

International Journal of Clinical Obstetrics and Gynaecology

ISSN (P): 2522-6614
ISSN (E): 2522-6622
© Gynaecology Journal
www.gynaecologyjournal.com
2020; 4(3): 91-92
Received: 20-02-2020
Accepted: 24-03-2020

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To study the menstrual pattern in cases of women with ovarian masses

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DOI: <https://doi.org/10.33545/gynae.2020.v4.i3b.582>

Abstract

Background: The present study comprised of cases of palpable abdominal and pelvic adnexal masses in women, which were admitted in the Department of Obstetrics & Gynaecology of Index Medical College Hospital and Research Centre Indore, during a period from September 2018 to August 2019.

Method: All the patients with symptoms suggestive of adnexal mass were taken for the study and among these patients with ovarian pathology were subsequently included in the study. In all about 60 patients suggestive of adnexal mass with ovarian pathology were included for this study.

Result: It is evident from the above table that 43 patients were married giving the incidence of 95.55% while 4.45% of cases were unmarried.

From the above table it is evident that 75.55% had regular menstrual cycle, 4.44% had surgical menopause, 2.22% had lactational amenorrhoea, 6.67% had amenorrhoea of pregnancy and 11.11% had physiological menopause

Conclusion: There was no significant relation between menstrual history and occurrence of ovarian tumour. 75.55% had regular menstrual cycle, 4.44% had surgical menopause, 2.22% had lactational amenorrhoea, 6.67% had amenorrhoea of pregnancy and 11.11% had physiological menopause.

Keywords: Menstrual, Woman, Ovarian & Masses.

Introduction

Up to 10% of women will have some form of surgery during their lifetime for the presence of an ovarian mass. In premenopausal women almost all ovarian masses and cysts are benign [1]. The overall incidence of a symptomatic ovarian cyst in a premenopausal female being malignant is approximately 1:1000 increasing to 3:1000 at the age of 50.

Preoperative differentiation between the benign and the malignant ovarian mass in the premenopausal woman can be problematic with no test or algorithm being clearly superior in terms of accuracy [2].

Many ovarian masses in the premenopausal woman can be managed conservatively. Functional or simple ovarian cysts (thin-walled cysts without internal structures) which are less than 50 mm maximum diameter usually resolve over 2–3 menstrual cycles without the need for intervention [3].

Material & Method

The present study comprised of cases of palpable abdominal and pelvic adnexal masses in women, which were admitted in the Department of Obstetrics & Gynaecology of Index Medical College Hospital and Research Centre Indore, during a period from September 2018 to August 2019.

The present study is a prospective, randomized study.

All the patients with symptoms suggestive of adnexal mass were taken for the study and among these patients with ovarian pathology were subsequently included in the study. In all about 60 patients suggestive of adnexal mass with ovarian pathology were included for this study.

Inclusion Criteria

All the patients coming with palpable abdominal and pelvic adnexal mass in the Gynecologic OPD were included in the study irrespective of age, parity, symptomatology, marital status, etc.

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Exclusion Criteria

The patients with uterine origin of mass were excluded from the study.

A detailed history of each case was recorded with reference of age, religion, parity, socioeconomic status, symptomatology, marital status, menstrual history, obstetrics history, family history, history of contraceptive method, method adopted and history of present and past, medical and surgical illness. A special attention was given to those patients presenting with the four target symptoms viz. abdominal pain, abdominal mass, GIT symptoms and pelvic pain.

Results

Table 1: Incidence of Ovarian Tumor According to Marital Status

Marital Status	Total number of ovarian tumours	Incidence
Married	43	95.55
Unmarried	2	4.45
Total	45	100.00

It is evident from the above table that 43 patients were married giving the incidence of 95.55% while 4.45% of cases were unmarried.

Table 2: Showing Menstrual Pattern in Cases of Ovarian Tumors

Menstrual Pattern	Number of Cases (N=45)	Incidence
Regular	34	75.55
Surgical menopause	2	4.44
Secondary amenorrhea	-	-
Bleeding P/V after amenorrhea	-	-
Lactational amenorrhea	1	2.22
Post-abortion amenorrhea	-	-
Amenorrhea of pregnancy	3	6.67
Physiological menopause	5	11.11
Oligomenorrhea	-	-
Menorrhagia	-	-
Polymenorrhagia	-	-
Continuous bleeding P/V	-	-
Metrorrhagia	-	-
Primary amenorrhea	-	-
Polymenorrhea	-	-

From the above table it is evident that 75.55% had regular menstrual cycle, 4.44% had surgical menopause, 2.22% had lactational amenorrhoea, 6.67% had amenorrhoea of pregnancy and 11.11% had physiological menopause.

Discussion

Jeffcott's Principles of Gynaecology says that "Neither malignant nor benign growth usually affects the menstrual function in any way unless they happen to have sex endocrine function." Even if both ovaries are the seat of large tumours, there is always enough normal ovarian tissue left to continue a regular menstrual cycle [4].

In our study 75.55%, had no disturbance in menstrual cycle, 4.44% had surgical menopause (1 vaginal hysterectomy and 1 total abdominal hysterectomy) 2.22% cases with lactational amenorrhea, 6.67% with amenorrhea of pregnancy and 11.1% had physiological menopause [5].

Majority of the patients underwent surgical treatment excluding very few cases which were treated conservatively or were referred to cancer hospital [6].

33.3% patients underwent hysterectomy (TAH) among which 11.6% underwent bilateral salpingo-oophorectomy, 6.67% underwent unilateral salpingo-oophorectomy and 15% with cyst removal. Ovarian cystectomy was done in 23.3% cases [7].

Three patients were pregnant. In two cases LSCS was done and in one case only the ovarian mass was removed in second trimester and the pregnancy continued. Mehta (1977) [8] reported incidence of ovariectomy and ovarian cystectomy to be 27.49% cases. Debulking surgery was done in 5% cases in my cases. Debulking was done due to advanced stage of the disease. All the patients were referred to cancer hospital for further management.

Conclusion

There was no significant relation between menstrual history and occurrence of ovarian tumour. 75.55% had regular menstrual cycle, 4.44% had surgical menopause, 2.22% had lactational amenorrhoea, 6.67% had amenorrhoea of pregnancy and 11.11% had physiological menopause.

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