

Assessment of the Motivation for Consultation in the Gynecology Department at the University Teaching Hospital Gabriel Toure of Bamako

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Abstract

Original Research Article

Symptoms due to their diversity and variability are the most common reasons for consultation. The grouping of these symptoms into entities could guide explorations and facilitate clinicians' diagnosis: leucorrhoea, pelvic pain, disorders of the cycle and genital hemorrhages, sexual disorders, urinary and rectal disorders, symptoms of breast fertility. To better target the diagnosis of common pathology, we have undertaken a study to determine the reasons for consultation in gynecology at CHU GABRIEL TOURE in Bamako. It consisted of a systematic collection of information on patients who had consulted the gynecology department from 1 January 2008 to 31 December 2009. It was found that women in periods of genital activity (15 to 49 years) constituted 86.3% 'sample. They were housewives in 58.5% of the cases and the average age of the consultants was 32.29 years with extremes of 1 to 96 years. Pregnancy desire was 16.3%; Pelvic pain 11.6% and vulvovaginal pruritus 8.9%. Vaginitis was the most commonly observed diagnosis with 15.9% followed by secondary infertility with 11.1% and uterine fibroids 8.1%. In (25%) one in four women under 15 years old, a recent hymenal perforation has been found. Elsewhere in the 15-49 age group, the diagnoses were vaginitis, secondary sterility, with 17.4% and 12.8%, respectively. After menopause cervix cancer was frequently observed with 37.0% of cases. The pathologies frequently observed were: primary sterility (21.1%) in nulligest; Secondary sterility (27.6%) in primiparae; Vaginitis (16.9%) in multigest and cervix cancer (26.4%) in large multigesta. Vaginitis has been the pathology frequently observed in all occupational categories.

Keywords: Infectious and tumor pathologies, Infertility, Sexual aggression, Prolapse, Amenorrhoea, Breast pathology, Menopause.

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INTRODUCTION

The medical examination is a capital time of the consultation. It should not be just a succession of precise answers to brief questions mirroring medical semiology. Nor is it a simple parlor conversation. It is an interactive instrument for the exchange of doctor-patient information that must be mastered because it is also a vector of emotions.

The symptoms leading to consultation are numerous, of unequal frequency and importance. The main reasons for consultation in gynecology can be grouped under the following headings: leucorrhoea, pelvic pain, cycle disorders and genital bleeding, sexual disorders, urinary and rectal disorders, breast symptoms and fertility disorders.

Leucorrhoea is a frequent reason for gynecological consultation of sexually active women [1].

Metrorrhagia is also a frequent reason for consultation in gynecology [2], the first sign of discovery of cancer of the cervix [3].

Pelvic pain represents about 10% of gynecological consultations, 20 to 40% of indications for laparoscopy and 10% of those for hysterectomy [4-9].

METHODOLOGY

This is a retrospective cross-sectional study, data collection took place from January 1, 2008 to

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December 31, 2009 in the gynecology and obstetrics department of the CHU Gabriel Touré.

The study covered all consultations in the gynecology and obstetrics department from January 2008 to December 31, 2009.

We included in this study all the women who consulted in the gynecology and obstetrics department during the study period.

All women whose records were not completed were excluded from this study. The consultants' files served as a support for data collection.

The various information from the medical records were entered and analyzed with *SPSS statistics 12.0 software* and word processing in *Word, Office 2007*.

RESULTS

In two (2) years of study the total number of consultants was 3920 patients distributed as follows: 1810 patients in 2008 or 46.1% and 2110 women in 2009 (53.9%) (Table I).

Table I: General description of the sample.

General description		Number	%
Sociodemographic characteristic			
Age groups			
	< 15 years	127	3.2
	15-49 years old	3379	86.3
	> 49 years old	403	10.2
	Unspecified	11	0.3
Occupation			
	Household	2295	58.5
	employee	544	13.8
	Trader	508	13.0
	Pupil/Student	555	14.2
	Unspecified	18	0.5
Educational level			
	Primary	312	8.0
	Secondary	525	13.4
	Superior	404	10.3
	Literate	13	0.3
	No schooling	2666	68.0
Marital status			
	Bride	3063	78.1
	Single	686	17.5
	Divorcee	46	1.2
	Widow	125	3.2
Ethnic group			
	Bambara	1139	29.1
	Fulani	608	15.5
	Soninke	684	17.4
	Malinke	477	12.2
	Other Malians	942	24.0
	Foreign	70	1.8
Mode of admission			
	Come by itself	2831	72.2
	Referred	1089	27.8

Married, uneducated women whose main occupation is housework were the most represented in our sample. The majority of women came to consult on their own, ie 72.2%.

The majority were between 15 and 49 years old, that is 86.3%, the average age was 32.29 years old.

Among the professions encountered, housewives were the most represented with 58.5%. Unschooling women were in the majority in our study with a high proportion (68%). The status of married women was frequently observed in our study with 78.1% of consultants, single people were poorly represented with 17.5%. Bambara women consulted more with 29.1%. The majority of

women had come on their own to seek care in our service (72.2%). This observation would be due to a dysfunction of the reference system, it is the first and the second level which must refer to the third level of the health pyramid of Mali. Doctors were the most solicited in the referral of patients with 60.9% followed

by the police authorities with 19.7%. Overall, the reasons for consultation most frequently reported by patients are the desire for pregnancy, pain pelvic and vulvo-vaginal pruritus with respectively 16.3%, 11.6% and 8.9% (Table II).

Table II: Distribution of patients according to the reasons for consultation

Reasons for consultation	Number	Percentage (%)
Pelvic pain	456	11.6
Leucorrhoea	165	4.2
Abnormal bleeding	214	5.5
Urinary disorders	70	1.8
Pelvic mass	113	2.9
Desire for pregnancy	638	16.3
Sexual disorders	6	0.2
breast pain	90	2.3
breast lump	87	2.2
Breast discharge	27	0.7
Vulvovaginal pruritus	347	8.9
Contraception	4	0.1
Repeated abortion	77	2.0
Dyspareunia	224	5.7
Amenorrhea	188	4.8
Spaniomenorrhea	34	0.9
Other cycle disorders	78	2.0
Dysmenorrhea	224	5.7
Vulvar mass	110	2.8
sexual assault	219	5.6
Other gynecological reasons	258	6.6
Non-gynecological reasons	291	7.4
Total	3920	100.0

The six (6) main reasons for consultation in the gynecology and obstetrics department of the Center Hospitalier Universitaire Gabriel TOURE are as follows:

- The desire for pregnancy (16.3%);
- Pelvic pain (11.6%);
- Vulvovaginal pruritus (8.9%);
- Dyspareunia (5.7%);
- Dysmenorrhea (5.7%);
- Sexual assault (5.6%)

Girls under 15 mostly consulted for sexual assault with 89.0%. Patients aged 15 to 49 mainly consulted for desire for pregnancy (18.8%) and pelvic pain (12.0%). Abnormal bleeding (23.6%) and vulvovaginal pruritus (18.4%) were the main reasons for consultation in women over 49 years old.

The main reasons for consultation were for nulligest the desire for pregnancy (19.6%) and sexual assault (18.4%) and for major multigestures abnormal bleeding (15.4%) and vulvo-pruritus. vagina (12.1%).

Housewives, salaried employees and shopkeepers mainly consulted for the desire to become

pregnant with 16.4% respectively; 19.1% and 26.0%. One out of 5 students consulted for sexual assault.

The breast nodule was found in 3.2% of the patients and an abdominal mass was observed in 4.7% of the patients.

Vaginal speculum examination found: a healthy cervix in 74.2% and budding in 5.8% of women. We found 8.1% cervicitis.

The vaginal examination revealed that 14.9% of the women had an enlarged uterus and in 7.8% the uterus was painful. There were painful adnexa in 7.8% and an adnexal mass in 2.9%.

Among the abnormal vaginal samples, the most frequently found germs were *Candida albicans* (29.9%), *Gardenerella vaginalis* (22.5%); *Candida albicans* + *Gardenerella vaginalis* (15.2%); *Ureaplasma urealyticum* (5.2%). ECBU abnormalities highlighted germs such as *Staphylococcus aureus* (25.4%) *Escherichia coli* (22.9%); *Klebsiella pneumoniae* (15.9%).

The abnormal results of the spermogram mainly concerned Oligoasthenospermia (41.7%), Azoospermia (18.8%) and Asthenospermia (14.6%).

The investigations carried out made it possible to establish the following diagnoses: vaginitis with 15.9% followed by secondary sterility with 11.1%. In one in four women under the age of 15, a recent

hymenal perforation was found. Elsewhere among 15-49 year olds, the diagnoses retained were vaginitis, secondary sterility, with 17.4% and 12.8% respectively.

In patients over 49 years of age, cervical cancer was frequently observed with 37.0% of cases (Table III).

Table III: Distribution of patients according to the diagnosis selected

Diagnosis retained		Number	Percentage (%)
Infectious diseases			
	Vulvovaginitis	170	4.3
	Vaginitis	624	15.9
	Urinary tract infection	135	3.4
	Cervicitis	85	2.2
	Endometritis	25	0.6
	Salpingitis/Adnexitis	79	2.1
Tumor pathologies			
Benign tumors			
	breast lumps	74	1.9
	Fibroma	319	8.1
	Ovarian dystrophy	62	1.6
	Ovarian Cyst	59	1.5
Malignant tumors			
	Breast cancer	29	0.7
	Vulvar cancer	1	0.0
	Cervical cancer	267	6.8
	endometrial cancer	13	0.3
	Ovarian cancer	32	0.8
Sterility			
	Primary sterility	230	5.9
	Secondary sterility	436	11.1
	Genital prolapse	113	2.9
	Endometriosis	5	0.1
	Gynecological malformations	6	0.2
	Essential mastodynia	87	2.2
	Dysmenorrhea	144	3.7
	Primary amenorrhea (etiology not determined)	6	0.2
	Secondary amenorrhea (etiology not determined)	49	1.3
	Pregnancy	113	2.9
	Recent perforation	46	1.2
	Pre-menopause syndrome	30	0.8
	Normal examination	334	8.5
	Other gynecological pathologies	140	3.6
	Other non-gynecological pathologies	118	3.0
	Not examined	89	2.3

Vaginitis was the most frequently observed diagnosis with 15.9% followed by secondary infertility with 11.1%.

The pathologies frequently observed were: primary sterility (21.1%) in nulliparous women; secondary sterility (27.6%) in primigravidae; vaginitis (16.9%) in multiparas and cervical cancer (26.4%) in grand multiparas.

Considering parity, it was observed: primary sterility (17.1%) in nulliparous; secondary sterility (29.2%) in primiparae; vaginitis (17.0%) in multiparas and cervical cancer (32.2%) in grand multiparas.

Vaginitis was the pathology frequently observed in all categories of professions. Systemic antibiotics were used in 27.9% of cases and analgesics in 20.2%.

DISCUSSION

Overall, the reasons for consultation most frequently reported by patients were the desire for pregnancy, pelvic pain and vulvo-vaginal pruritus with respectively 16.3%, 11.6% and 8.9%. In the literature we have found the following results: 10 to 15% for the desire for pregnancy [10] and 20 to 30% for pelvic pain [11].

The under 15s mainly consulted for sexual assault with 89.0%. A study carried out in Finland [12] found 17% sexual abuse among children aged 4 months to 17 years. Patients aged 15 to 49 were consulted mainly for desire for pregnancy (18.8%) and pelvic pain (12.0%).

Among the abnormal vaginal samples, the most frequently found germs were *Candida albicans* (29.9%), *Gardenerella vaginalis* (22.5%); *Candida albicans* + *Gardenerella vaginalis* (15.2%); *Ureaplasma urealyticum* (5.2%). Raphaël A *et al.*, [13] found the following results: *Gardenerella vaginalis* (47.0%) and *Candida albicans* (29.4%).

The investigations carried out made it possible to establish the following diagnoses: vaginitis with 15.9% followed by secondary sterility with 11.1%. In the literature Raphaël A. *et al.*, [13] found a prevalence of *Candida albicans* vaginitis at 29.4%.

In one in four women under the age of 15, a recent hymenal perforation was found. In the literature Piippo S. and Coll [14] found 29.0% of hymenal perforation in children under 17 years old.

In patients over 49 years of age, cervical cancer was frequently observed with 37.0% of cases. TRAORE M. and Coll [15] reported that cervical cancer represents 50.0% of all gynecological cancers with an average age of 48.5 years.

Systemic antibiotics were used in 27.9% of cases and analgesics in 20.2%. In the literature we found a rate of antibiotic use at 27.3% [16].

CONCLUSION

It appears that women in the period of reproductive activity (15 to 49 years) constituted 86.3% of the sample. They were housewives in 58.5% of cases and the average age of the consultants was 32.29 years with extremes of 1 to 96 years. The desire for pregnancy represented 16.3% and pelvic pain 11.6%.

Vaginitis was the most frequently observed diagnosis with 15.9% followed by secondary infertility with 11.1% and uterine fibroid 8.1%.

In (25%) one out of 4 women under 15, a recent hymenal perforation was found. Elsewhere

among 15-49 year olds, the diagnoses retained were vaginitis and secondary sterility, with 17.4% and 12.8% respectively.

After menopause cervical cancer was frequently observed with 37.0% of cases. Systemic antibiotics were used in 27.9% of cases and analgesics in 20.2% of cases.

Conflicts of Interest: The authors declare no conflicts of interest.

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