

Pelvic examination in first antenatal care visit women

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การตรวจภายในในสตรีที่มาฝากครรภ์ครั้งแรก

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ในปัจจุบันการตรวจภายในการดูแลหญิงตั้งครรภ์นั้น ส่วนหนึ่งได้ถูกละเลยไป เนื่องจากการไม่เห็นความสำคัญของผู้ให้บริการการศึกษานี้จึงมุ่งหาความชุกของความผิดปกติที่สามารถตรวจพบได้จากการตรวจภายใน ในสตรีที่มาใช้บริการการฝากครรภ์ครั้งแรกที่โรงพยาบาลศรีนครินทร์ จำนวน 400 ราย โดยทำการตรวจภายใน โดยใช้ speculum examination bimanual palpation การตรวจทางเซลล์วิทยาของปากมดลูก การตรวจทางจุลทรรศน์ วินิจฉัยสารคัดหลั่งในช่องคลอด

ผลการศึกษาพบความผิดปกติ ร้อยละ 42.2 โดยแยกในรายละเอียดเป็น การติดเชื้อรา ร้อยละ 20.5 non specific inflammation ร้อยละ 14.5 การติดเชื้อ Trichomonas ร้อยละ 1.0 การติดเชื้อราพร้อมกับเชื้อ Trichomonas ร้อยละ 0.8 การติดเชื้อราพร้อมกับการติดเชื้อ Herpes simplex ร้อยละ 0.3 ตรวจพบความผิดปกติของเซลล์ปากมดลูก class 2 ร้อยละ 0.8 class 3 ร้อยละ 2.3 class 4 ร้อยละ 0.3 ตรวจพบเนื้องอกรังไข่ ร้อยละ 0.6 ขนาดมดลูกผิดจากอายุครรภ์ตั้งแต่ 3 สัปดาห์ขึ้นไป ร้อยละ 0.8 และ cervical polyp ร้อยละ 0.8

จากผลการวิจัยพบว่าการตรวจภายในสามารถตรวจพบความผิดปกติจำนวนมากได้ในหญิงตั้งครรภ์ ดังนั้น การตรวจดังกล่าวควรนำที่จะได้รับการปฏิบัติในผู้ฝากครรภ์ทุกราย

Abstract

Pelvic examination in antenatal care has been neglected by some obstetricians because lack of concern. The aim of this study was to determine the abnormalities detected by routine pelvic examination during antenatal care.

A total number of 400 pregnant women during their first visit to antenatal care clinic of Srinagarind hospital were examined by speculum examination, bimanual palpation, Papanicolaou smear for cervical cytology and wet smear of vaginal discharge

Abnormal findings were detected in 42.2 percent. these included 20.5 percent of fungal infection, 14.5 percent of non specific inflammation, 1.0 percent of Trichomonas vaginitis, 0.8 percent of fungal and Trichomonas vaginitis, 0.3 percent of HSV and fungal infection. These was also 0.6 percent of ovarian tumor, 0.8 percent of uterine size uncorrelated with gestational age, 0.8 percent of cervical polyp. Abnormal cervical cytology were detected in 3.4 percent, 0.8 percent of patients in class 2, 2.3 percent in class 3 and 0.3 percent in class 4. From result of this study, We concluded that routine pelvic examination and cervical cytology can detect substantial pathologic conditions in pregnant women. Most of these conditions could be effectively treated. Pelvic examination should therefore be performed as a routine procedure in first antenatal care visit.

Introduction

Antenatal care is a part of obstetric cares that, by general concept, aims at minimizing morbidity and mortality of mother & children. One of the aims of antenatal care is to early detection of complication during pregnancy and early treatment. Gynecological complication is one of the common disorders during pregnancy that some of them, if present in early

stage, are usually asymptomatic.

Pelvic examination is a routine physical examination for obstetricians and gynecologists. This procedure can help physicians to detect some gynecological disorders even in early stages. World health organization and American college of Obstetrics and Gynecologists recommend routine pelvic examination and Pap smear in every first visitor of antenatal care clinic. In Thailand, we found that in some institutes or hospitals, doctor do not practice this procedure routinely in antenatal care. One of the reasons is that they may think that it is useless procedure that can not detect anything from the normal pregnant women.

From history taking, we found only 30 percent of women delivered at Srinagarind hospital who were examined per vaginally during antenatal period. So we thought that many gynecological disorders, which may have some complications, have been neglected.

We therefore performed this study to assess abnormalities which could be detected by routine pelvic examination in antenatal period.

Patients and Methods :

Patients selection : Four hundred pregnant women attending antenatal clinic at Srinagarind hospital were selected for the study since June 1st, 1992 until February 28th, 1993.

Selection criteria : All first antenatal care visitors in antenatal care clinic, Srinagarind hospital in that period.

Exclusion criteria : Pregnant women with true labor pain, previous history of preterm labor, antepartum hemorrhage, previous gynecological examination and treatment or without permission.

Methods : The patients were examined by residents after history taking, physical examination, advices and consent. The examination included speculum examination, bimanual examination, Pap smear and wet smear. All the recorded data and results were

analysed and then reported in terms of percentages and means.

Results : The age of the patients ranged from 15 to 42 years (mean 25.2) One hundred fifty - two patients were in the first trimester, 207 in second and 41 in the third trimester.

Three hundred sixty three cases (90.8 percent) were asymptomatic, 15 cases (3.8 percent) had abnormal vaginal discharge, 11 cases (2.8 percent) had abnormal vaginal discharge and pruritus vulvae, 5 cases (1.3 percent) had pruritus vulvae, and 3 cases (0.8 percent) had pelvic pain.

Abnormal findings were detected in 169 women (42.2 percent) which included 82 cases (20.5 percent) of fungal infection, 58 cases (14.5 percent) of non specific inflammation, 4 cases (1.0 percent) of *Trichomonas* vaginitis, 3 cases (0.8 percent) of fungal and *Trichomonas* vaginitis, 1 cases (0.3 percent) of HSV and fungal infection

These was also 2 cases (0.6 percent) of ovarian tumor, 3 case (0.8 percent) of uterine size uncorrelated with gestational age, 3 cases (0.8 percent) of cervical polyp. For abnormal cervical cytology, there were detected in 3.4 percent, 3 cases (0.8 percent) of patients in class 2, 9 cases (2.3 percent) in class 3 and 1 cases (0.3 percent) in class 4. (table 1)

We could detect abnormalities in 135 cases (37.2 percent) of asymptomatic cases. They were 62 cases (30.9 percent) of fungal infection, 50 cases (13.8 percent) of non specific inflammation, 4 cases of *Trichomonas* vaginitis, 2 cases (0.6 percent) of fungal and *Trichomonas* vaginitis, 1 cases (0.3 percent) of HSV and fungal infection, 2 cases (0.6 percent) of ovarian tumor, 3 cases (0.8 percent) of cervical polyp, 3 cases (0.8 percent) of class 2 abnormal pap smear and 9 cases (2.5 percent) of class 3. (table 2)

Table 1 Abnormal finding from the examination

Results	Number (percent)
normal	231 (57.8)
abnormal	169 (42.2)
fungal infection	82 (20.5)
non specific inflammation	58 (14.5)
<i>Trichomonas</i>	4 (1.0)
fungus and <i>Trichomonas</i>	3 (0.8)
HSV and fungus	1 (0.3)
ovarian tumor	2 (0.6)
uncorrelated uterine size	3 (0.8)
cervical polyp	3 (0.8)
abnormal cervical cytology	13 (3.4)

From the methods of examination we found that pelvic examination alone detected abnormalities in 54 cases (13.5 percent), pelvic examination together with pap smear detected in 143 cases (39.7 percent) and pelvic examination, pap smear and wet smear could detected in 169 (42.2 percent) cases

Discussion : The prevalence of abnormalities detected by routine pelvic examination was 42.2 percent and the most common abnormality was fungal infection (20.5 percent) which corresponded with other studies (6.6 - 43.0 percent depending on the techniques of examination)

We found only 9.2 percent pregnant women having gynecological symptoms. If we did not perform routine pelvic examination, 90.8 percent asymptomatic cases might have been neglected. We found 37.2 percent of this group having gynecological abnormalities and the most common one was fungal infection (30.9 percent).

In our study, we could detected 13 cases (3.4 percent) of abnormal pap smear and 2 cases (0.6 percent) of ovarian tumor Regarding abnormal pap smear we detected 1 cases (0.3 percent) of class 4, 9 cases (2.3 percent) of class 3 and 3 cases (0.8 percent) of class.

By colposcopic examination and biopsy we confirmed that class 4 was carcinoma in situ of cervix. Among 9 cases of class 3 they were 1 case of mild dysplasia, 2 cases of condyloma acuminata, 1 cases of cervical ectopy unfortunately others were lost to follow up.

We detected 2 cases of adnexal mass, both were 8 centrimetres in diameter, at 8 and 10 weeks gestational age. We did the follow up until 14 and 17 weeks gestational age and found no changes in the size. We then explored and performed oophorectomy in both cases. The pathological results were dermoid cyst and old hemorrhagic cyst respectively.

Our study showed more prevalence of ovarian tumor comparing with other (1 : 304 - 4 : 18,000, mean 1 : 10,000) and more prevalence of CIS (1 : 770). The reason might be because of number of sample size and we did not find congenital anomalies and myoma uteri from the examination

This study conclud that we should perform routine pelvic examination in antenatal care according to the data we obtained.

Table 2 Abnormal finding from the examination in asymptomatic women

Results	Number (percent)
abnormal	135 (37.2)
fungal infection	62 (30.9)
Trichomonas	2 (0.6)
non specific inflammation	50 (13.8)
fungus and Trichomonas	2 (0.6)
HSV and fugus	1 (0.3)
ovarian tumor	2 (0.6)
uncorrelated uterine size	3 (0.8)
cervical polyp	1 (0.3)
abnormal cervical cytology	12 (3.3)

Table 3 Abnormalities detected by various method of examinations

methods	cases (percent)
pelvic examination	54 (13.5)
pelvic examination and pap smear	143 (39.7)
pelvic examination, pap smear and wet smear	169 (42.2)

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