CONCLUSION
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In the present series 292 cases were studied regarding the study of clinical and vaginal cytological changes before and following the use of different methods of contraception.

The following temporary methods of contraception were chosen namely:

(i) Intrauterine Cervical Devices mainly -
   (a) Lippes Loop
   (b) Copper 'T'

(ii) Oral Contraceptives.

(iii) Condom.

Though the number of cases studied does not form a large series yet the following conclusions are drawn:

1. Majority of women using the different contraceptives were in the age range of 20-34 years. The youngest woman in the study of 20 years and the oldest was above 40 years.

2. These contraceptives were not only indicated for spacing but as a method of family limitation.

3. Mothers having 1 to 4 children were seen to use these contraceptives to the maximum.

4. Menorrhagia was the most common complaint of IUCD users, 46.71% women using Copper 'T' and 25.0% using Loop had this complaint. 16% of oral contraceptives users developed menorrhagia.

5. Increase in weight have been observed in oral contraceptive users. No alteration was seen in weight in patients using IUCDs or conventional contraceptives.

6. Pelvic mass was present in IUCD users. 5.26% of incidence was reported in Copper 'T' users in the present study. There as it was not seen in loop users probably due to the low number of cases in the present series.

7. Patients also complained of itching and vaginal
discharge after the use of IUCD and conventional contraceptives.

9. A high failure rate of 13.33% in women with an opposite condom user partner and 6% with oral was observed. Only 2.6% of failure rate was seen in Copper 'T' users. A 5% failure rate has been evidenced in Loop users (as the number of cases was less in the present series.)

9. In 7.2% of women using Copper 'T' and 10% of women using Loop, the device had to be removed either due to pain or bleeding following the use of the device. 10% of women discontinued the use of oral pills due to pregnancy, forgetfulness or changes in weight.

10. 3.20% spontaneous expulsion were observed in Copper 'T' users. No case of expulsion was observed in Loop users.

11. The perforation rate of Copper 'T' was 2.63% and of Loop was 3% (due to less number of cases in the present study).

12. The Dysplastic changes were mainly observed between 25 to 35 years of age range. Mostly mild and moderate grade of dysplasia was observed. Not a single case of severe dysplasia was seen in the present study. The dysplastic smears had accompanying infection, so patients were treated promptly. The inflammation was observed to subside by proper treatment and the dysplasia was also regressive. This was evident in the follow up vaginal smears.

21.03% of mild dysplasia and 1.31% of moderate dysplasia was observed in Copper 'T' users which regressed by treatment and only 10.83% of dysplasia was present at 9 months.

5 cases showing dysplastic changes in the Copper 'T' users did not take any treatment even then a regression to Negative smear was seen in 1 woman and to Inflammatory smear in another woman. 3 cases was showed the case mild dysplastic changes.

1 case of the loop user was not given any treatment. She showed a progression to moderate dysplasia.
2 cases using oral contraceptives with dysplasia in their vaginal smears were not given any therapy. 1 woman did not show any change in her cytological pattern but the other woman showed a progression to moderate dysplasia.

1 case of the control group having mild dysplasia was also observed without giving any treatment. She showed a progression to moderate dysplasia.

In women using oral contraception 12.0% of mild dysplasia was present. These patients showed a slight increase in dysplastic changes at 3 months but again there was a regression to 6.0% at 9 months. No case of moderate or severe dysplasia was seen in oral contraceptive users.

Only 3.33% mild dysplasia was observed in women with an opposite condom user partner.

13. There was accompanying infection in the women having dysplasia. The inflammatory changes were non-specific and specific.

14. Trichomonal infection was also present in women using different contraceptives. 19.78% of Trichomonal vaginitis was seen in Copper 'T' users, 40.0% was seen in oral contraceptive users and 15.0% was present in the control group. There was no evidence of Trichomonas in the loop users as the number of cases in the series were less. This infection also regressed by prompt treatment.

15. Endometrial biopsy was also done at 9 months at the 3rd visit. In women using different contraceptives, mostly patients had a normal secretory and proliferative endometrial pattern. In oral contraceptive users 61.11% women showed a normal pattern, 11.11% had cystic hyperplasia, 11.11% showed chronic endometritis, 5.55% women had stromal edema and 11.11% had an inadequate endometrium in which no opinion was possible.

In 66.6% women of Copper 'T' users, a normal endometrial pattern was obtained, 2% had chronic endometritis and 6% had stromal edema and in 8% inadequate endometrium was obtained, making an opinion difficult.
4 cases showed a normal endometrial pattern in the loop users out the 6 cases, and 1 had stromal edema while in the other inadequate endometrium was obtained.

In 121 cases with opposite condom user partner, 12 showed a normal endometrial pattern and 2 had an inadequate endometrium.

16. There was no case of malignancy seen either in vaginal cytology or endometrial biopsy. So there was no association of the use of these devices with malignancy.

With all the above findings of the study there is no correlation between the use of different modern contraceptives to development of carcinoma of cervix and endometrium.

The dysplasia and inflammation which developed due to these contraceptives are reversible after discontinuation or removal of device. Dysplasia is reversible even when the Copper 'T' is in situ, as the copper coating provides a protective cover.

Failure rates due to pregnancy are more with oral contraceptives and condom users.

Spontaneous expulsions are more in Copper 'T' as compared to Lippes loop.