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Indications and prognosis of vaginal hysterectomy the N'Djamena mother and child university hospital

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Abstract

Introduction: Vaginal hysterectomy is the surgical removal of uterine tissue, using the vagina as the approach, The aim of this study was to contribute to the practice of vaginal hysterectomy.

Patients and Method: This was a descriptive study with retrospective data collection in the gynecology and obstetrics department of the N'Djamena Mother and Child University Hospital (NMCUH) covering a period of two (02) years from 1st January 2021 to 31st December 2022. All complete records of patients who had undergone vaginal hysterectomy during the study period were included in this study. Studied variables were: clinical, therapeutic and prognostic. Data were analyzed using SPSS version 22 software.

Results: During the study period we recorded 1213 cases of gynecological surgery, including 159 cases of hysterectomies. We have performed 62 case of vaginal hysterectomy giving a frequency of 5.1% of all gynecological procedures and 39% of hysterectomies. The 40-50 and over-50 age groups were the most represented, with frequencies of 30.6% and 59.7% respectively. The mean age was 50.95±5.1 years with extreme ages 30 and 79with. The main reason for consultation was genital prolapse in 80.4% of cases. The main indication for vaginal hysterectomy was 3rd degree hysterocele representing 80.4%. The mean time of the procedure duration was 43.1±3.3 minutes with extremes of 25 and 94 minutes. The prognosis was good, with few intra- and post-operative complications. The hospital stay was ≤ 4 days in 93.5%.

Conclusion: Vaginal hysterectomy is common activity performed in the gynecology department of NMCUH, few complications had been noted.

Keywords: NMCUH, Chad, vaginal hysterectomy, indications, prognosis

Introduction

Vaginal hysterectomy is the surgical removal of uterine tissue, using the vagina as the approach [1].

The classic technique of vaginal hysterectomy has been described many years ago and had spread throughout the world [2].

The vaginal approach appears to be the preferred route for the treatment of benign pathologies, due to its low complication rate and improved post-operative course [3].

The cure of urogenital prolapse, prophylactic salpingectomy and/or adnexectomy may also be combined in the same operation [4]. This is a very common procedure worldwide, with the percentage varying in the literature between 21% and 89% in the Anglo-Saxon countries according to Lansac [5].

In France, the vaginal route is preferred in 26% of hysterectomies in 2019 [6]. In the UK, the prevalence of vaginal hysterectomy does not exceed 30%, while it is less than 20% in the USA, 8% in Belgium and 3% in Norway [7].

In Africa, studies conducted in Senegal [8], Cameroon [9] and Mali [10] showed that vaginal hysterectomies constituted the majority of gynecological procedures with 51.2%, 14.8% and 64.9% respectively. The indications are most often focused on benign pathologies (hysterocele, hemorrhagic fibroid) but also on certain malignant pathologies (cervical neoplasia, endometrial neoplasia). It is a surgical procedure aimed at improving the quality of life of women. However, it can lead to complications as bladder or ureteral lesion, and hemorrhagic lesions.

Objective

To contribute to the practice of vaginal hysterectomy.

Patients and Methods

The study was conducted in the gynecology department of N'Djamena Mother and child University Hospital (NMCUH). This was a descriptive study with a retrospective data collection, covering the period of 2 years from January 1st, 2021 to December 31st, 2022. All the files of patients admitted to the gynecology department for surgery during the study period were recruited. This study had included all complete of patients who had undergone vaginal hysterectomy during the study period.

Data collection was carried out on a pre-established technical sheet with. Studied variable were clinical, paraclinical, therapeutic and prognostic. A questionnaire was used as a support for data collection. The data sources were patient files, the register of the operative report and the report of the anatomical pathological examination. The data was entered into Excel analyzed by the SPSS version 22 software.

Results

We had recorded 62 cases of vaginal hysterectomies among 1213 gynecological procedures, including 159 cases of hysterectomies. Vaginal hysterectomy therefore had accounted for 5.1% of all gynecological procedures and 39% of hysterectomies.

Age

Table 1: Age group

Age group	N	%
30-39	6	9,7
40-49	19	30,6
≥ 50	37	59,7
Total	62	100

The mean age of the patients was 50.95 ± 5.1 years with extremes of 30 years and 79 years.

Admission mode and reason for consultation

Patients who came on their own needs accounted for 98%. Genital prolapse presented for 80.4% of the reason for consultation. Most of the patients were multi-gravida (95%), of which more than half were multiparous (52%). In 76.8% of cases, the patients were in menopausal period

Surgical indications

Table 2: Surgical indications

Surgical indications	N	%
3 rd degree Hysterocele	50	80.4
Leiomyoma	9	14.7
Severe cervical dysplasia	3	4.9
Total	62	100

3rd degree hysterocele was the main surgical indication for vaginal hysterectomy with 80.4%?

Type of hysterectomy and associated procedure

Total interadnexal hysterectomy was the most commonly procedure performed in 91.3% all cases (100%). We treated 6 cases (9.8%) of 3rd degree cystocele and 3 cases of 3rd degree rectocele.

Duration of intervention

The mean time of the procedure duration was 43.1 ± 3.3 minutes with extremes of 25 and 94 minutes.

Complications

Intra operatively, we observed a case of bladder lesion in a patient with a 3rd degree hysterocele + 3rd degree cystocele + 3rd degree rectocele association. The lesion occurred at the time of laborious bladder detachment due to fibrosed bladder tissue. The breach is successfully repaired and the urinary catheter was kept in place for 10 days.

Length of hospitalization stay

Table 3: Length of hospitalization stays

Length of hospitalization stays (day)	N	%
≤ 4	58	93,5
5 à 7	3	4,9
7 à 14	1	1,6
Total	62	100

The hospital stay was ≤ 4 days in 93.5%. The mean length of hospital stay was 2.8 days± 1.7 with extremes of 2 and 14 days.

Discussion

The evolution of gynecological practices tends to develop the performance of vaginal hysterectomy, whether or not associated with laparoscopic assistance. Its technical principle is to ensure preventive hemostasis of the various uterosacral, uterine and adnexal pedicles from bottom to top unlike laparotomy [11]. In this study we noted a vaginal hysterectomy frequency of 39% (hysterectomy). This rate is higher than those of Tebeu *et al.* [9] in Cameroon in 2019, Hounkpatin *et al.* [12] in Benin in 2012, which note 14.8% and 7.41% respectively. This result could be explained by the frequent practice of the lower pathway in our structure on the one hand and the development of the technique on the other hand.

According to the age, in this study, the mean age was 50.95 years with the extremes of 30 and 79 years. This result is similar to those of Meka [8] in Senegal and Traoré in Mali [10], which respectively who noted respectively an average age of 51 years with the extremes of 30 and 80 years and an average age of 50 years. This could be explained by the fact that advanced age is a risk factor for the occurrence of genital prolapse [10].

Clinically, patients who came on their own needs accounted for 98%, this result is higher than 76.7% of patients came on their own needs noted by Sékou [13] in 2022 in Mali. This result could be explained by the fact that, the N'Djamena mother and child university hospital is the main structure that patients preferred to frequent for surgical procedure. This is linked with the fact, its is the national hospital.

The main reason for consultation was genital prolapse in 80.4% of this series. In this study, multiparous women accounted for 52%, this rate is higher than that of Baldé *et al.* [14] which is 33% of multipara. This result could be explained by the fact that multiparity is a risk factor for the occurrence of genital prolapse through the destruction of supporting and sustaining uterine structures

Regarding to the management, the main indication for vaginal hysterectomy was 3rd degree hysterocele accounting for 80.4%. Traoré *et al.* reported the uterine prolapse as being the main indication for vaginal hysterectomy with 73%. This result could be explained by the multiple and laborious childbirths that cause genital prolapse in our countries and secondly exacerbated with the high-rate fertility in Africa in general and our country particularly.

Considering the type of hysterectomy, total interadnexal hysterectomy was the most performed in this study with 91,3%,

this result is slightly higher than that of Traoré *et al.* [10] who note a rate of 86%. Total hysterectomy should be preferred unless there is a constraint (precarious hemodynamic situation, lack of blood product for resuscitation, large size of the uterus). Regarding the intraoperative complications, we recorded 1 case of bladder lesions. According to the literature [11], other complications were noted, including infectious site, [11]. These complications can be explained by the relationship of the different organs found in the pelvis, and the anatomical complexity of this region [15].

Considering the length of hospitalization duration, we noted that the mean length of hospitalization duration was less than 3 days. This result the same for Traoré *et al.* [10] in Mali and Hounkpatin *et al.* [12] in Benin, which noted respectively an average hospital stays of 3 days and 4 days. This result is related to those of the literature [12]. The vaginal approach significantly shortens the length of hospitalization, which is a definite advantage from the point of view of cost and patient comfort. Indeed, several randomized studies have confirmed the benefits of the vaginal route compared to laparotomy for the average length of stay, analgesia, resumption of transit, and recovery time [11].

Conclusion

Vaginal hysterectomy is a common procedure in the gynecology department of N'Djamena Mother and Child University hospital. Hysterocele 3rd degree is the main indication of vagina hysterectomy. Total interadnexal hysterectomy is the most common type of procedure performed. Few complications especially urinary complication is note. This procedure shorten the hospitalization stay of patients.

Conflict of Interest: Not available

Financial Support: Not available

References

1. Lansac J, Body G, Magnin G. Surgical practice in gynecology and obstetrics. 3rd Ed. Paris: Masson, 1998.
2. Lamblin G, Mansoor A, Nectoux L, Provost M, Chabert P, Carrière M, *et al.* How do I do it.. a vaginal hysterectomy using the V-NOTES technique. *Gynecol Obstet Fertil Senol.* 2020 Jun;48(11):827-833.
3. Merlier M, Collinet P, Pierache A, Vandendriessche D, Delporte V, Rubod C, *et al.* Comparison of hysterectomy according to the innovative V-NOTES technique to vaginal hysterectomy. *Gynecol Obstet Fertil Senol.* 2022;50(5):447-453.
4. Chêne G, Lamblin G, Chabert P, Carval LK, Mellier G. How I do..salpingectomy or adnexectomy during vaginal hysterectomy in a safe manner? *Gynecol Obstet Fertil Senol.* 2018 Nov;46(3):437-439.
5. Lansac J, Body G, Magnin G. Surgical practice in gynecology and obstetrics. 3rd Ed. Paris: Masson, 2011.
6. Audrey C, François M, Xavier F, Annie S, Cyrille H, Arnaud F. Hysterectomy: Evolution of practices between 2009 and 2019 in France. 2021 Nov;49(11):816-822.
7. Chêne G, Lamblin G, Carval LK, Chabert P, Mellier G. How do I do it? Just a vaginal hysterectomy? *Gynecol Obstet Fertil Senol.* 2019;47(4):338-386.
8. Meka M. Vaginal hysterectomy for benign utero-adnexal lesions [Thesis: Medicine]. Dakar: Cheikh Anta Diop University of Dakar, 2017.
9. Tebeu P, Tayou R, Antaon J, Mawamba Y, Koh N, Ngou-Mve-Ngou. Clinical determinants of vaginal and abdominal

hysterectomy for benign conditions at the University Hospital of Yaoundé-Cameroon. *J West Afr Coll Surg.* 2019;9(3):1-7.

10. Traoré A, Coulibaly M, Traoré S, Sissoko A, Diani N, Mangara F, *et al.* Vaginal hysterectomy in the gynecology department of the Mali Health Hospital. *Health Sci Dis.* 2020;21(11):45-47.
11. Ouadirga F, Kazouini A, Ghazli M, Elkarroumi M, Mikou F, Ennachit M, *et al.* Vaginal hysterectomy (about 128 cases). *Moroccan Journal of Medical Sciences.* 2009;14(4):62-8.
12. Hounkpatin B, Bagnan A, Denakpo J, Lokossou A, Sehoue M, Perrin R. Vaginal hysterectomy: epidemiology, indications and results at the Mother and Child Lagoon Hospital (HOMEL) in Cotonou. *Med Afr Noire.* 2012;59(11):537-541.
13. Sekou M. Hysterectomy in the Gynaecological-Obstetrics Department of the Sikasso Hospital [Thesis: Medicine]. Bamako: University of Science, Technology and Technology of Bamako, 2022.
14. Baldé I, Sy T, Diallo B, Diallo Y, Mamy M, Diallo M, *et al.* Hysterectomies at the University Hospital of Conakry: sociodemographic and clinical characteristics, types, indications, approaches and prognosis. *Med Trop.* 2014;24(4):379-382.
15. Sangaré D, Berthé HJG, Diakité ML, Samassekou A, Diakité AS, Diallo MS, *et al.* Urological complications related to pelvic surgery at the G-spot hospital, about 23 cases. *Mali Med.* 2018;33(2):35-39.

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