

Pattern of Female Genital Tract Malignancy at a Private Tertiary Hospital

Pages with reference to book, From 51 To 51

Rubina I. Siddiqui, Sadiqua N. Jafarey (Department of Obstetrics and Gynaecology, Ziauddin Medical University, Clifton, Karachi.)

Introduction

Cancer of the female genital tract is frequently seen in Pakistan however, the pattern may differ in the public and private sector hospitals. A multi-centre study was conducted by Pakistan Medical Research Council (PMRC) in public sector hospitals in all four provinces of Pakistan which included 2770 women with cancer; of these, 18.5% had gynaecological cancer. Cervical cancer was seen in 245 (8.8%) and ovarian in 174 (6.2%) women¹. A study conducted at the Armed Forces Institute of Pathology (AFIP) which caters for armed forces personnel and their families and also receive specimens from other hospitals in Northern Pakistan shows, similar pattern for both cancers. From 1977 to 1988, 12.8% of females seen with cancer had gynaecological malignancy. Ovarian cancer was seen in 4.9% and cervical cancer in 4.2% women². The purpose of this study was to see the presentation of malignancy of the female genital tract in a private tertiary hospital.

Patients, Methods and Results

A retrospective analysis was performed of all gynaecological operations from 1st January 1992 to 31st December, 1996 at the Ziauddin Medical University Hospital (ZMUH). Total number of major gynaecological surgeries i.e., all laparotomies, hysterectomies and laparoscopies for this period were recorded from the operating room register. The histopathology reports were reviewed and all cases who had any surgery of the genital tract and the report showed malignancy were analyzed in detail. The frequency of gynaecological malignancy in operated cases relative to the total number of operations was determined. In cases of ovarian cancer, the age and parity of the women and stage of disease at presentation was analyzed. During the period of five years, 56 cases of gynaecological malignancies were seen. Forty-six of 754 gynaecological operations done during this period were for malignancy of the female genital tract. The frequency of operations on female genital tract for malignancy therefore 6% (Table I).

Table I. Female genital malignancies at ZMUH.

Site of malignancy	Total No.	(%)	No. of operated cases	(%)
Ovary	25	(45)	25	(54)
Uterus				
Endometrial cancer	7	(12)	7	(15)
Sarcoma	4	(7)	4	(9)
Choriocarcinoma	2	(4)	0	
Cervix	14	(25)	6	(13)
Primary vagina	1	(2)	1	(2)
Vulva	3	(5)	3	(6)
Total	56		46	

Ten cases did not require radical surgery. Chemotherapy was given to two cases of choriocarcinoma and eight cases of late stage cancer of the cervix received radiotherapy. Ovarian cancer was the commonest malignancy of the genital tract in this study. Most of the cases presented in stage III (Table II).

Table II. Stage of ovarian cancer. (n=25)

Stage	No.	%
I	02	8
II	09	36
III	13	52
IV	1	4

The youngest patient was 9 years old and the peak incidence was at 48-58 years. Forty-eight percent of the patients were grand multipara.

Discussion

This study was conducted in a private tertiary university hospital dealing with a higher social class and ovarian cancer was the predominant genital malignancy. The experience in another private tertiary hospital in Karachi was similar³. In the government hospitals cervical cancer still remains the leading cause of genital cancer¹. This probably is a reflection of the lower socio-economic class attending the government hospitals. A higher incidence of cervical cancer is seen in the developing countries like India and Bangladesh as compared to ovarian cancer⁴, whereas, ovarian cancer has higher incidence rates in developed countries and is seen more commonly in upper social classes. Over the past decades however, ovarian cancer has also tended to rise in developing countries and Japan⁵. At Ziauddin Medical University Hospital 6.1% of the gynaecological operations were for malignancies. Almost half of these were for ovarian malignancy in which debulking was performed. Epidemiological studies in various regions of Pakistan are required to study the pattern of female genital tract malignancies. Thus a true picture of genital cancer in Pakistan will emerge.

References

1. Jafarey, N.A. and Zaidi, S.H.M. Cancer in Pakistan. J. Pak. Med. Assoc., 1987;37: 178-183.
2. Ahmed, M., Khan, AN. and Mansoor, A. The pattern of malignant tumours in Northern Pakistan. J. Pak. Med. Assoc., 1991 ;41 :270- 273.
3. Saeed, Ivt, Khalid, K., Iffat, R. et al. A clinico-pathological analysis of ovarian tumours. J. Pak. Med. Assoc., 1991;41 :161- 164.
4. Mis, M.F. Current management and trend of ovarian cancer. The Journal of Obstetrics and Gynaecology, Supplement, Bali, Indonesia, XVth AOFOG Congress, 1995, pp. 15-20.
5. Perkin, IDM. Cancer occurrence in developing countries. Lyon, IARC Scientific publication No. 75, 1986, p.3.