Original Article

Clinical profile of the patients with cervical dysplasia at tertiary care hospital

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Abstract

Introduction: Cervical cancer screening programmes play an important role in the reduction of cervical cancer in developed countries. Histopathologic examination is the gold standard. This correlation is also useful for continuous quality improvement, which is a must for many cytology laboratories, in particular, those laboratories that apply the Bethesda system in their diagnosis. **Aims and Objectives:** To study Clinical Profile of the Patients with Cervical Dysplasia at Tertiary Care Hospital **Material and Method:** It is a prospective study of 1386 cases. Cervical cytological smears of all these cases were taken and examined. Those cases diagnosed clinically as carcinoma cervix were not included in this study. Papanicolaou stain after wet fixation in 95% ethyl alcohol. **Result:** Dysplasia was detected in all age groups but with more incidence in 4th decade of life. Cervical dysplasia was detected in a single patient below age of 20 years (0.38%). Dysplasia was highest in the age group of 31 to 40 years. Maximum patients were presenting with complaint of chronic vaginal discharge (41.99%).Mild to moderate dysplasia present in 87.78% while Severe dysplasia present in 21.22% cases. Incidence of dysplasia was distribution in all groups of parity with higher in multipara. Maximum patients who were having dysplasia were having age at the time of marriage Above 20 years Maximum patients having dysplasia were presenting with cervical erosion. Second group having high incidence of dysplasia was presented with chronic vaginal discharge. **Conclusion:** Dysplasia was detected in all age groups but with more incidence in 4th decade of life, Incidence of dysplasia was distribution in all groups of parity with higher in multipara and more in who was having age at the time of marriage, above 20 years, Maximum patients having dysplasia were presenting with cervical erosion and associated with vaginal discharge.

Keywords: Cervical Dysplasia, Pap test, human papilloma virus (HPV).

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INTRODUCTION

Cervical cancer screening programs play an important role in the reduction of cervical cancer in developed countries[1].Histopathologic examination is the gold standard. This correlation is also useful for continuous quality improvement, which is a must for many cytology laboratories, in particular, those laboratories that apply the Bethesda system in their diagnosis[2,3] Many studies report that exposure to human papilloma virus (HPV), active sexual life, multiparity, hormonal contraception, genetic factors and smoking may contribute to the initiation of cervical cancer[4,5] Mohinigarud *et al* studied 26, 217 patients in 10 years period (from 1970-1979). She stated that an attempt to screen women in an urban and its community in India for early cervical cancer and its precursors was successful despite limited resources. Papanicolaousmear provided a simple technique for the detection of early cancer normal appearing cervix.[6] Hammed firoza in 1976, studied 300 smears by fluorescent staining usingacridine orange as dye. He stated that this technique was found to be more convenient, rapid and accurate for screening the cervical smears as compared to papanicoulaou technique[7]. Stern E. *et al* in 1977 stated that there is an inverse relationship between cervical cancer rate and income and there is possible association between level of papanicolaou testing and income[8]. The prostitutes represented a unique group in which variables of frequent intercourse with multiple partners and multiples infections can be separated from early coital experience. In cytological

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smear study results included only 8 of 750 specimens in the dysplasia plus category for a rate of 10.7/1000. The low yield of abnormal cytology suggests the factors of multiple partners, frequent intercourse and high gonorrhea infection rate are not significant epidemiologicaly if they occur after the phase of active metaplasia occurring during the first pregnancy of early adolescence [9].Bilquesjamila *et al* studied 1000 Kashmiri women by cervical smears and analyzed them with reference to religion, age and clinical appearance of cervix. Cytological pattern was then correlated with histopathological studies. She found 25 cases of cervical dysplasia, 3 of carcinoma in situ and 11 positive for malignant cells.[10] Chauhans.n. *et al* in 1984 studied 5778 cases with gynaecological complaints such as menstrual irregularity, post coital bleeding and post coital bleeding and post- menopausal bleeding per vaginum. He found that dysplasia of cervix of all grades was found to be 2.2 %. The incidence was highest in married women in their fourth decade of life and having more than three children. It was decade of life and having more than three children. It was highest among patients with low socioeconomic group [11].Elizabeth Hudson (1985) in his article population screening does it work stated that screening programme based on papanicolaou cervical smear test were reported from many countries, their success in reducing clinical invasive carcinoma was related to the percentage of the women at risk who were screened .B.M. nene *et al* studied 2846 women through a series of cancer detection camps in rural areas of Barshitahsil in 1990. It was shown that acceptance of cytological screening was poor in rural population, there by indicating that the mere holding of camps was not itself sufficient to motivate the people to subject themselves to pap smear. He put forwards some guidelines for success of such camps and screening programmes[12].

MATERIAL AND METHOD

It is a prospective study of 1386 cases, coming from rural areas. Cervical cytological smears of all these cases were taken and examined. The criteria for selection of cases for this study were as follows: Patients presenting with complaints of chronic vaginal discharge. Post coital bleeding. Inter menstrual bleeding and chronic abdominal pain. Patients in whom per speculum examination revealed an unhealthy cervix, cervical erosion, irregular torn cervix, cervical polyp and vaginal discharge. Those cases diagnosed clinically as carcinoma cervix were not included in this study. Papanicolaou stain after wet fixation in 95% ethyl alcohol.

RESULT

Table 1: Age distribution of dysplasia

Age	Dysplasia	Percentage (%)
Less than 20 years	1	0.38
21-30 years	83	31.62
31-40 years	92	35.11
41-50 years	60	22.90
Above 50 years	26	9.92
Total	**262**	**100.00**

Dysplasia was detected in all age groups but with more incidence in 4th decade of life. Cervical dysplasia was detected in a single patient below age of 20 years (0.38%). Dysplasia was highest in the age group of 31 to 40 years.

Table 2: Distribution of patients in relation to symptoms

Symptoms	Cases	Percentage (%)
Chronic vaginal discharge	582	41.99
Post coital bleeding	23	1.65
Inter menstrual bleeding	122	8.80
Chronic abdominal pain	361	26.04
No symptoms	298	21.50
Total	**1386**	**100.00**

Maximum patients were presenting with complaint of chronic vaginal discharge (41.99%).

Table 3: Grades of dysplasia

Grades	No. of Patient	Percentage (%)
Mild to moderate dysplasia	230	87.78
Severe dysplasia	32	21.22
Total	**262**	**100.00**

Mild to moderate dysplasia present in 87.78% while Severe dysplasia present in 21.22% cases.

Table 4: Parity distribution of dysplasia

Para	Dysplasia	Percentage (%)
Nil	4	1.52
1	12	4.58
2	42	16.03
3	82	31.29
4	74	28.29
5	35	13.35
Above 5	13	4.96
Total	**262**	**100.00**

Incidence of dysplasia was distribution in all groups of parity with higher in multipara.

Table 5: Dysplasia in relation to age at the time of marriage

Age at marriage	Dysplasia	Percentage (%)
Less than 15 years	5	1.90
15-17 years	7	2.67
17-20 years	91	34.73
Above 20 years	159	60.68
Total	**262**	**100.00**

Maximum patients who were having dysplasia were having age at the time of marriage Above 20 years

Table 6: Cytological correlation with clinical findings in dysplasia cases

Clinical appearance of cervix	dysplasia	Percentage (%)
Healthy cervix	14	5.34
Cervical erosion	131	50.00
Chronic vaginal discharge	68	25.95
Irregular torn cervix	19	7.25
Cervical polyp	5	1.90
Unhealthy cervix	25	9.54
Total	**262**	**100.00**

Maximum patients having dysplasia were presenting with cervical erosion. Second group having high incidence of dysplasia was presented with chronic vaginal discharge.

DISCUSSION

It has a long latent phase during which it can be detected as identifiable and treatable premalignant lesions which precede the invasive disease and the benefit of conducting screening for carcinoma cervix exceeds the cost involved.[13]Conventional Pap smears were used throughout this study. During conventional Pap smearing, drying artifacts, inadequate fixations, background materials and thick smears are frequently present. In our study we have studied that Dysplasia was detected in all age groups but with more incidence in 4th decade of life. Cervical dysplasia was detected in a single patient below age of 20 years (0.38%). Dysplasia was highest in the age group of 31 to 40 years. Maximum patients were presenting with complaint of chronic vaginal discharge (41.99%). Mild to moderate dysplasia present in 87.78% while Severe dysplasia present in 21.22% cases. Incidence of dysplasia was distribution in all groups of parity with higher in multipara. Maximum patients who were having dysplasia were having age at the time of marriage Above 20 years Maximum patients having dysplasia were presenting with cervical erosion. Second group having high incidence of dysplasia was presented with chronic vaginal discharge.

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