

Original research article

**A STUDY ON COMMON SURGICAL DISEASES AND ITS
CORRELATION WITH BMI**

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Abstract

In surgical diseases, obesity is a significant risk factor for wound infection, more surgical blood loss and a longer post-operative time and increased risk of venous thromboembolism due to impairment of cardiac, pulmonary, and immunological functions. Underweight patients are at more risk for post-operative complications, including long term mortality. We obtained data prospectively from 1540 patients attending General surgery OPD from October 2022- December 2022 in Victoria hospital. Height, weight, BMI was calculated after Detailed history and clinical examination is noted. we found that hernias and varicose veins were more common with the patients with more weight. Obese patients more tend to have hernias than normal weight patients. Most patients with breast lumps belong to obese grade 2 class. In developing countries like india, where there is a stage of nutritional transition particularly in urban areas, the problems of undernutrition and over-nutrition should be addressed.

Keywords: Common Surgical Diseases, BMI, Obesity

Introduction

Body mass index also known as Quetelet's index is defined as weight in kgs/square of height in meters, and is expressed in units of kg/m^2 . BMI is an inexpensive and easy screening measure used to broadly categorise a person as underweight, normal weight, overweight, or obese based on tissue mass (Muscle, fat, bone) and height. BMI does not measure body fat directly, but BMI is moderately correlated with more direct measures of body fat. Overweight and obese personal are increasing worldwide ^[1, 2] and the problem of under -nutrition has been a major health concern in developing countries since many decades. As both under-nutrition and over-nutrition can increase the risk of

several diseases, the magnitude of both the conditions becomes an important public health issue ^[3]. In surgical diseases, obesity is a significant risk factor for wound infection, more surgical blood loss and a longer post-operative time and increased risk of venous thromboembolism due to impairment of cardiac, pulmonary, and immunological functions. Underweight patients are at more risk for post-operative complications, including long term mortality. It is well known that obesity has been associated with development of diabetes mellitus, hypertension, cardiovascular disease, heart failure, cancers, varicose veins etc. Despite the association of obesity with the development of chronic disease states that lead to early mortality, a number of recent studies have described an “obesity paradox”, in which an improved survival has been observed in obese patients with heart failure, those undergoing coronary bypass. A very little information is known about the co- occurrence of surgical diseases with obesity and underweight. This study will facilitate comprehensive evaluation of the risk of common surgical diseases such as umbilical hernia, inguinal hernia, incisional hernia, varicose veins, diabetic foot ulcer, appendicitis, pancreatitis, liver abscess etc. among people with different BMI. This study aims at assessing the differences in BMI distributions and their changes by sex and age in various surgical diseases. In this study, we aim to calculate BMI in all patients attending surgery OPD irrespective of whether they need surgery or not, and then the association of particular surgical disease is correlated with different categories of BMI, height and weight.

Methodology

We obtained data prospectively from 1540 patients attending General surgery OPD from October 2022- December 2022 in Victoria hospital. Height, weight, BMI was calculated after Detailed history and clinical examination is noted.

Inclusion Criteria

1. Patients willing to give informed written consent.
2. Patients attending general surgery OPD with surgical complaints.

Exclusion Criteria

1. Patients with non-surgical complaints.
2. Pregnant women

Statistical analysis

SPSS (Statistical Package for Social Sciences) version 21. (IBM SPASS statistics [IBM corporation: NY, USA]) was used to perform the statistical analysis

- Data was entered in the excel spread sheet.
- Descriptive statistics of the explanatory and outcome variables were calculated by mean, standard deviation for quantitative variables, frequency and proportions for qualitative variables.
- Inferential statistics like
- Chi-square test was applied to find the association between Height, weight, BMI and Clinical Diagnosis.
- The level of significance is set at 5%

Results

There were total of 1540 patients studied. There were 937 males and 603 females presented to our OPD. The most common complaint presented to our OPD was Pain abdomen, followed by hernias in all BMI categories where as in obese grade 2 category Hernia found to be the most common surgical condition.

Table 1: Mean age distribution of the subjects

	N	Minimum	Maximum	Mean	S.D
AGE	1540	13.0	100.0	43.88	15.08

Table 2: Distribution of the subjects based on age groups

Age Groups	Frequency	Percent
10 to 25 yrs	191	12.4
26 to 40 yrs	495	32.1
41 to 55 yrs	508	33.0
56 to 70 yrs	270	17.5
> 70 yrs	76	4.9
Total	1540	100.0

Table 3: Distribution of the subjects based on gender

Gender	Frequency	Percent
Females	603	39.2
Males	937	60.8
Total	1540	100.0

Table 4: Distribution of the subjects based on clinical diagnosis

Clinical Diagnosis	Frequency	Percent
Varicose veins	89	5.8
Anorectal complaints	159	10.3
Breast lump/mass	79	5.1
Diabetic foot	92	6.0
DVT	11	.7
Foreign body	8	.5
Hernias	274	17.8
Miscellaneous	33	2.1
Pain abdomen	526	34.2
PVD	37	2.4
Scrotal swelling	24	1.6
Swellings	51	3.3

Thyroid swellings	87	5.6
Wounds and infections	70	4.5
Total	1540	100.0

Table 5: Mean height (CM) of the subjects based on clinical diagnosis

Clinical Diagnosis	N	Minimum	Maximum	Mean	S.D
Pain abdomen	526	140.0	182.0	163.71	7.60
Thyroid swellings	87	145.0	172.0	158.55	6.04
Breast lump/mass	79	144.0	186.0	159.63	6.72
Hernias	274	140.0	180.0	163.24	7.74
Varicose veins	89	140.0	185.0	166.44	8.83
PVD	37	154.0	180.0	165.00	6.81
DVT	11	161.0	176.0	167.55	4.39
Anorectal complaints	159	147.0	180.0	165.23	7.95
Diabetic foot	92	150.0	180.0	164.58	6.09
Wounds and infections	70	149.0	178.0	163.04	5.92
Swellings	51	148.0	178.0	162.16	6.57
Scrotal swelling	24	152.0	185.0	164.04	7.64
Miscellaneous	33	150.0	180.0	164.42	7.73
Foreign body	8	158.0	175.0	165.63	6.28

Table 6: Mean Weight (KG) of the subjects based on clinical diagnosis

Clinical Diagnosis	N	Minimum	Maximum	Mean	S.D
Pain abdomen	526	30.0	96.0	65.58	10.09
Thyroid swellings	87	36.0	85.0	60.41	10.27
Breast lump/mass	79	45.0	95.0	63.25	10.12
Hernias	274	44.0	103.0	67.74	11.51
Varicose veins	89	40.0	120.0	68.91	13.70
PVD	37	48.0	86.0	65.04	10.46
DVT	11	53.0	155.0	73.55	30.02
Anorectal complaints	159	35.0	112.0	64.46	11.16
Diabetic foot	92	45.0	98.0	65.68	10.29
Wounds and infections	70	35.0	100.0	66.03	10.92
Swellings	51	39.0	98.0	66.50	11.76
Scrotal swelling	24	53.5	165.0	75.90	23.03
Miscellaneous	33	41.0	83.0	60.65	11.73
Foreign body	8	48.0	78.0	63.81	9.40

Table 7: Mean BMI of the subjects based on clinical diagnosis

Clinical Diagnosis	N	Minimum	Maximum	Mean	S.D
Pain abdomen	526	13.333	37.254	24.533	3.947
Thyroid swellings	87	14.793	33.248	24.029	3.894
Breast lump/mass	79	17.577	39.542	24.881	4.152
Hernias	274	16.359	40.057	25.506	4.576
Varicose veins	89	14.187	40.057	24.867	4.622
PVD	37	17.266	32.435	23.935	3.857
DVT	11	18.557	51.789	25.982	9.565
Anorectal complaints	159	12.856	41.139	23.632	4.039
Diabetic foot	92	15.756	43.556	24.343	4.275
Wounds and infections	70	14.568	35.431	24.830	3.855
Swellings	51	16.880	36.311	25.323	4.553
Scrotal swelling	24	18.955	62.872	28.421	9.322
Miscellaneous	33	14.041	32.831	22.437	4.134
Foreign body	8	16.806	30.469	23.386	4.138

Table 8: Association between clinical diagnosis and BMI

Clinical Diagnosis		BMI						Total
		Underweigh t	Norma l	Overweigh t	Obese 1	Obese 2	Obese 3	
Pain abdomen	Count	21	286	172	43	4	0	526
	N	1.4%	18.6%	11.2%	2.8%	.3%	0.0%	34.2%
Thyroid swellings	Count	7	45	29	6	0	0	87
	N	.5%	2.9%	1.9%	.4%	0.0%	0.0%	5.6%
Breast lump/mass	Count	4	38	30	4	3	0	79
	N	.3%	2.5%	1.9%	.3%	.2%	0.0%	5.1%
Hernias	Count	11	128	91	32	11	1	274
	N	.7%	8.3%	5.9%	2.1%	.7%	.1%	17.8%
Varicose veins	Count	3	49	27	7	2	1	89
	N	.2%	3.2%	1.8%	.5%	.1%	.1%	5.8%
PVD	Count	1	24	8	4	0	0	37
	N	.1%	1.6%	.5%	.3%	0.0%	0.0%	2.4%
DVT	Count	0	7	2	1	0	1	11
	N	0.0%	.5%	.1%	.1%	0.0%	.1%	.7%
Anorectal complaints	Count	14	101	32	10	1	1	159
	N	.9%	6.6%	2.1%	.6%	.1%	.1%	10.3%
Diabetic foot	Count	6	49	27	8	1	1	92
	N	.4%	3.2%	1.8%	.5%	.1%	.1%	6.0%
Wounds and infections	Count	1	41	21	6	1	0	70
	N	.1%	2.7%	1.4%	.4%	.1%	0.0%	4.5%
Swellings	Count	4	25	14	6	2	0	51

	N	.3%	1.6%	.9%	.4%	.1%	0.0%	3.3%
Scrotal swelling	Count	0	11	6	5	0	2	24
	N	0.0%	.7%	.4%	.3%	0.0%	.1%	1.6%
Miscellaneous	Count	5	21	6	1	0	0	33
	N	.3%	1.4%	.4%	.1%	0.0%	0.0%	2.1%
Foreign body	Count	1	4	2	1	0	0	8
	N	.1%	.3%	.1%	.1%	0.0%	0.0%	.5%
Total	Count	78	829	467	134	25	7	1540
	N	5.1%	53.8%	30.3%	8.7%	1.6%	.5%	100.0%
Chi-square value-130.91								
p value- 0.001*								

*Significant

Table 9: Association between clinical diagnosis and height of the patient

Clinical Diagnosis		Height							Total	
		140 to 150	151 to 155	156 to 160	161 to 165	166 to 170	171 to 175	176 to 180		> 180
Pain abdomen	Count	22	70	96	94	160	52	30	2	526
	%	1.4%	4.5%	6.2%	6.1%	10.4%	3.4%	1.9%	.1%	34.2%
Thyroid swellings	Count	14	15	27	16	14	1	0	0	87
	%	.9%	1.0%	1.8%	1.0%	.9%	.1%	0.0%	0.0%	5.6%
Breast lump/mass	Count	6	13	29	17	11	2	0	1	79
	%	.4%	.8%	1.9%	1.1%	.7%	.1%	0.0%	.1%	5.1%
Hernias	Count	15	36	44	55	92	17	15	0	274
	%	1.0%	2.3%	2.9%	3.6%	6.0%	1.1%	1.0%	0.0%	17.8%
Varicose veins	Count	5	5	10	19	22	17	9	2	89
	%	.3%	.3%	.6%	1.2%	1.4%	1.1%	.6%	.1%	5.8%
PVD	Count	0	5	7	6	14	3	2	0	37
	%	0.0%	.3%	.5%	.4%	.9%	.2%	.1%	0.0%	2.4%
DVT	Count	0	0	0	4	5	1	1	0	11
	%	0.0%	0.0%	0.0%	.3%	.3%	.1%	.1%	0.0%	.7%

									%	
Anorectal complaints	Count	7	16	27	30	43	20	16	0	159
	%	.5%	1.0%	1.8%	1.9%	2.8%	1.3%	1.0%	0.0%	10.3%
Diabetic foot	Count	1	5	22	19	32	11	2	0	92
	%	.1%	.3%	1.4%	1.2%	2.1%	.7%	.1%	0.0%	6.0%
Wounds and infections	Count	1	9	17	12	27	3	1	0	70
	%	.1%	.6%	1.1%	.8%	1.8%	.2%	.1%	0.0%	4.5%
Swellings	Count	2	9	11	12	13	3	1	0	51
	%	.1%	.6%	.7%	.8%	.8%	.2%	.1%	0.0%	3.3%
Scrotal swelling	Count	0	3	5	6	7	1	1	1	24
	%	0.0%	.2%	.3%	.4%	.5%	.1%	.1%	.1%	1.6%
Miscellaneous	Count	1	4	5	6	10	5	2	0	33
	%	.1%	.3%	.3%	.4%	.6%	.3%	.1%	0.0%	2.1%
Foreign body	Count	0	0	3	1	2	2	0	0	8
	%	0.0%	0.0%	.2%	.1%	.1%	.1%	0.0%	0.0%	.5%
Total	Count	74	190	303	297	452	138	80	6	1540
	%	4.8%	12.3%	19.7%	19.3%	29.4%	9.0%	5.2%	.4%	100.0%
Chi-square value- 180.52										
p value- 0.001*										

Table 10: Association between clinical diagnosis and weight of the patient

Clinical Diagnosis		Weight								Total
		101 to 110	40 to 50	51 to 60	61 to 70	71 to 80	81 to 90	91 to 100	> 110	
Pain abdomen	Count	0	37	124	212	115	35	3	0	526
	%	0.0%	29.4%	32.5%	37.3%	35.9%	29.4%	17.6%	0.0%	34.2%
Thyroid swellings	Count	0	16	28	28	12	3	0	0	87
	%	0.0%	12.7%	7.3%	4.9%	3.8%	2.5%	0.0%	0.0%	5.6%

Breast lump/mass	Count	0	6	29	27	12	4	1	0	79
	%	0.0%	4.8%	7.6%	4.7%	3.8%	3.4%	5.9%	0.0%	5.1%
Hernias	Count	1	18	61	95	64	31	4	0	274
	%	25.0%	14.3%	16.0%	16.7%	20.0%	26.1%	23.5%	0.0%	17.8%
Varicose veins	Count	1	7	19	22	27	8	4	1	89
	%	25.0%	5.6%	5.0%	3.9%	8.4%	6.7%	23.5%	33.3%	5.8%
PVD	Count	0	2	13	12	4	6	0	0	37
	%	0.0%	1.6%	3.4%	2.1%	1.3%	5.0%	0.0%	0.0%	2.4%
DVT	Count	0	0	4	4	0	1	1	1	11
	%	0.0%	0.0%	1.0%	.7%	0.0%	.8%	5.9%	33.3%	.7%
Anorectal complaints	Count	1	20	29	70	33	6	0	0	159
	%	25.0%	15.9%	7.6%	12.3%	10.3%	5.0%	0.0%	0.0%	10.3%
Diabetic foot	Count	0	5	25	35	20	5	2	0	92
	%	0.0%	4.0%	6.5%	6.2%	6.3%	4.2%	11.8%	0.0%	6.0%
Wounds and infections	Count	0	3	21	27	11	7	1	0	70
	%	0.0%	2.4%	5.5%	4.7%	3.4%	5.9%	5.9%	0.0%	4.5%
Swellings	Count	0	4	12	17	13	4	1	0	51
	%	0.0%	3.2%	3.1%	3.0%	4.1%	3.4%	5.9%	0.0%	3.3%
Scrotal swelling	Count	1	0	6	7	2	7	0	1	24
	%	25.0%	0.0%	1.6%	1.2%	.6%	5.9%	0.0%	33.3%	1.6%
Miscellaneous	Count	0	7	10	9	5	2	0	0	33
	%	0.0%	5.6%	2.6%	1.6%	1.6%	1.7%	0.0%	0.0%	2.1%
Foreign body	Count	0	1	1	4	2	0	0	0	8
	%	0.0%	.8%	.3%	.7%	.6%	0.0%	0.0%	0.0%	.5%
Total	Count	4	126	382	569	320	119	17	3	1540
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Chi-square value-215.06										
p value- 0.001*										

*Significant

Discussion

The highest incidence of surgical conditions w.r.t weight is as given in the table below:

Surgical condition	Common weight group
Pain abdomen	61 -70kgs
Thyroid swellings	41-50kgs
Breast lump/masses	51-60kgs
Hernias	81-90kgs
Varicose veins	71-80kgs
PVD	51-60kgs
Anorectal complaints	61-70kgs
Diabetic foot	61-70kgs
DVT	51-60, 61-70kgs

Wounds and infections	61-70kgs
swellings	61-70kgs
Scrotal swellings	61-70, 81-90kgs
Miscellaneous	51-60kgs
Foreign body ingestion	61-70kgs

The highest incidence of surgical conditions w.r.t height is as given in the table below:

Surgical condition	Common height group
Pain abdomen	166-170
Thyroid swellings	156-160
Breast lump/masses	156-160
Hernias	166-170
Varicose veins	166-170
PVD	166-170
Anorectal complaints	166-170
Diabetic foot	166-170
DVT	166-170
Wounds and infections	166-170
swellings	166-170
Scrotal swellings	166-170
Miscellaneous	166-170
Foreign body ingestion	156-160

The common disease w.r.t BMI is as given below:

BMI group	Common surgical condition
Under weight	Pain abdomen > anorectal complaints>hernias
Normal	Pain abdomen > hernias>anorectal complaints
overweight	Pain abdomen > hernias>anorectal complaints
Obese 1	Pain abdomen > hernias>anorectal complaints
Obese 2	Hernias> pain abdomen> breast lump/mass
Obese 3	Scrotal swellings

In this study, we found that hernias and varicose veins were more common with the patients with more weight. Obese patients more tend to have hernias than normal weight patients. Most patients with breast lumps belong to obese grade 2 class. In developing countries like India, where there is a stage of nutritional transition particularly in urban areas, the problems of undernutrition and over-nutrition should be addressed.

Conclusion

We conclude that the most common surgical condition in all BMI groups were Pain abdomen followed by hernia and more hernias were associated with Grade 2 BMI. The effect of BMI plays a quintessential role in the pathophysiology of many surgical diseases

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