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Study of cervical dysplasia in relation to socioeconomic status and various environmental high risk factors

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Abstract

Prospective observational study was conducted over a period of 14 months 2017-18. Sample of 1412 women who were attained OPD and admitted in KRH, Gwalior Married women who have pre and post-menopausal age group and agreeing to give informed consent were eligible to participate in the study. Dysplasia is a neoplastic precursor of invasive disease. It is important to identified the high risk population and suggest social measure to motivate and educate women for a positive attitude towards cancer consciousness to make the screening program useful for prevention cervical dysplasia.

Keywords: Cervical dysplasia, socioeconomic, risk and environmental.

Introduction

Among the various killers of women of developing world cervical cancer is the 2nd most common cancer in women worldwide after breast cancer and most leading cause of cancer death in women in developing countries ^[1].

The present study aims at screening women attending Madhav Dispensary and K.R. Hospital Gwalior to study the incidence of various cervical lesion and dysplasia in relation to age, parity, education and socioeconomic status. Since dysplasia represents a spectrum of histological abnormality which may progress to carcinoma in situ and invasive cancer and hence is a stepping stone between benign and malignant ^[2].

The best weapon against gynaecological cancer in early diagnosis. The use of papanicolau technique of screening of cervical cancer appropriate intervention is a simple, well recognized and appreciated method of early diagnosis ^[3]. High risk population for the screening of cervical dysplasia and neoplasia – multiple sexual partner, women who start sexual life early before 21 years increases with rate of STD, low socioeconomic status, occupation, education, black, poor and uneducated population.

Material and Method

Prospective observational study was conducted over a period of 14 months 2017-18. Sample of 1412 women who were attained OPD and admitted in KRH, Gwalior. Married women who have pre and post-menopausal age group and agreeing to give informed consent were eligible to participate in the study.

Women in reproductive age group, pre and post-menopausal age group-Name, husband name, age, religion, community, rural/urban, occupation of both husband and wife, education, income, marital life, menstrual history, obstetric history, personal history, smoking, tobacco, past and family history.

Present complaint - Menstrual and other gynaecology complaints were recorded with particular attention to the amount, colour and type of vaginal discharge.

General and systemic examination of all system.

Vaginal examination: Prior to gynecological examination a speculum examination was done and vaginal and cervical smear were taken and fixed vaginal discharge were noted, the condition of cervix and vagina observed.

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Three important investigations have been done

- Cervical smear examination in all cases
- Colposcopic examination
- Cervical biopsy

Results**Table 1:** Classification of smear according to various grade of dysplasia

Grade	No. of cases
Mild dysplasia	80
Moderate dysplasia	54
Sever dysplasia	25
Invasive cancer	6
Squamous metaplasia	30

Table 2: Sociodemographic distribution – Religion

Location	No. of cases
Rural	98
Urban	51

Table 3: Age distribution

Age group (yrs)	Total case	Grades of dysplasia		
		Mild	Moderate	Severe
< 20	23	6	6	1
20-29	67	34	26	7
30-39	35	15	9	11
40-49	22	8	10	4
50-69	8	4	1	3
> 70	4	2	2	0

Table 4: Religion

Religion	Total case	Grades of dysplasia		
		Mild	Moderate	Severe
Hindu	148	74	51	23
Muslim	10	5	3	2
Skin	1	0	1	0
Christian	0	0	0	0

Table 5: Education status

Education status	Total case	Grades of dysplasia		
		Mild	Moderate	Severe
None	75	32	26	17
Upper middle school	47	23	21	4
Upto high school	18	11	4	3
Undergraduate	13	10	3	0
Graduate	6	5	1	0

Table 6: Income

Income	Total case	Grades of dysplasia		
		Mild	Moderate	Severe
Group I	53	22	20	11
Group II	61	35	19	7
Group III	34	20	10	4
Group IV	6	3	1	2
Group V	5	3	2	1

Table 7: Marital life

Marital life	Total case	Grades of dysplasia		
		Mild	Moderate	Severe
0-5	6	5	1	0
6-10	11	10	1	0
11-15	32	17	9	5
16-20	37	19	16	5
21-25	29	12	11	6
≥26	44	16	15	13

Table 8: Symptoms

Symptoms	No. of cases
Vaginal discharge	108
Backache and pain abdomen	15
Menstrual complaint	15
Intermenstrual bleeding	8
Postcoital bleeding	4
Pruritus vulva vagina	3
Post-menopausal bleeding	6

Discussion

Diagnosis of dysplasia in the present studies in mainly only cytological examination, pap's smear has been done in every case, histopathological examination is suspicious cases and colposcopic examination in a selected few cases [4, 5].

The maximum age incidence of dysplasia has been found in the age group 30-39 years.

The incidence of cervical dysplasia was higher in women of lower socioeconomic status, 71.69% cases were found in low and low middle income group. A high incidence is noted in those who are illiterate (47.16%) [6, 7]. Incidence of dysplasia high in rural 61.63%. Most of these women were married before the age of 20 years. The high incidence seen in tobacco chewing women (32.70%).

Cervical malignant growth is a significant medical issue around the world, being the second most normal disease among ladies, positioning first in many creating nations; about 80.0% of absolute cases are available in creating nations [8]. It was once, one of the most widely recognized reasons for malignant growth demise. Throughout the most recent 30 years, the cervical malignant growth passing rate has gone somewhere around over 50.0% for American ladies [9]. The principle explanation behind this change was the expanded utilization of the Pap test.

Conclusion

Dysplasia is a neoplastic precursor of invasive disease. It is important to identified the high risk population and suggest social measure to motivate and educate women for a positive attitude towards cancer consciousness to make the screening program useful for prevention cervical dysplasia.

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