

Correspondence

Hysterectomy - A female gynecologist's perspective.

Sir,

A female gynecologist's perspective by Al-Nuaim,¹ provoked certain reflections in me about the relevance of hysterectomy in benign uterine lesions in the gynecological practice in Southern India (SI). Common indications in SI are dysfunctional uterine bleeding (DUB), myoma uterus, adenomyosis and certain lesions of the cervix such as cervical intraepithelial neoplasia (CIN).

While the necessity for hysterectomy may be disputed in small and asymptomatic myoma, there is no question about removal of the uterus in symptomatic or large myomata - conservative treatment with progestin or gonadotropin releasing hormone (GnRH) agonists have been found useful only as a preoperative measure to reduce vascularity and size of the myomata to facilitate surgery. This is not a substitute for hysterectomy. Myomectomy in SI is only resorted to if child-bearing is desired, preferably in the below 40 age group, where the only cause of infertility, primary or secondary is the presence of myoma.² Except in experienced hands, myomectomy carries a high incidence of operative hemorrhage and morbidity. There is the possibility of recurrence in 50% of patients, requiring a second stage surgery.

Often myomata are associated with DUB even after myomectomy, menorrhagia continues to plague many a patient. In a country like India, the majority of women who attend the Medical College hospitals cannot afford repeated surgical procedures.

Medical therapy in DUB in peri-menopausal and post-menopausal women can be given a trial.³ In my experience, I have found that hormones, non-steroidal anti inflammatory drugs (NSAID), antifibrinolytic agents give temporary relief. Most women in South India tend to have recurrence on stopping the drugs. In the obese, diabetic and hypertensive woman in the peri-menopausal age group, when the endometrial histology reveals hyperplasia, particularly adenomatous or atypical hyperplasia, I insist on a hysterectomy. In an analysis of hysterectomy in the teaching college hospital at Madurai, South India, 22% of hysterectomies for non-malignant causes were for DUB, 88% of these patients had a vaginal hysterectomy. The morbidity was low and the mortality nil. I have no personal experience with endometrial ablation by cryosurgery or laser vaporization. It appears that in skilled hands, endometrial resection can be an elegant and effective

technique in patients near menopause in the absence of hormonal dysfunction.

Obstetric hysterectomy is carried out as a life saving emergency procedure. Rupture uterus is still not uncommon. Septic abortion with or without bladder or bowel injury, atonic post partum hemorrhage and occasionally a molar pregnancy and concealed accidental hemorrhage are other indications for obstetric hysterectomies.

The uterus and breast are irrevocably associated with sex and reproduction. Any operative procedure on these organs is associated with some psychological disturbances, however mild. There should be no embarrassment in a frank discussion about sex preoperatively. Sexual desire is not altered after hysterectomy. Indeed it may improve subsequently since she is free of fear of pregnancy. Till date, the uterus has not been associated with any essential hormonal function. Loss of menstrual function can actually be a blessing since her general health improves in the absence of hemorrhages, discomfort and pain of menstruation.

Every woman about to undergo a hysterectomy should have counselling sessions with her gynecologist. If the operation promises essential advantages and improve the quality of life, she must be advised on all relevant facts about the procedure. In South India, the "cultural attachment" to the uterus is not high and rejection by the husband is unusual. In my 45 years of experience in gynecology, I am not surprised that many women in their early thirties with myomata and DUB or both request hysterectomy if they have completed their family.

When a famous mountaineer was asked why he wanted to climb Mount Everest, he replied "because it is there" but experienced gynecologists do not remove the uterus "just because it is there" without a valid reason.

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Reply from the Author

I suspect that Dr Logambal has failed to recognize that the article was intended as a personal view rather than a large study. I still state that women with uterine disorders now have more choices than ever before, aggressive or minimally invasive surgery, hormonal manipulation, laser ablation and so on. I am concerned that Dr Logambal appears to have overlooked this. It is no longer acceptable simply to offer a choice of abdominal or vaginal hysterectomy

to the patient with abdominal uterine bleeding for any reason except cancer.

Let me remind Dr. Logambal that there are exciting new techniques in laparoscopic surgery and advances in reproductive endocrinology, which give the gynecologist more options when deciding on treatment plans.

I deliberately submitted this paper as my own view and I am careful not to draw any firm conclusions but rather simply to describe some interesting observations from the surroundings.

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References

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Drug Addiction

Sir,

I have read very carefully an excellent article by Dr. Bahaa A. Abalkhail, regarding characteristics, nutritional and health status of addicts hospitalized for detoxification.¹ However, I would like to highlight some relevant points: 1. We have reported the sociodemographic variables of patients with dual diagnosis and made certain recommendations including to further study the comorbidity of patients with drug abuse.² We have also reported iatrogenic trihexyphenidyl dependence in psychiatric population.^{3,4} We have collected the relevant data for analysis of more than 500 patients with addictions who were admitted in Al-Qassim Psychiatric Rehabilitation Center, the fourth center recently established exclusively for the treatment of patients with addiction. It remained intriguing why this

center was not named as Al-Amal Hospital. Unlike this center, Al-Amal Hospitals due to extensive media campaign are known all over the Kingdom as the centers of hope not only for patients with drug addictions but also for their lovely families. 2. The statement "drug addiction problem is still in its infancy in the Kingdom of Saudi Arabia" is not supported by any scientific evidence. Moreover, in this context the lack of epidemiological addictive researches does not confer that the problems of drug addiction are not existing. However, long clinical experience of working in a general psychiatric hospital before and after the establishment of the aforesaid facility guides that addicted patients consulting it probably represent a tip of the iceberg. This may be applicable to 3 Al-Amal Hospitals as well. In fact, the problem of drug abuse and addiction in the community appears to be enormous and largely hidden and until now we have not explored it. In this context, we must learn a lesson from history and the epidemiological researches on drug abuse and addiction conducted in other parts of the world. 3. Finally, beside other limitations of this study, the recommendations and conclusions such as to identify the determinants of drug addiction are not compatible with the design of this research.

In conclusion, drug addiction is a major health problem and now considered as a chronic, relapsing brain disease⁵ and therefore, all relevant addictive researches should be encouraged in the Kingdom of Saudi Arabia

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Reply from the Author

I would like to thank Dr. Qureshi for his comments on our article titled "Characteristics, nutritional and health status of addicts hospitalized for detoxification". For the first issue, I would like to point out that our study was performed on patients hospitalized in one of Al-Amal Hospitals, which explains why we exclusively spoke of these medical settings. Al-Amal Hospital in Jeddah, the site of our study, was established in September 1991 and is well known for its potent integrated prevention, detoxification and post-detoxification program. Its efforts and effective role in management of drug addicts is well recognized. We are sure that the