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Diallo Boubacar Alpha
Senior Lecturer, Mother and Child Chair, FSTS, UGANC, Conakry Guinea

Sow Ibrahima Sory
Department of Gynaecology and Obstetrics, Ignace Deen National Hospital, Guinea

Diallo Mamadou Cellou
Department of Gynaecology and Obstetrics, Ignace Deen National Hospital, Guinea

Conte Ibrahima
Department of Gynaecology and Obstetrics, Ignace Deen National Hospital, Guinea

Bah ELH Mamoudou
Department of Gynaecology and Obstetrics, Donka National Hospital, Guinea

Diallo Abdourahamane
Department of Gynaecology and Obstetrics, Ignace Deen National Hospital, Guinea

Baldé Ibrahima Sory
Department of Gynaecology and Obstetrics, Ignace Deen National Hospital, Guinea

SY Telly
Department of Gynaecology and Obstetrics, Ignace Deen National Hospital, Guinea

Corresponding Author:
Diallo Boubacar Alpha
Senior Lecturer, Mother and Child Chair, FSTS, UGANC, Conakry Guinea

Epidemiological and clinical aspects of endometrial tumors in the obstetric and gynaecology department of the Ignace Deen national Hospital in Conakry, Guinea

Diallo Boubacar Alpha, Sow Ibrahima Sory, Diallo Mamadou Cellou, Conte Ibrahima, Bah ELH Mamoudou, Diallo Abdourahamane, Baldé Ibrahima Sory and SY Telly

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Abstract
Background: Endometrial tumors are common pathologies that can have complications that worsen the prognosis for patients.
The objective was to calculate the frequency of endometrial tumors, describe the sociodemographic characteristics of patients with endometrial tumors, describe the factors associated with endometrial tumors, describe their nature and clinical appearance.
Methods: This was a retrospective, descriptive and analytical study covering five years: 1 January 2019 to 31 December 2023. It focused on the records of patients hospitalised during this period at the Deen I Maternity Hospital. Results: Endometrial tumors accounted for 13.1% of gynecological tumors in the department. The average age of the patients was 61 years. Most were married women (90%) and lived in a polygamous relationship (80.9%). The average parity was 5.6. Factors associated with uterine tumors were early menarche (93.9%), menopause (85.7%), hypertension and diabetes. The majority of patients (85.7%) had reached menopause between the ages of 45 and 55. The average age at menopause was 47 years, with extremes of 42 and 60 years. The main symptom was postmenopausal metrorrhagia (93.9%). The diagnostic hypotheses were either suspected endometrial hyperplasia (26.5%) or suspected endometrial neoplasia (73.7%).
Conclusion: Endometrial tumors generally occur during menopause and manifest as postmenopausal metrorrhagia.

Keywords: Ignace Deen National Hospital, Conakry, tumors, endometrium, epidemiology, clinical

Introduction
Endometrial tumors are very common conditions that can have complications that worsen the prognosis for patients. These tumors can be benign or malignant. They generally occur during the menopause in around 75% of cases. The annual incidence of these tumors is estimated at 10.8 per 100,000 women worldwide [1]. This incidence has been steadily increasing in recent years due to increased life expectancy and the high prevalence of obesity and diabetes. In 2012, 320,000 new cases of endometrial cancer were diagnosed worldwide.
It is most often adenocarcinoma, with varying frequency: It is the most common cancer of the female genital tract in Western countries: In North America, there were 30.8 cases per 100,000 inhabitants, and in Europe, there were 25.8 cases per 100,000 inhabitants in 2012. In France, endometrial cancer is the fourth leading cause of cancer in women and ranks second among gynecological cancers after breast cancer, with 7,275 new cases in 2012. The lowest incidence is recorded in Africa, where it was 2.1 cases per 100,000 inhabitants in 2012 [2, 3]. It is the third most common cancer in women aged 45-74 in Tunisia [4].

Methodology
This was a retrospective, descriptive, and analytical study covering a five-year period from 1 January 2019 to 31 December 2023. The study looked at the records of patients who had been hospitalized for endometrial tumors during this period at the Maternity Ignace Deenn.

Selection criteria

- **Inclusion criteria:** All records of patients hospitalised and treated for endometrial tumors during the period were included.
- **Exclusion criteria:** Records of patients who were diagnosed but not treated in the department were excluded.
- **Data collection:** Data was collected by extracting information from patient files, hospitalisation records, surgical protocols and questionnaires. This data was supplemented using the patients' telephone numbers listed in the files.

The objectives of this study were:-

- To calculate the frequency of endometrial tumors
- To describe the sociodemographic characteristics of patients with endometrial tumors
- To describe the factors associated with endometrial tumors
- To describe their clinical appearance and nature.

Methodology

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Selection criteria

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- **Data collection:** Data was collected by extracting information from patient files, hospitalisation records, surgical protocols and questionnaires. This data was supplemented using the patients' telephone numbers listed in the files.
- **Sample size:** this was calculated using Lorenz's formula: N=Zα2PQ/e2 (where: N=minimum sample size; Zα=normal distribution value=1.96 for e=0.05
- P=prevalence of endometrial tumors=4.9%; Q=1-P; e=precision level=5%). This gave us a minimum sample size of 40 patient records.
- **Analysis and presentation of results:** the data were entered using EPI INFO software version 6 and transferred to SPSS 21.0 software for analysis.

Ethical considerations

Before conducting the study, we obtained approval from the administrative authorities of the department, and data extraction was carried out for strictly scientific purposes in confidence.

Discussion

- **Frequency of gynaecological tumors:** The results showed that tumor pathologies are very common in the department. In order of frequency, endometrial tumors accounted for 13.1%. This high frequency can be explained by the fact that the department is a last-resort referral service for basic healthcare facilities in our country. In a study conducted in Cameroon in 2014, Zacharie S, *et al*. reported respective frequencies of 49.5% for cervical cancer, 34% for breast cancer, 7.4% for ovarian cancer and 4.9% for endometrial cancer [5].

The average age of the patients was 61 years. The study also showed that these tumors are more common in the 51-60 age group, followed by the 61-70 age group. These results are consistent with data in the literature, which states that endometrial tumors generally occur at menopause, although there are exceptions. In Gabon, Engohan-Aloghe C, *et al*. report an average age at diagnosis of 63 years, with extremes ranging from 44 to 80 years [6].

- **Occupation:** More than two-thirds (79.6%) of our patients were housewives. The remaining 12.2% were self-employed, and very few were still employed.
- **Marital status:** Most of our patients were married women (67.3%) and lived in a polygamous relationship (80.9%).
- **Level of education:** Overall, more than three-quarters of patients had no formal education (75.5%).
- **Parity:** The average parity was 5.6. Nearly half of the patients were grand multiparous (47%) or multiparous (20.4%). In Gabon, the authors [5] found that 87.5% of patients were multiparous and 12.5% were nulliparous.
- **Factors associated with endometrial tumors:** Factors associated with uterine tumors were early menarche (93.9%), menopause (85.7%), hypertension and diabetes. In Gabon, the factors associated with tumors were diabetes and high blood pressure, at 23.5% and 76.5% respectively. In a cohort of 24,210 women, Rhonda S A *et al*. observed that women suffering from hyperglycaemia, dyslipidaemia and hypertension, in combination, had an almost twofold higher risk of endometrial cancer [7].
- **Age at menopause:** The average age of 48 at menopause was very close to the 50.6 years found in Gabon by Engohan-Aloghe C, *et al*., who found that the age at menopause varied between 42 and 60 years [6]. In Burkina Faso, Ouadraogo AS, *et al*. found that, histopathologically, 89.5% of women were postmenopausal at the time of diagnosis of endometrial cancer [8].
- **Reasons for consultation:** Our results showed that the main symptoms were metrorrhagia and pelvic pain. In Gabon, Engohan-Aloghe C, *et al*. [6] reported that the majority of patients had consulted for postmenopausal metrorrhagia (95.8%) and that the time between the onset of these initial symptoms and consultation ranged from 1 week to 15 years, with an average of 23.4 months. In Côte d'Ivoire, ACKO-OHUI. E *et al*. also noted that clinically, patients with endometrial tumors present with abnormal uterine bleeding (intermenstrual or postmenopausal) in 75% to 90% of cases [9].
- **Clinical diagnosis of endometrial tumors:** Endometrial tumors accounted for 13.1% of gynaecological tumors in the department. Among these, 73.7% were clinically suspected endometrial neoplasms and 26.5% were endometrial hyperplasia. (Table VII). Out of a total of 117 patients admitted for postmenopausal bleeding in Tunisia, the combination of ultrasound and endometrial biopsy led to the detection of 26.4% malignant endometrial tumors and 74.6% benign tumors [10].

Conclusion

The results showed that tumors pathologies are very common in the Gynaecology and Obstetrics Department of the National Ignace Deen Hospital. In order of frequency, endometrial tumors rank third among gynaecological tumors. The average age of patients was 61 years old, most of our patients were married women living in polygamous relationships, and overall, more

than three-quarters of patients had no schooling with an average parity of 5.6. The average age at menopause was 47 years old. The main symptom was metrorrhagia. For early diagnosis of endometrial tumors, awareness strategies on the main symptom should be implemented among postmenopausal women.

Results

Table 1: Frequency of gynecological tumors

Tumors	Numbers	Percentage%
Uterine fibroid	212	56.5%
Cervical neoplasia	68	18.1
Endometrial tumors	49	13.1
Ovarian tumors	36	10
Choriocarcinoma	8	2.1
Vaginal tumors	2	0.5
Total	375	100

The results showed that tumor pathologies are very common in the department. In order of frequency, endometrial tumors rank third with 13.1%. The most common were uterine myomas followed by cervical neoplasia, with 56.5% and 18.1% respectively. Other tumors included choriocarcinomas and vaginal tumors, accounting for 2.1% and 0.5% respectively. This can be explained by the fact that the department is a last-resort referral service for the country's basic healthcare facilities (Table 1). Our sample therefore focused on 49 cases of endometrial tumors.

Table 2: Socio-demographic data

Âge (years)	Nombers	Percentage%
41-50	9	18.3
51-60	20	40.8
61-70	13	26.6
71-80	4	8.2
≥ 81	3	6.1
Total	49	100
Occupation		
Housewife	39	79.6
Self-employed	6	12.2
Employee	4	8.2
Total	49	100
Marital status		
Married	33	67.3
Widowed/Divorced	14	28.6
Single	2	4.1
Total	49	100
Marital status (N=47)		
Monogamy	9	19.1
Polygamy	38	80.9
Level of education		
Not in education	37	75.5
Secondary	11	22.4
Higher	1	2.1
Total	49	100

Average age: 60, 7 years; Median: 60 years; Extremes: 41 years ET 91 years

The average age of the patients was 61 years. The median age was 60 years, with ages ranging from 41 to 91 years. The study also showed that these tumors are more common in the 51-60 age group, followed by the 61-70 age group. These results are consistent with data in the literature, which states that endometrial tumors generally occur during menopause, although there are exceptions. More than two-thirds (79.6%) of our patients were housewives. The others were self-employed (12.2%) and very few were still employed. Most of our patients were married women (67.3%) and lived in a polygamous relationship (80.9%). Overall, more than three-quarters of the patients had no schooling (75.5%).

Table 3: Parity

Parity	Nombers	Percentage%
Nulliparous	5	10.2
Primiparous	4	8.2
Paucipar	7	14.3
Multipar	10	20.4
Grand multipar	23	46.9
Total	49	100

Average Parity: 5, 6 ± Median : 6; Extremes: 0 et 12

Nearly half of the patients were grand multiparous (47%) or multiparous (20.4%). The average parity was 5.6, with extremes ranging from 0 to 12.

Table 4: Factors associated with endometrial tumors

Field	Nombers	Percentage%
Early menarche	46	93.9
Menopause	42	85.7
Higth blood pression	15	30.6
Diabetes	13	26.5

The factors associated with uterine tumours were early menarche (93.9%), menopause (85.7%), hypertension and diabetes.

Table 5: Age at menopause

Age at menopause **(years)**	**nombers**	**Percentage%**
< 45	2	4.1
45 – 55	42	85.7
> 55	5	10.2
Total	49	100

Average age at menopause: 47 ± 1.4 years; Median: 52.00 years; Extremes: 42 and 60 years
The majority of patients (85.7%) had reached menopause between the ages of 45 and 55. The average age at menopause was 47 years, with extremes of 42 and 60 years.

Table 6: Reasons for consultation

Reasons for consultation	Nombers	Percentage%
Bleeding	46	93.9
Abdominal pain	20	40.8
Pelvic weight	16	32.7
Leucorrhoea	14	18.4
Physical asthenia	12	24.5
Pelvic mass	4	8.2
Weight loss	1	2.1
Signs of compression (urinary, digestive, venous)	3	6.1

The results showed that the main symptom was postpartum metrorrhagia in 93.9% of cases, followed by pelvic pain (40.8%). Other symptoms were dominated by feelings of pelvic heaviness and leucorrhoea.

Table 7: Clinical diagnosis of endometrial tumors

Clinical diagnoses	Nombers	Percentage%
Suspected endometrial neoplasia	36	73.7
Suspected endometrial hyperplasia	13	26.3
Total	49	100

Associated diagnoses: Hypertension (30.61%), Diabetes (26.53%), Anaemia (53.06%), HIV (2%)
Endometrial tumors accounted for 13.1% of gynaecological tumors in the department. Among these endometrial tumors, 73.5% were clinically suspected endometrial neoplasia and 26.5% were endometrial hyperplasia.

Authors Contributions: All authors contributed to this work.

Conflicts of interest
The authors have no conflicts of interest in the conduct of this work.

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