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Research Article

**OUTCOMES AND SYPTOMS OF EXPECTED PERIPARTUM  
HYSTERECTOMY IN MAYO HOSPITAL LAHORE**<sup>1</sup>Dr. Rubab Saleem, <sup>2</sup>Dr. Muhammad Waseem Ashraf, <sup>3</sup>Dr. Maryam Shafique<sup>1</sup>WMO, DHQ Hospital Okara<sup>2</sup>RHC Karianwala<sup>3</sup>Rawlapindi Medical College**Abstract:**

**Objectives:** The objective of this research work is to conclude the signs for IPH (inevitable peripartum hysterectomy) which are linked with the variables of the demography & the outcome of the maternofetal.

**Methodology:** The evaluation of 22 patients who were found with IPH (inevitable peripartum hysterectomy), carried out in the duration of four years from the month of July 2014 to June 2017.

**Results:** The average age of the patients was 32.4 years & the range of their age was eighteen years to forty seven years. The range of parity was from one to nine. Antenatal care is not given to 16 patients out of twenty two patients who were the participants of the research work. Signs for inevitable peripartum hysterectomy were cracked uterus in sixteen patients & atony uterus in four patients. Out of twenty two patients, fifteen distributed per cavity of abdomen while seven were delivered per vagina. The signs for the delivery in the abdomen cavity were laparotomy for damaged uterus with removal of foetus in fifteen percent patients & caesarean surgery in four patients. Seven patients were delivered per vagina in which three patients had delivery of spontaneous vertex, one had delivery with vacuum delivery, and two patients had breech removal of the other twin & embryotomy performed in one patient. The most common type of the hysterectomy which was in regular use was subtotal hysterectomy in seventeen patients. The documentation showed the very great mortality rate of the maternal & prenatal in this research work.

**Conclusion:** Rupture uterus has a relationship with the poor medical condition before operation which was a common sign of the inevitable peripartum hysterectomy in this research work. This can be responsible for the high rate of mortality as recorded in this research work.

**Key Words:** Mortality, peripartum, hysterectomy, documentation, relationship, atony, uterus, inevitable, antenatal, vagina.

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**INTRODUCTION:**

Hysterectomy is not a very common surgery in Pakistan and in its neighbouring countries due to some cultural issues. The specialist in the child birth field will only provide remedy in the shape of hysterectomy in period of peripartum where it is very difficult to get rid of it. In the countries which are under development, the health centres about these issues are not well developed. The data on the health quality of the newborn child and mothers displayed the high occurrence in Pakistan. The poorness and lack of facilities are the contributing elements in the high occurrence of this issue with a very high increase in the population without proper methods and procedure to tackle this problem. IPH is a surgery to save the life of the patient in case of emergency [1].

Obstetric haemorrhage is one of the three main reasons of the maternal mortality & morbidity in Pakistan which is similar to other countries [2]. The main cause of the haemorrhage is ruptured uterus [3]. Ruptured uterus was the main sign of the inevitable peripartum hysterectomy in the developed countries before the year of 1980 [4]. This issue is also related to the high rate of foetal mortality [5]. The current research works from the modern countries concluded that placenta accereta is the most common sign for EPH (emergency peripartum hysterectomy) [4]. The reason of this problem is the high rate of caesarean surgeries & the successful cure of the uterine atony. We assessed the signs of inevitable peripartum

hysterectomy & maternofetal outcome neglecting the results of the previous works.

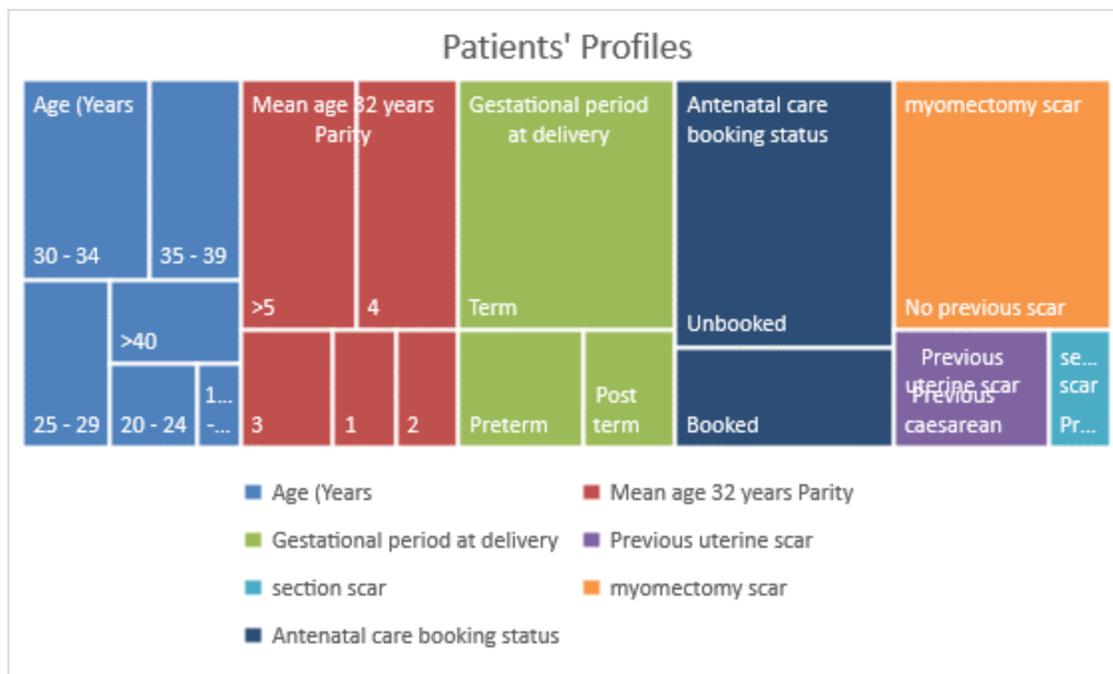
**MATERIAL AND METHODS:**

This research was carried out in the duration of four years from July 2014 to June 2017. Twenty two patients of inevitable peripartum hysterectomy were under investigation in Mayo Hospital Lahore. The files of the patients were gathered and their clinical information was rechecked. The research work was transverse analysis of 22 patients who had inevitable peripartum hysterectomy, of which emergency hysterectomy carried out in the last three months period of pregnancy, during labour pain & after the delivery of the child in a consequence of obstetric haemorrhage. The duration of the time between the detection and the medical interference was concluded by the speed & efficiency of recovery, the presence of the amounts for the treatment, presence of the surgery space in the operating theatre, presence of the blood in case of requirement & the effectiveness of the call network for clinical staff. Many patients were present with many other complications due to the delay in the treatment that are not the part of this research work.

**RESULTS:**

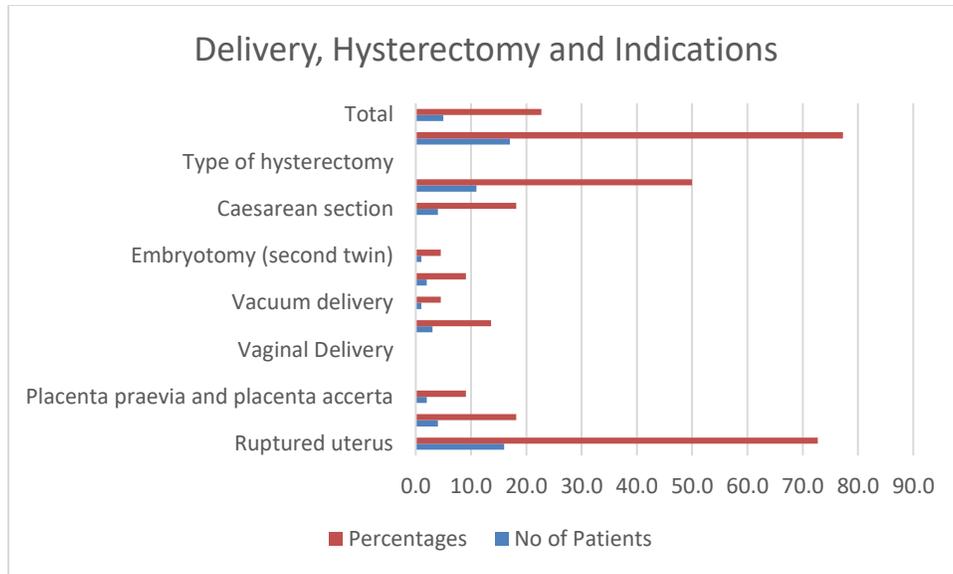
The information of twenty two patients of inevitable peripartum hysterectomy was analysed. The average age of the patients was 32.4 years & range of the age of the patients was from eighteen years to forty seven years (Table-1).

Parameters		n=22	%age
Age (Years)	15 - 19	1.0	4.50
	20 - 24	2.0	9.10
	25 - 29	4.0	18.20
	30 - 34	7.0	31.80
	35 - 39	5.0	22.70
	>40	3.0	13.60
Mean age 32 years Parity	0	0.0	0.00
	1	2.0	9.10
	2	2.0	9.10
	3	3.0	13.60
	4	7.0	31.80
	>5	8.0	36.40
Gestational period at delivery	Preterm	4.0	18.20
	Term	15.0	68.20
	Post term	3.0	13.60
Previous uterine scar	Previous caesarean	5.0	22.70
section scar	Previous	2.0	9.10
myomectomy scar	No previous scar	15.0	68.20
Antenatal care booking status	Booked	6.0	27.30
	Unbooked	16.0	72.70



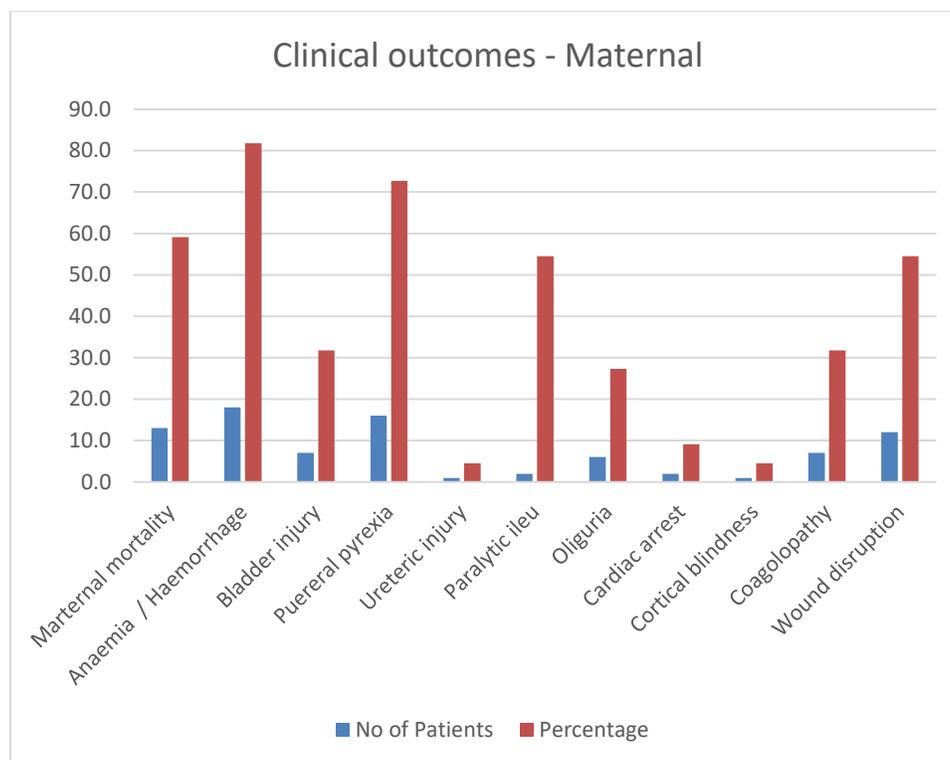
The range of the parity was from one to nine. The records showed that the occurrence of inevitable peripartum hysterectomy was increases with the increase of parity. More than seventy two percent patients were unbooked and they were transferred to other centres. The range of pregnancy period was thirty five to forty two weeks. No previous scar was present in 68.2%, past caesarean section was present in 27.2% & 9.1% were found with past myomectomy. Ruptured uterus was main sign for the inevitable peripartum hysterectomy in this research work having a high percentage of about 72.7%. Uterine atony was present in 13.6% patients and placenta praevia accerta was available in 4.5% patients (Table-2).

<b>Table-II: Symptomss, Delivery and Type of Hysterctomy</b>		
Symptoms	No of Patients	%age
Ruptured uterus	16.0	72.70
Uterine atony	4.0	18.20
Placenta praevia and placenta accerta	2.0	9.10
<b>Mode of delivery</b>		
Vaginal Delivery	-	-
Normal vaginal delivery	3.0	13.60
Vacuum delivery	1.0	4.50
Breech extraction	2.0	9.10
Embryotomy (second twin)	1.0	4.50
<b>Abdominal delivery</b>		
Caesarean section	4.0	18.20
Laparotomy for ruptured uterus	11.0	50.00
<b>Type of hysterectomy</b>		
Subtotal	17.0	77.30
Total	5.0	22.70

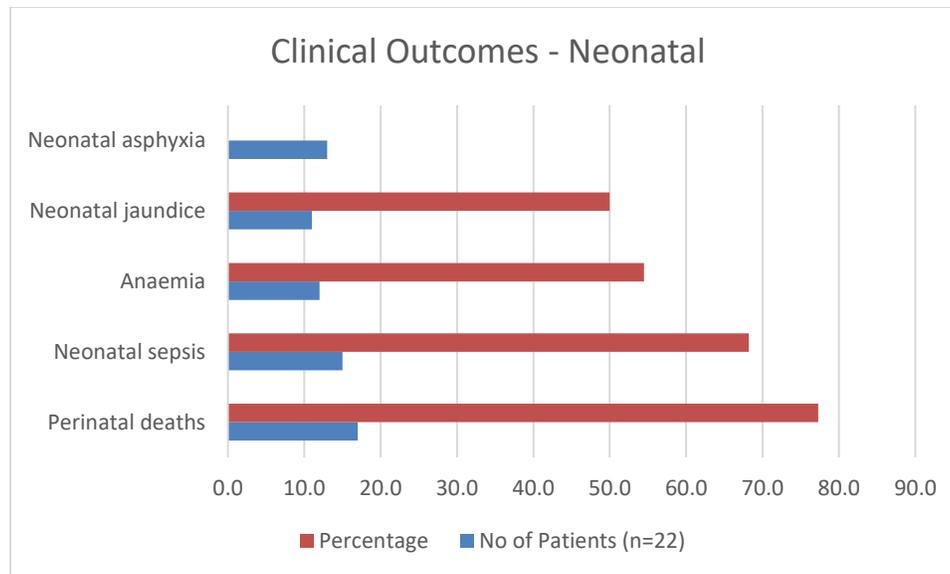


Form of delivery displays those eleven patients had the delivery from abdomen, four patients had to face caesarean surgery and three patients present with delivery from vagina. Other methods of delivery were also recorded with different percentages. Total fifteen patients were available with hysterectomy done. The most common type of hysterectomy was subtotal hysterectomy which was carried out in more than 77% patients. In this research work, the rate of maternal mortality was about fifty nine percent. The main reasons of the morbidity in the patients were haemorrhage, anaemia and disruption of the wound. Prenatal mortality was more than seventy seven percent due to sepsis, anaemia & jaundice. (Tables 3 & 4)

<b>Table-III: Clinical outcome of inevitable emergency peripartum hysterctomy (Maternal)</b>		
Maternal outcomes	No of Patients (n=22)	%age
Maternal mortality	13.0	59.10
<b>Maternal morbidity</b>		
Anaemia / Haemorrhage	18.0	81.80
Bladder injury	7.0	31.80
Puereral pyrexia	16.0	72.70
Ureteric injury	1.0	4.50
Paralytic ileu	2.0	54.50
Oliguria	6.0	27.30
Cardiac arrest	2.0	9.10
Cortical blindness	1.0	4.50
Coagolopathy	7.0	31.80
Wound disruption	12.0	54.50



<b>Table-IV: Clinical outcome of inevitable emergency peripartum hysterectomy (Neonatal)</b>		
Neonatal outcomes	No of Patients (n=22)	%age
Perinatal deaths	17.0	77.30
Neonatal morbidity		
Neonatal sepsis	15.0	68.20
Anaemia	12.0	54.50
Neonatal jaundice	11.0	50.00
Neonatal asphyxia	13.0	-



### DISCUSSION:

Hysterectomy in period of peripartum is not very common but it is a surgery in emergency condition which saves the life of the patients and linked with many complications. In our communities, people are in favour of large families therefore, peripartum hysterectomy does not carry out unless it becomes difficult to get rid of this. The rate off this disease is as per study is 1.83 per 1000 births. This is very much similar to the occurrence reported in USA which was from 1.2 to 2.7 per 1000 births [7, 8]. The occurrence of this issue in this study is very high as compared to the concluded results from many other countries. The occurrence of this problem in Ireland [9] & Norway [10] are 0.3 per 1000 births & 0.2/ per 1000 births respectively. The high occurrence in USA as compared to many countries of Europe is due to the high rate of the caesarean surgeries [4, 6, 7]. There is a similarity in the occurrence of the inevitable peripartum hysterectomy in vaginal delivery in USA and other countries of Europe [4, 6, 8].

The IPH incidence is low in this case study as compared to the rate reported in Netherlands [1]. This outcome can be described best by the severe dislike in Africa to the method of operation deliveries [11]. They mostly give preference to the delivery through vagina where it is desired to have more children [12]. This issue can lead to the high mortality rate in the developing countries due to its complications. Placenta accereta is the frequent sign of the inevitable peripartum hysterectomy [13, 14]. In all the patients, the uterus ruptured before the arrival of the patient in the hospital [15]. Financial resources

and delay in the blood transfusion have the ability to make this situation worse. Subtotal hysterectomy was very common type of operation also described in other research works [3, 16]. In the patients with ruptured gravid uterus, subtotal hysterectomy declared as the safest method and quicker [3]. It has a relationship with low morbidity after operation [3,16].

Inevitable peripartum hysterectomy is linked with the high rate of morbidity and mortality, maternal mortality of about fifty nine percent documented in this research work as against four percent documented in a same study conducted by Anneka Kweev [1]. Ghatak [3] in his research work of one hundred and sixty three patients with ruptured uterus in north parts of the Nigeria concluded total maternal mortality rate of about more than forty six percent. The perinatal mortality of more than seventy seven percent concluded in this work which is very high as compared to the about six percent concluded in a research work carried out in Netherlands [1]. In different research works on ruptured uterus which was very common sign for IPH in this research work, Ghatak [3] & Groene [17] concluded the very high mortality of perinatal of about ninety three percent and hundred percent respectively, while Makinde [18] concluded the less rate of survival of about 17.6% which is comparable to the outcome of this research work. Ruptured uterus is important reason for the maternal mortality, with a range of 28.2% to 31.9% in different research works [19, 20].

### CONCLUSION:

To reduce the occurrence of the inevitable peripartum hysterectomy & reduction in the maternal mortality, a special attempt is necessary to for the management and prevention from the patients of the ruptured uterus. This problem can be tackle with the advancement of the service of the maternal care service, the services of blood transfusion & good transportation and passages to reach at the service centres and awareness of the communities.

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