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ORIGINAL ARTICLE

Socio-demographic Characteristics of Ovarian Tumor Patients attended at a tertiary Care Hospital in Dhaka city

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Abstract

Background: Ovarian tumour is a leading cause of morbidity and mortality. **Objective:** The purpose of the present study was to observe the socio-economic conditions of the ovarian tumour patients. **Methodology:** This was a cross sectional observational study and was carried out in the Department of Obstetrics and Gynaecology at Bangabandhu Sheikh Mujib Medical University (BSMMU) Hospital, Dhaka from July 2008 to December 2008. Patient admitted in the Obstetrics and Gynaecology ward in BSMMU hospital with diagnosis as ovarian tumour were selected as study population. Woman suffering from ovarian tumour who were diagnosed by history, clinical presentation, laboratory finding's and finally, confirmed by operative findings and histopathological report were included in this study. **Result:** Out of total 382 patients admitted with different gynaecological problem into BSMMU Hospital, 50 (13.09%) were diagnosed as ovarian tumour. Out of 50 patients maximum number of patients belonged to age group 21-30 years (32%). Mean age 38.2±7.31 years with a range 16 to 69. Among the 50 patients 4% of patents belonged to upper class, 56% middle class and 40% were to lower class. Out of total 50 cases 8% were unmarried and 92% were married, of whom 12% were nuliparous and 80% were parous. **Conclusion:** In conclusion the ovarian tumours are most commonly occurred in middle aged women in the middle income group. The parous women are most commonly suffering from ovarian tumour. [*Journal of Current and Advance Medical Research 2015;2(2):39-41*]

Keywords: ovarian tumour; demographic characteristics; socio-economic condition; age difference

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Introduction

Tumours of the ovary are common form of neoplasia in women[1]. It represents heterogenous group of disease. Malignant ovarian tumours are the sixth most common female cancer and constitute 7.5% of all gynaecological malignancies and 3.5% of all cancers in women[2]. Ovarian cancer is one of the leading causes of death among gynaecologic malignancies[3]. In spite of significant surgical and chemotherapeutic advance in treatment, 5 year survival rates have not changed significantly in over 25 years and remains beyond 25%[3].

Tumours arise from principal ovarian components such as epithelial, germ cell and stromal tissue[1]. Of this 70-80% are epithelial origin, 10-15% stromal and 5% are germ cell origin[4]. From the clinical behaviour of ovarian neoplasm, it is almost impossible to distinguish a benign tumour from its malignant counterpart. Therefore in most cases it is diagnosed when it becomes already malignant. In recent years, a considerable international public demand has developed for ovarian cancer screening, unfortunately the available screening test are not sufficiently accurate for general screening and so most of the ovarian cancer are not diagnosed until the tumour have been reached a late stage. It has been observed that 70% belong to clinical stage III and only 30% belong to stage I & stage II[5]. This unfavourable distribution is because of ovarian tumours are seldom symptomatic in the early stage of disease. Therefore early detection is not possible only with high index of suspicion. Whenever patient experiences with lower abdominal pain or a patient found to have pelvic mass, must be evaluated timely and in cost effective manner that is tailored to a realistic list of possible diagnosis. In this study, much emphasis was give on the presenting symptomatology, different modes of presentation of ovarian tumours and the histological categorization of ovarian tumours. It is hoped that it may provide helpful hints at least to some extent for the early diagnosis of ovarian neoplasm in our country and thereby instigate early management and increases survival time. The purpose of the present study was to observe the socio-economic conditions of the ovarian tumour patients.

Methodology

This was a cross sectional observational study and was carried out in the dept of Obstetrics and Gynaecology. Bangabandhu Sheikh Mujib Medical Universigy (BSMMU) Hospital, Shahbag, Dhaka From July 2008 to December 2008 for a period of 6 Months. Patient admitted in the Obstetrics and Gynaecology ward in Banghabandhu Sheikh Mujib Medical University (BSMMU) hospital with provisional diagnosis as ovarian tumour were selected as study population. Sampling technique was purposive sampling method. Woman suffering from ovarian tumour who were diagnosed by history, clinical presentation, laboratory finding's and finally, confirmed by operative findings and histopathological report were included in this study. Cases of presumptive diagnosis of ovarian tumour by vitue of signs and symptoms who were initially included in the study were finally excluded by laparotomy and histopathological finding, like parovarian cyst, mesenteric cyst and retroper to neal tumour. After obtaining informed written consent relevant information for each of the study cases were included in predesigned data collection sheet (appendix). Data were analyzed using computer based programme statistical package for social science (SPSS).

Result

To find out all about the different types of ovarian tumour and to determine the frequency of each type, a total number of 50 cases of ovarian neoplasm were studied. Out of total 382 patients admitted with different gynaecological problem into BSMMU Hospital, 50(13.09%) were diagnosed as ovarian tumour.

Table 1: Rate of Positivity of Ovarian tumor

Ovarian Tumour	Frequency	Percentage
Positive	50	13.1
Negative	332	86.9
Total	**382**	**100.0**

Out of 50 patients maximum number of patients belonged to age group 21-30 years (32%) followed by 41 to 50 years (22.0%), 31 to 40 years (20.0%). Mean age 38.2±7.31 years with a range 16 to 69 (Table 2).

Table 2: Age distribution of patients (n=50)

Age group (years)	Frequency	Percentage
Up to 20 years	2	4.0
21-30 years	16	32.0
31-40 years	10	20.0
41-50 years	11	22.0
51-60 years	8	16.0
61-70	3	6
Total	50	100.0
Mean (Range)	**38.2±7.31**	**16-69**

Table 3: Socio-Economic status of the study population (n=50)

S-E Status	Frequency	Percentage
Upper class	2	4
Middle class	28	56
Lower class	20	40
Total	**50**	**100.0**

*S-E status=Socio-Economic status

Among the 50 patients 2 (4%) of patents belonged to upper class (>20,000 Tk.), 28 (56%) middle class (5000-20,000 Tk.) and 20 (40%) were to lower class (<5000 Tk.) (Table 3). Out of total 50 cases 4 (8%) were unmarried and 46 (92%) were married, of whom

6 (12%) were nuliparous and 40 (80%) were parous (Table 4).

Table 4: Distribution of study population according to parity (n=50)

Parity	Frequency	Percentage
Unmarried	4	8.0
Married		
• Nuliparous	6	12.0
• Parous	40	80.0
Total	**50**	**100.0**

Discussion

Current study was carried out in BSMMU hospital for six months to evaluate the clinical and pathological aspect of ovarian tumor. During the study period, out of 382 admitted patients in the department of Gynaecology and obstetrics 50 patients were diagnosed as ovarian tumor with a prevalence rate of 13.09%. Worldwide the incidence is lowest in Japan (4.4%) and highest in the Scandinavian countries (15.3%). 33 Ovarian cancer is the fifth most common cancer in women and the most common cause of death from gynecologic malignancy[6].

In this study the mean age was 38.2 years which is very close to the mean age of other series[7] of 289 patients who were diagnosed with 342 benign ovarian tumors (36.7 years ± 13.9) and 33.35 years in a case series of 91 ovarian teratoma reviewed by others[8]. The highest incidence was 31-40 years which is reported in a study[5]. The mean age group was (36.8+17.8) years. In case of malignant ovarian tumour the patient's age at diagnosis was found to have some significance with poorer survival in older patients even alter correction for stage, residual disease and performance status. The patients older than 65 years at diagnosis presented more frequently than younger patients with a poor performance status and had decreased survival[9].

In current study 4% cases had positive family history of ovarian neoplasm and 96% had no such family history. Familial clustering of ovarian cancer is established and often the result of genetic predisposition[8]. Out of total 50 cases, 4 (8%) were unmarried and 46 (92%) were married, of whom 6 (12%) were nuliparous and 40 (80%) were parous. The mean parity in a series[7] was 1.5 ±1.6.

Conclusion

In conclusion the ovarian tumours are most commonly occurred in middle aged women in the middle income group. The parous women are most commonly suffering from ovarian tumour.

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