

Original Research Article

To study the Inpatient Surgical treatment patterns for patients with palpable abdominal mass.

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Abstract:

Background & Method: The aim of this study is to study the Inpatient Surgical treatment patterns for patients with palpable abdominal mass. After pre-operative evaluation, the patients were taken for surgery and the intraoperative findings about the origin of mass were noted down. Details to size, weight, no. of tumors, type of tumor and secondary changes in tumors were studied. After surgical excision and examination of gross nature of the mass, it was sent for histopathological examination and the biopsy reports were studied and inferences noted down, details of every case was noted in case sheet.

Result:

Conclusion: Management of these giant intraabdominal cysts has traditionally required a full midline laparotomy. Minimally invasive surgical technique have been applied to the management of these giant cysts, but only a few cases have been reported, all reported technique include decompression of the cyst to allow for room to work, facilitate manipulation of the cyst and ovary, prevent in advertent perforation and spillage.

Keywords: Surgical palpable & abdominal mass.

Study Designed: Observational Study.

1. INTRODUCTION

A Study says that 20 to 40% of women age 35 and older have uterine fibroid of a significant size with Indian women being at a far higher risk for fibroids with as many as 50 % having fibroids of various sizes.¹

A population-based study of women age <50 found that 35% of premenopausal women had been diagnosed with fibroids, and 51% of women had evidence of fibroids on ultrasound without a prior diagnosis²

Several studies have found an association between obesity and an increased incidence of uterine fibroids. This apparent association between obesity and an increased risk of fibroids may be related to hormonal factors associated with obesity, but other pathologic pathways might also be involved. Several relevant hormonal associations with obesity are known. A significant increase occurs in the conversion of circulating adrenal androgens to estrone by excess adipose tissue. The hepatic production of sex hormone-binding globulin is decreased, resulting in more unbound physiologically active estrogen. Because almost all circulating estrogens postmenopausally are derived from metabolism of circulating androgens by peripheral tissues, including fat, these two mechanisms probably have more impact in postmenopausal than premenopausal women.³ In obese premenopausal women, decreased

metabolism of estradiol by the 2-hydroxylation route reduces the conversion of estradiol to inactive metabolites, which could result in a relatively hyperestrogenic state.⁴

2. MATERIAL & METHOD

Present study is conducted at Index Medical College Hospital & Research, Indore, M.P. from June 2019 to May 2020. After pre-operative evaluation, the patients were taken for surgery and the intraoperative findings about the origin of mass were noted down. Details to size, weight, no. of tumors, type of tumor and secondary changes in tumors were studied. After surgical excision and examination of gross nature of the mass, it was sent for histopathological examination and the biopsy reports were studied and inferences noted down, details of every case was noted in case sheet.

Inclusion Criteria:

The Criteria for diagnosis either by clinical features, USG findings and hysterectomy or confirmed by histopathological examination.

All the patient 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.

Data Obtained:

- Personal interviews
- Medical records
- Medical examination
- Blood examination
- Intraoperative findings
- Histopathological findings

3. RESULTS

Table 1: Showing distribution of palpable abdominal mass according to classification in different age groups (Ovarian)

	Age Group	15-20 yrs	21-25 yrs	25-30 yrs	30-35 yrs	36-40 yrs	> 40 yrs
Epithelial Origin	Benign	-	12	02	06	12	26
	Malignant	-	-	-	02	-	04
Germ cell tumor	Benign	06	04	-	-	02	04
	Malignant	-	02	02	-	-	-
Tumor like condition		-	04	04	06	-	08

Table 2: Showing distribution of palpable abdominal mass according to classification in different age groups (Fibroid)

	Age Group	15-20 yrs	21-25 yrs	25-30 yrs	30-35 yrs	36-40 yrs	> 40 yrs
Fibroid	Intramural	00	10	10	12	14	10
	Submucosal	04	08	10	00	00	00
	Subserosal	00	02	04	08	00	00

Table 3: Incidence of Abdominal Mass according to marital status

Marital Status	Total No. of cases	Incidence
Married	198	95.19%
Unmarried	10	4.80%
Total	209	100

Table 4: Distribution of Abdominal mass according to size of tumor

Size	Total No. of cases	%
6-10 cm	110	52.88%
11-20 cm	88	42.30%
> 20	08	3.84%
Ruptured	02	0.96%
Total	208	99.98%

4. DISCUSSION

A large prospective study of registered nurses in the United States⁵ found an increased fibroid risk with increasing adult BMI. This apparent association between obesity and an increased risk of fibroids may be related to hormonal factors associated with obesity. In obese premenopausal women, decreased metabolism of estradiol by the 2-hydroxylation route reduces the conversion of estradiol to inactive metabolites, which could result in a relatively hyperestrogenic state.⁶

In the present study pelvic pain was present in 75% cases. Abdominal pain with distension was present 26.92%. Abdominal lump was present 16.34%. Pressure symptoms like constipation was present in 18% and frequency of micturition in 16%. Commonest symptom was abdominal discomfort and most common sign was abdominal lump. Malignancy usually presented with ascites especially epithelial ovarian tumors. In the present study, tumors which are associated with lump in abdomen include simple serous cyst, serous cystadenoma, mucinous cystadenoma, cystadenocarcinoma, dysgerminoma and non-neoplastic cyst and large uterine fibroids⁷.

Menstrual disorders in the form of increased bleeding during menses in present study was present in 42% cases⁸. Most studies of the relationship of fibroid to menorrhagia and other

menstrual cycle characteristics have been based on care-seeking populations, including women undergoing myomectomy or hysterectomy or tubal ligation, with mixed results⁹.

5. CONCLUSION

Among the 104 cases, 55 patients had ovarian mass, 46 patients had fibroid, and 3 patients had other masses. Management of these giant intraabdominal cysts has traditionally required a full midline laparotomy. Minimally invasive surgical technique have been applied to the management of these giant cysts, but only a few cases have been reported, all reported technique include decompression of the cyst to allow for room to work, facilitate manipulation of the cyst and ovary, prevent in advertent perforation and spillage.

6. REFERENCES

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