

SUMMARY & CONCLUSION

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This study was carried out in the department of Obstetrics and Gynaecology and Post Graduate Department of Pathology, M.L.B. Medical College and Hospital, JHANSI.

A total of 100 cases, who had undergone tubal sterilization either by Laparoscopy or conventional methods of abdominal ligation were studied. 60% cases presented with specific menstrual complaints, while 40% cases were without any menstrual problems. A detailed history of all patients was taken and histomorphology of endometrium and vaginal cytology studied in cases with menstrual irregularities. In our study menstrual irregularity were found to be more in the conventional group as compared to laparoscopy i.e. 25% & 75% respectively.

Maximum number of cases were between 30-35 years. The menstrual irregularities were maximum 46.66% in 30-35 years in the laparoscopy group, while the abdominal group showed an incidence of 33.33%.

The parity of the patients ranged from 2 to 7. Majority of the patients were either 3rd or 4th para. Maximum irregularity were seen with parity 3 & 4 in laproscopic and abdominal ligation respectively.

Majority of the patients were ligated to the interval period. The incidence of disorders was highest in puerperal group (44.44%) and it was least in case done alongwith Caesarian section (6.66%).

The commonest indication for ligation was multiparity with economic reasons & motivated by social workers by incentives. Abdominal ligation showed a significantly higher incidence of irregulatities.

Menstrual disorders were highest in cases (66.67%) who regretted the operation as compared to those who were satisfied (26.67%).

Menorrhagia was the commonest 55.00% complaints out of 60 cases of irregularity, next being polymenorrhagia 25% followed by polymenorrhoea 11.67% & dysmenorrhoea 8.33%.

The incidence of menorrhagia was much higher by abdominal 55.55% than by laparoscopic ligation 53.34%.

Most of the irregularities occurred with 1 to 3 years of sterilization.

51.51% showed diffuse enlargement of uterus followed by palpable tender adenexa 26.66% & 20% Tuboovarian Mass.

Histomorphology of endometrium in 60 cases of Menstrual irregularities revealed various known patterns of dysfunctional uterine bleeding. Non Secretory endometrium was the commonest 46.67%. Secretory endometrium was seen in 25%.

Hyperplastic and Biphasic endometrium were 13.33% & 5.00%.

Maturation index also shows that in 41.64% cases had Oestrogenic preponderance & 25% had progesterogenic effect. In this study 58.33% cases responded to medical treatment but 41.67% cases had Surgical intervention Hysterectomy.

On this basis of above findings the authors conclude that menstrual irregularities of dysfunctional uterine bleeding type are much more common after conventional methods of abdominal sterilization as compared to laproscopy. It is postulated that these disorders probably occurs as a result of hormonal in balance either due to interuption of vascular supply to ovary with cystic degeneration or decreased production of prostaglandin F_2 alpha by the damaged tube resulting into defective luteolysis.

Various psychosocial factors play a major role in the development of these disorders, operating through autonomic nervous system via hypothalamopituitary ovarian axis.

To over come this problem, it is suggested that sterilization should be performed in cases, only after adequate and proper counselling by doctor's as the psychological attitude of the patient towards the sterilization is more welcoming. So that there will be minimal menstrual problems.