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Pathologies and Affections Diagnosed in Outpatient Department of Gynecology at Yalgado Ouedraogo Teaching Hospital of Ouagadougou, Burkina Faso

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Abstract:
Introduction: Pathologies diagnosed in outpatient clinic of Obstetrics and Gynecology vary from country to country. In Burkina Faso, the data in this area are fragmentary, hence the interest of this study which aimed to determine the pathologies and affections diagnosed in outpatient clinic of the department of gynecology and obstetrics at Yalgado Ouedraogo Teaching Hospital.
Patients and methods: This was a cross-sectional study that ran from February 10, 2014 to April 17, 2014. It involved 500 patients seen for the first time in the outpatient unit.
Results: Outpatients represented 22.3% of all patients admitted in the department during the study period. The mean age of the patients was 32.5 years with extremes of 7 and 75 years. The average parity of women was 1.6 with extremes of 0 and 12. Patients seen in consultation were news in 59.1% of cases. Gynecological consultations accounted for 72.2% and obstetric consultations for 27.8%. The most common pathologies in gynecology were, in descending order, uterine fibroids, genital infections, and ovarian cysts. Risk factor pregnancies accounted for 48.3% of obstetric outpatient diagnoses.
Keywords: outpatient, pathologies diagnosed, gynecology, Ouagadougou.

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Introduction

The objective of the outpatient clinic is to enable the sick and the wounded, who are in a condition to move, either to come for treatment or to be diagnosed and prescribed the appropriate treatment (National School of Public Health Rennes, 2001). In gynecology, it allows in particular, to screen for hormonal and gynecological disorders from puberty to menopause, diseases of the genitourinary tract and breasts, treatment of infertility, etc. (National School of Public Health Rennes, 2001; Kalume *et al.,* 2014; Gabriel Martin Hospital Center, 2016).

In France, women's reproductive health is largely supported by medical gynecology (Guyard, 2010). Contraception, menopause, pregnancy and infertility are the main reasons for consultation, even though women are recurrently encouraged to visit a gynecologist in a preventive approach both through campaigns to prevent women's cancers and through health magazines (Guyard, 2010; Kalume *et al.,* 2014). According to a survey, 10% of women visited a gynecologist or a general practitioner for gynecological problems more than 3 times in a year (Cohen *et al.*, 2000).

In Africa, studies have shown that one third of consultations are related to infertility. Pelvic pain accounted for 20% to 24% and cycle disorders accounted for 6% to 9% of referrals (Coulibaly, 2008; Kalume *et al.*, 2014).

In Burkina Faso, there is little published data on the conditions and pathologies encountered in outpatient clinic of obstetrics and gynecology. The data found is based on service statistics, which are unfortunately fragmented. According to the 2013 statistical yearbook of Yalgado Ouedraogo Teaching Hospital, one of the reference hospitals, 4037 patients were seen for the first time in outpatient clinic in the Department of Obstetrics and Gynecology (Sondo *et al.,* 2013).

In order to better plan actions, we undertook this study to identify the main pathologies and conditions diagnosed in outpatient clinic in the Obstetrics and Gynecology Department.

Patients and Methods

This was a descriptive cross-sectional study that took place from February 10, 2014 to April 17, 2014 in the Obstetrics and Gynecology Department of Yalgado Ouedraogo teaching hospital, Ouagadougou.

The study included patients seen in the outpatient clinic of the Department of Gynecology and Obstetrics CHUYO during the study period.

The minimum sample size was calculated using the formula $n = z^2p\ (1-p) / e^2$ ($z = 1.96$, $e = 0.05$ accepted margin of error, $p = 0.66$).

Indeed, the proportion of new visits in the outpatient's clinic of Obstetrics and Gynecology in 2013 was 65.95% according to the statistical yearbook (Sondo *et al.,* 2013). Accepting an alpha risk of 5% and a precision (i) of 95% the minimum number of subjects to be included in the study was 359 women but we investigated 500 women.

We included in our study all patients referred or not, seen for the first time at the external consultation of gynecologists-obstetricians of the Department of Obstetrics Gynecology of Yalgado Ouedraogo teaching Hospital during the study period.

Data collection was prospective on an anonymous survey form completed by four investigators during the visits, by interview of patients and after review of consultation records.

The variables studied were: age, occupation, marital status, level of education, number of pregnancies, parity, mode of admission and diagnosis.

Results

During the study period, 846 women received outpatient visits from gynecologists. Of these 500 patients were received for the first time representing 59.1%. During the same period 3802 patients were received in the department of Obstetrics and Gynecology. Outpatients accounted for 22.25% of all patients.

The socio-demographic characteristics of the patients are presented in the table 1.

Table 1. Distribution of patients by socio-demographic characteristics

Characteristic	**Number**	**Percentage**
Age		
Under 20 years	26	5.2
20-24 years	76	15.2
25-29 years	117	23.4
30-34 years	129	25.8
35-39 years	58	11.6
40-44 years	35	7
Over 44 years	59	11.8
Professional status	**Number**	**%**
Housewives	182	36.4
Civil servants	111	22.2
Students	103	20.6
Traders	56	11.2
Others	48	9.6
Level of education	**Number**	**%**
Educated	349	69.8
No schooling	151	31.2
Marital status	**Number**	**%**
Living in a relationship	328	65.6
Living alone	172	34.4
Number of pregnancies	**Number**	**%**
No pregnancy	119	23.8
1 pregnancy	98	19.6
2-3 pregnancies	157	31.4
4 -6 pregnancies	99	19.8
Over 6 pregnancies	27	5.4
Parity	**Number**	**%**
Nulliparous	199	39.8
Primiparous	92	18.4
Pauciparous	132	26.4
Multiparous	77	15.4

The mean age of the patients was 32.5 years with extremes of 7 and 75 years.
The average pair of patients was 1.6 with extremes of 0 and 12. Patients who resided in Ouagadougou accounted for 88.2% and those who came from a province other than Kadiogo 11.8%.

In terms of admission mode, self-referred patients accounted for 63.4%. The reference represented 36.6% of the patients.

Of the referred patients, 129 (70.5%) did not have a referral but had already been seen by a health worker.

The health worker referring the patients in consultation was a gynecologist (21.3%), a general practitioner (35.7%), a midwife or nurse (39.5%) and others in 3.1% of cases.

The reasons for visit were gynecological problems (363 patients representing 72.2%) or obstetric problems (137 patients representing 27.8%). The main reasons for obstetric consultation were pregnancy monitoring and pathological pregnancy. The 3 main reasons for gynecological consultation were desire for pregnancy, pelvic pain and menstrual disorders.

Of the 500 patients, after a clinical examination and paraclinical examinations, no pathology was retained in 40 patients representing 8%.

The distribution of patients according to the diagnosis found is shown in the table 2 and 3.

Table 2. Distribution of patients according to obstetric diagnosis

Diagnosis found	Number	Percentage
Pregnancy with risk factor	70	48.3
Pregnancy without particularity	61	42.1
Postcesarean period without complication	7	4.8
Molar pregnancy	3	2.1
Threatened abortion	2	1.4
Omphalocele of the fetus	1	0.7
Abortion	1	0.7
Total	**145**	**100**

Pregnancy with a risk factor accounts for 53.4% of pregnancies. The risks were sickle cell disease, term overflow, multiple pregnancy, diabetes, heart disease, vicious presentation, fibroma, scar uterus with short inter-reproductive space.

Table 3. Frequency of patients according to the gynecological pathology found (n = 303)

Pathology/affection	Number	Percentage
Uterus		
Uterine fibroids	53	17,5
Genital prolapse	12	4
Cervix Cancer	7	2,3
Uterine synechia	4	1,3
Cervix polyp	2	0,7
Ovary		
Ovarian cyst	31	10,2

Ovarian dystrophia	10	3,3
Sein		
Breast adenofibroma	28	9,2
Mastalgia by hormonal disorders	11	3,6
Breast cancer	6	2
Breast abscess	5	1,7
Breast cyst	2	0,7
Breast fibrosis	2	0,7
Functional disorders		
Menstrual cycle disorders	16	5,3
Hyperprolactinemia	4	1,3
Amenorrhea without pregnancy	4	1,3
Menopausal disorders	4	1,3
Frigidity	2	0,7
Fertility		
Tubal abnormalities*	21	6,9
Sperm abnormality of the spouse **	15	5
Mixed subfertility	10	3,3
Vulva-vagina		
Genital Infection	43	14,2
Vulvar condyloma	3	1
Others[***]	8	2,6
Total	**303**	**100**

* Tubal abnormality: Hydrosalpinx, tubal obstruction, salpingitis, phimosis ...
** Sperm abnormality: Oligospermia, asthenospermia, teratospermia, necrospermia, azoospermia.
*** Other =evisceration; hematometra; hypertrophy of the cervix; vaginal cyst, prolapse of the urethra; vulvar cancer, uterine agenesis and sexual assault.

In 12 cases, a non-gynecological pathology was found. These included functional colopathy, keloids, hernia and postpartum cardiomyopathy (2 cases each) and 1 case of anal tear, lichen planus, lymphoedema, bladder tumor.

Discussion

At-risk pregnancies accounted for 52.4% of all women with active pregnancies. The predominance of high-risk pregnancies in our series is explained by the fact that our study was conducted in a referral center which is an adequate structure for monitoring this type of pregnancy.

Uterine fibroid constituted 17.5% of gynecological pathologies and 10.6% of all disorders. It constitutes the first gynecological affection found. Our result is close to that of Coulibaly (2008) who found the uterine fibroid in 11.6% of cases. He occupied with the genitourinary infection the second rank of diagnoses found in his series. This high frequency of fibroids confirms the data in the literature that this pathology is common in the black race (Racinet, 2009). It would appear earlier in black women according to Racinet (2009). In France it is the desire for contraception that comes first in consultations, followed by menopausal disorders (Levasseur, 2000; Guyard, 2010). More than two-thirds of women of childbearing age in France use contraception (Cohen *et al.*, 2000). In the Department of Gynecology and Obstetrics at Yalgado Ouedraogo teaching Hospital, there is a family planning service which

is managed by midwives, so that there is practically no contraceptive consultation for gynecologists.

Genital infection accounted for 8.6% of all conditions. She was fourth in our series and was the second diagnosed gynecological pathology. Our result is close to that of Coulibaly (2008) who found 11.6%. Genital infection was the second most common condition in his series. This low rate in our study is explained by the fact that it is a pathology that can be supported by midwives in our context.

The ovarian cyst was found in 6.2% of cases. It is the 3rd gynecological pathology after fibroma and genital infection. Boudhraa *et al.*, (2009) in Tunisia found a frequency of 5% in hospital.

Benign breast disease accounted for 8.8% of all diagnosed affections. This pathology was dominated by adenofibromas with a frequency of 5.6%, mastalgia probably due to progesterone deficiency and breast abscess.

Gynecological cancers accounted for 2.6% of all diagnosed pathologies. Cervical cancer accounted for 1.4% of all patients and breast cancer was found in 1.2% of patients in our series. In our series, cervical cancer predominates slightly in contrast to data in the literature that show the predominance of breast cancer.

With regard to subfertility, female factors were incriminated in 61.5%, male factors in 23% and mixed in 15.4% of cases. These results are different from those of some authors (Abolfotouh *et al.*, 2013; Kalume *et al.*, 2014). Tubal abnormalities are the first female cause of infertility. This same observation was done by Kalume *et al.*, (2014) in Goma in the Democratic Republic of Congo.

The predominance of the female factor is linked to the fact that men are less seen in consultation and unexplained causes are often attributed to women in our context.

Conclusion

External consultation is an important part of the activities of the Department of Obstetrics and Gynecology. The reasons for consultation are dominated by gynecological conditions which are very varied. The main conditions seen in gynecological consultation are fibroids, genital infections and ovarian cysts. The reasons that lead outpatients are pregnancies with risk factors. A study considering all outpatient services would allow to make a real mapping of the diseases and pathologies that are treated as outpatients in Department of Obstetrics and Gynecology of Yalgado Ouedraogo Teaching Hospital.

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