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ORIGINAL ARTICLE

Disease Pattern of Out-Patient Department Visits in The Department of Obstetrics and Gynecology at A Tertiary Care Hospital

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ABSTRACT

Background: Department of obstetrics and gynecology is one of the busiest departments amongst hospital visits. The aim of this study was to determine the disease pattern prevailing in out-patients of department of obstetrics and gynecology and their segregation with respect to infectious and non-infectious etiology.

Methods: This hospital based cross-sectional study was conducted in out-patients attending obstetrics and gynecology department of Kathmandu National Medical College, Kathmandu, Nepal from 17th August 2017 to 16th August 2018. A sum of 1504 patients attending the department was enrolled in the study which included cross referrals for out-patient consultations as well. Diagnosis was based on history, examination and/or investigations (urine, cervical discharge, blood and/or ultrasonography- abdomen and pelvis).

Results: More than half (n=803, 53.4%) out-patient department consultation was observed in age group of 20-30years with mean age of 24years. Non-infectious etiology accounted for most out-patient visits (n=1016, 67.6%). The top five out-patient department visits noted were vaginal discharge syndrome (n=325, 21.6%) followed by abnormal uterine bleeding (n=202, 13.4%), ante-natal visits (n=147, 9.8%), non-specific pain lower abdomen/backache (n=108, 7.2%) and urinary tract infection (n=98, 6.5%). Among the total 82 cross-referrals, the order for referral was Medicine (n=34, 41.5%), Dermatology (n=22, 26.8%), Pediatrics (n=12 14.6%), Surgery (n=8, 9.8%) followed by Dental (n=6, 7.3%).

Conclusions: The patterns of gynecological problems observed were vaginal discharge followed by abnormal uterine bleeding, non-specific pain lower abdomen/backache and urinary tract infection in descending order. The most common infectious problem being vaginal discharge and non-infectious being abnormal uterine bleeding. The result of this study will be helpful for health planners and policy makers for launching programs to reduce gynecological morbidity and improve overall women's health.

Keywords: *Gynecology Obstetrics Outpatients, Tertiary Healthcare.*

INTRODUCTION

People visit doctors for health concerns that may vary from minor issues to catastrophic problems.[1] The knowledge of disease and its pattern of presentation together with an ability to interpret a patient's symptoms and signs is required for diagnosis and understanding the disease.[2] The obstetrician and gynecologist usually serve as a primary health care resource for women and their families providing information, guidance and referrals as per need.[3] Obstetrics is concerned with human reproduction and promotes well-being of pregnant women and her fetus through quality care[4] and Gynaecology deals with gynecological problems from neonatal period to old age. Gynecologists, serving both as a specialist and primary health care provider, diagnose and treat a variety of diseases.[5]

Citation

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The result of this study is important for health planners to target the areas of gynecological morbidity for arranging adequate man-power and infrastructures to improve women's health.

The aim of this study was to determine the disease pattern prevailing in out-patients of department of obstetrics and gynecology.

METHODS

This hospital based descriptive cross-sectional study was conducted among out-patient department (OPD) patients of obstetrics and gynecology (OBG) department of Kathmandu National Medical College (KNMC), Kathmandu, Nepal from 17th August 2017 to 16th August 2018. All patients attending the department of OBG along with cross referrals for OPD consultations were taken into consideration. The consultation records of 1504 such cases were assessed. In this study, only the final diagnosis was considered. The department maintains a consultation register where the demographic details, specialty requiring gynecological consultation and primary diagnosis of the patient are entered and the data needed were obtained from the same. The treatment is advised based on history, examination and in some cases tests such as Urine Pregnancy Test (UPT), Routine urine microscopic examination (RME), Urine culture and sensitivity (C and S), High vaginal swab (HVS), Blood investigation of Thyroid function test (TFT), Serum (Sr) Prolactin, Sr Follicle stimulating hormone (FSH), Sr Luteinizing hormone (LH), Sr Testosterone, Sr anti-mullerian hormone (AMH) and; ultrasonography (USG)-abdomen and pelvis.

All data were entered in Microsoft Excel 2010 and analyzed by computer program using statistical package for social sciences (SPSS 16.0). Data are analyzed in terms of mean, frequency, percentages and ratios; and are presented in tables.

RESULTS

Among the 1504 OPD visits, more than half (n=803, 53.4%) OPD consultation was noted in age group of 20-30 years with mean age of 24 years. Married females accounted for 1296 (86.2%) OPD visits and rest were unmarried (Table 1).

Table 1. Demographic characteristics (N = 1504).

Characteristic	n (%)
1. Age	
<20	117 (7.8%)
20-30	803 (53.4%)
30-40	251 (16.7%)
40-50	218 (14.5%)
50-60	65 (4.3%)
>60	50 (3.3%)
2. Marital status	
Unmarried	208 (13.8%)
Married	1296 (86.2%)

Table 2. Distribution of Patients (N = 1504).

Speciality	n (%)
Obstetrics	184 (12.2%)
Gynecology	1320 (87.8%)

Most OPD visits were done by gynecological patients (n=1320, 87.8%) (Table 2).Non-infectious etiology had major share of OPD visits (n=1016, 67.6%) as compared to infectious ones (n=488, 32.4%) (Table 3).

Table 3. Nature of disease (N = 1504).

Type of Disease	n (%)
Infectious	488 (32.4%)
Non-infectious	1016 (67.6%)

Among the total OPD visits (N=1504); Vaginal discharge syndrome (n=325, 21.6%), abnormal uterine bleeding (n=202, 13.4%), ANC visits (n=147, 9.8%), non-specific pain lower abdomen/backache (n=108, 7.2%) and UTI (n=98, 6.5%) were observed as top five causes for OPD visits (Table 4).

Table 4. Pattern of OPD visits (N = 1504).

Diagnosis	n (%)
Vaginal Discharge Syndrome	325 (21.6%)
Abnormal Uterine Bleeding	202 (13.4%)
ANC visits	147 (9.8%)
Non-specific Pain lower abdomen/ Backache	108 (7.2%)
UTI	98 (6.5%)
PCOD	57 (3.8%)
General check-up	56 (3.7%)
Cervicitis	50 (3.3%)
Abortion/PAC	50 (3.3%)
Amenorrhoea	48 (3.2%)
PCOD	44 (2.9%)
Cervical cancer screening	41 (2.7%)
Normal Puerperium	37 (2.5%)
Fibroid uterus	37 (2.5%)

Ovarian cysts	33 (2.2%)
Pelvic Organ Prolapse	29 (1.9%)
Leucorrhoea	24 (1.6%)
Senile vaginitis	24 (1.6%)
Family planning counseling	20 (1.3%)
Mastalgia	20 (1.3%)
PID	12 (0.8%)
Puberty Menorrhagia	9 (0.6%)
Subfertility counseling	9 (0.6%)
Ectopic Pregnancy	7 (0.5%)
Post-Menopausal syndrome	7 (0.5%)
Mittelschmerz	4 (0.3%)
Genital warts	3 (0.2%)
Mullerian anomalies	3 (0.2%)

Among the total 82 cross-referrals, departmental contributions resulted in the order as Medicine (n=34, 41.5%), Dermatology (n=22, 26.8%), Pediatrics (n=12, 14.6%), Surgery (n=8, 9.8%) followed by Dental (n=6, 7.3%) (Table 5).

Table 5. Distribution of Gynecological cross-referrals (N = 82).

Departments	n (%)
Medicine	34 (41.5%)
Dermatology	22 (26.8%)
Paediatrics	12 (14.6%)
Surgery	8 (9.8%)
Dental	6 (7.3%)

DISCUSSION

According to NDHS-2016, the mostly populated age group belonged to less than 20 years followed by 20-30 years.[6] In our study, most common OPD visit was noted in age group of 20-30 years. As pediatricians primarily dealt with problems of children <15 years, there was decreased number of OPD visits in OBG. The next most common age group of 20-30 years corresponded between the two studies. Similar to above findings, Salini et al[7] reported that 70% of patients visiting OPD were between 20-29 years of age. The other reasons for more OPD visit in this age group could be related to increasing marriage practice after 20 years of age in literate people of the valley. Females being more sexually active in this age group along with tendency to visit hospitals even for minor ailments contribute to escalating load in OPD. In contrast to above, Shrestha et al[8] reported 30-40 years followed by 20-30 years to have the highest number of OPD patients.

The mean age for OPD visit was calculated to be 24 years similar to studies conducted by Vakharia[9] (25 years) and Kaur et al[10] (29 years).

The ratio of OPD visits among married to unmarried was 6.2:1. This could be attributed to more population in married age group as marriage practice is commoner in early thirties. In addition to specific obstetric condition of ANC visit and normal puerperium, almost all the gynecological problems occur in married ones with the exception of puberty menorrhagia which is common in younger age group. In contrast to unmarried women who are generally shy to share their problems and get examined, married ones have the habit of seeking doctors if any heath issue arises and; are more concerned for general check-up as different diseases do occur as age increases.

In our study, OPD visits of obstetrics cases was 12.2% (N=1504) which was dissimilar to results by Shrestha[11] who revealed 40% (N=23,130). This difference could be linked to the fact that the former is newly opened general teaching hospital whereas the later is known for its maternity service since long and is popularly known as "Maternity Hospital" and; the difference in sample size between them is also huge.

All clinicians regardless of the extent of their training and expertise have limitations to their knowledge and skills and should seek consultation at appropriate times for the benefit of their patients in providing both reproductive and non-reproductive care.[3] In multi-specialty centers, cross-referrals have become popular. It is commonly adopted in this centre for better patient care without adding extra economic burden and saves the practitioner from medico-legal litigations.

In this study, infectious etiology accounted for 488 (32.4%) OPD visits with vaginal discharge syndrome being the commonest. Findings were similar to that of Vakharia et al.[9]

The top three OPD visits for gynaecological problems are vaginal discharge syndrome (VDS), abnormal uterine bleeding (AUB) followed by non-specific pain lower abdomen/backache in our study similar to studies by Shrestha et al[8], Walraven et al[12], Bhatia et al[13] and Bhatia et al.[14] VDS may be explained due to unhygienic menstrual practices and poor personal sanitation. Hormonal disturbances noted in this hustle and bustle world could lead to AUB. Non specific pain in lower abdomen may be associated with physical activities done in forward bending posture leading to mechanical pain. Occasionally different internal pathologies of non-specific moieties may

mimic the above entities.

Comparable to our findings Vakharia et al[9] reported menstrual disorders to be the most common non-infective cause and vaginal discharge to be the most common infective cause. Considering the bulk of the problem, Government of Nepal has adopted syndromic management protocol for vaginal discharge syndrome providing adequate training even to paramedical staffs up to sub-health post level.[15]

The total cross referrals to Department of OBG were 5.5% (82 out of 1504 OPD visits). Among them 34 (41.5%) cases were from department of Medicine followed by Dermatology (n=22, 26.8%), Pediatrics (n=12, 14.6%), Surgery (n=8, 9.8%) and Dental (n=6, 7.3%). This cross referral system shows the culture of best practice as one is not efficient in every field and such trends ultimately benefits the patient for getting better cure.

CONCLUSIONS

Gynecological disorders are amongst the most common OPD visits causing significant morbidity to patients in the country. Different patterns of gynecological problems are observed with most common being vaginal discharge syndrome followed by abnormal uterine bleeding, ANC visits, non-specific pain lower abdomen/backache and UTI in descending order. The result of this study will be helpful to health planners and policy makers to target the areas of gynecological morbidity to improve overall women's health.

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