 had multiple sex partner, 251 had poor personal hygiene, 176 used OCP. The following table is given below in detail":

Table-3: Risk factors related to patient

Risk factors	No. of patient	% of patient
Age of marriage<18 yrs	186	48.43%
Ground multipara	311	80.99%
Low socioeconomic conditions	222	57.81%
Multiple sex partner	73	19.01%
OCP uses	176	45.83%
High risk male partner	70	18.23%
Poor personal hygiene	251	65.36%

In Table-4 shows distribution of the patients according to symptomatology where 30% had post-menopausal bleeding. Followed by 23.70% had intermenstrual bleeding, 14.06% had post coital bleeding,19.01% had Excessive whitish p/v discharge,14.32% had foul smelling discharge. The following table is given below in detail:

Table-4: Distribution of the patients according to symptomatology

Symptoms	No. of cases	Percentage
Post coital bleeding	54	14.06
Intermenstrual bleeding	91	23.70
Post-menopausal bleeding	119	30.99
Excessive whitish p/v discharge	73	19.01
Foul smelling discharge	55	14.32
Other Malignant featured	03	0.78
Backache	05	1.30
Urinary complains	04	1.04

In Table-5 shows clinical profile of cervical cancer patients where most of the patients in stage-II, 47.92% followed by 19.80% in stage-I, 30.99% in stage III and only 1.30% in stage-IV. The following table is given below in detail:

Table-5: Clinical profile of cervical cancer patients

Clinical factors: Stage	No. of patients	Percentage
I	76	19.80
II	184	47.92
III	119	30.99
IV	5	1.30
Histology Squamous	336	87.50
Acleuo Carcinoma	48	12.5
Performance status (score) normal, asymptomatic	274	71.35
Symptomatic, ambulatory (1)	60	15.62
Symptomatic, united work (2)	8	2.08
Symptomatic, in bed (≥3)	5	1.30
Unknown	3	0.78

In Figure-2 shows comorbid condition of the patients where 55 patients had diabetes, 15 patients had hypertension, patients had heart diseases. The following figure is given below in detail:

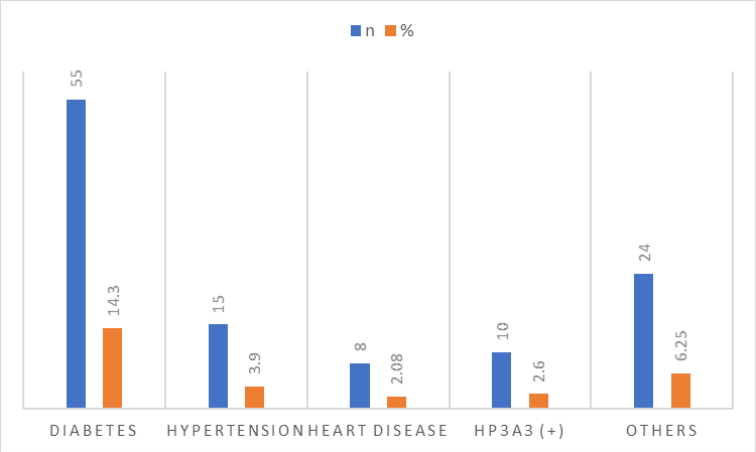

Fig-2: Comorbid condition of the patients

In Table-6 shows relation of age staging of disease where in stage-IV patients mean age was 58.6 years, followed by in stage-I it was 49 years, in stage II mean age was 54 years, in stage-III it was 56. The following table is given below in detail:

Table-6: Relation of age staging of disease

Stage	Median Age (year)
I	49
II	54
III	56
IV	58.5
All stages	54

In Table-7 shows association between staging and education where in stage-I, 50 patients were illiterate, 16 passed primary, 10 passed secondary level. The following table is given below in detail:

Table-7: Association between staging and education

Stage	**Illiterate**	**Primary**	**Secondary**	**Total**
I	50	16	10	76
II	63	89	32	184
III	55	43	10	119
IV	3	2	-	5
All stages	182	150	52	384

DISCUSSION

In our study most of the patients belong to 45-54 years (32.03%) age group. In one study it was found that, the median age of cervical cancer patients in their study [5]. This older age indicates a relative lack of awareness and non-availability of screening facilities for about cervical cancer in country [6].

In one report said that, 54% of patients were illiterate, whereas only 4% have had qualification of college and above [7]. Which is quite similar to our study where 214 were illiterate. Followed by 92 patients passed primary, 70 patients were passed secondary and only 8 people passed college. This finding is in consonance with many studies which has found illiteracy as a risk factor for cervical cancer [7, 8].

Similarly, lack of education has also been linked early marriage and high parity which are also considered as risk factors for cervical cancer, thus improving theeducational status of women in our country is an essential component of holistic approach for cervical cancer control. In our study, out of 384 patients, 222 patients had low economic status. Followed by 73 had multiple sex partner, 251 had poor personal hygiene, 176 used OCP. Also, we found that, 91.14% patients were married and 8.86% patients where unmarried. Which was supported by one study where they found that 75.42% patients were currently married, which is higher than 62.4% [9].

In one article reported that, 13% cases had early stage disease (Stage I) and more than 50% patients had presented with advanced stage disease (Stage III and IV) [10]. Whereas in our study we noted that, most of the patients in stage-II, 47.92% followed by 19.80% in stage-I, 30.99% in stage III and only 1.30% in stage-IV.

CONCLUSION

In Bangladesh cervical cancer load is high and one of the leading cause of death among women where screening programs are not well established. WHO estimates death in adult female is 35% due to cervical cancer. This study is the first step planning for screening and control measures. Mass campaign can help in creating awareness on the risk factors and prevention of cervical cancer. It is the only gynaecological cancer for which screening test is present and can be cured, ultimately the prognosis is good if diagnosed earlier. Though scarcity of screening program it is most wanted preventive measures should be given more importance while giving health education.

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