

A Prospective Epidemiological Study of Incidence of Pelvic Inflammatory Disease in Backache in Females

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Abstract

Introduction: Pelvic pain is abdominal pain located below the level of the umbilicus including frequently lower back pain with or without radiation into the thighs. Acute pelvic pain generally implies pain that is of less than 3-month duration in a toxic, ill-appearing and unstable patient or chronic pain that is worsening. When a female in the reproductive age presents with acute pelvic and/or lower abdominal pain, the first diagnoses to consider are those that are life-threatening and would require urgent and/or emergent surgical intervention.

Materials and Methods: This study was done on 200 female patients in the department of obstetrics and gynaecology of Medical College, MGM Medical College and hospital during the period from September 2016 to August 2017. The study was divided into two groups: Group 1 included the patients those whose underlying complaint which was backache and had per vaginal discharge (provisionally diagnosed pelvic inflammatory disease) and group 2 included patients who had backache without any known skeletal problem and without per vaginal discharge. Follow up of the patients was done on 2, 4, 8 weeks.

Results: Maximum number of female patients were from the age group of 40-50 years comprising of 35.6 % of the total number of female patients visited the OPD with complain of backache.

Conclusion: From present study, pelvic inflammatory disease is a major risk factor for causing the low backache in patients and hampering their day to day activities. Female patients with presenting complaint of back pain along with associated complaint of vaginal discharge should be got examined and investigated for underlying gynaecological pathology and should be treated for underlying pathology (PID) along with the conventional treatment of backache.

Keywords: Pelvic pain, chronic pain, worsening.

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I. Introduction:

Pelvic pain is abdominal pain located below the level of the umbilicus including frequently lower back pain with or without radiation into the thighs. Acute pelvic pain generally implies pain that is of less than 3-month duration in a toxic, ill-appearing and unstable patient or chronic pain that is worsening. When a female in the reproductive age presents with acute pelvic and/or lower abdominal pain, the first diagnoses to consider are those that are life-threatening and would require urgent and/or emergent surgical intervention.

Pelvic inflammatory disease (PID) is defined as the inflammation of the upper genital tract including the uterus, Fallopian tube, ovaries, and the pelvic peritoneum. If the disease is left untreated, it could result in serious consequences such as infertility, ectopic pregnancies, chronic abdominal pain, and internal pelvic scarring. PID is common public health problem with serious repercussion on women's health and wellbeing. Other than the chronicity of lower abdominal pain, dull aching backache marring the women's wellbeing. Though few studies suggest that 24-32% women in India suffer from PID, but we do not have adequate information on magnitude, distribution and determinants of PID and other gynaecological morbidities in developing countries.

II. Materials And Methods:

This study was done on 200 female patients in the department of obstetrics and gynaecology of Medical College, MGM Medical College and hospital during the period from September 2016 to August 2017. The study was divided into two groups: Group 1 included the patients those whose underlying complaint which was backache and had per vaginal discharge (provisionally diagnosed pelvic inflammatory disease) and group 2 included patients who had backache without any known skeletal problem and without per vaginal discharge. Follow up of the patients was done on 2, 4, 8 weeks.

Inclusion criteria:

Patients were thoroughly interviewed and physically examined in the presence of female attendant to determine the underlying cause of backache.

Patients found with problem other than orthopedics were guided to the required specialist or department and patients found with any underlying pathology were referred for necessary treatment.

Patients having gynaecological complaints were got examined by the gynecologist.

Routine investigations like ESR, X-ray spine and any other necessary investigations including any ordered by the gynecologist were done to arrive at the diagnosis. After the end of the study the results were evaluated to determine the incidence of pelvic inflammatory disease in cases of backache in female patients of child bearing age.

Exclusion criteria: Patients having clear signs of disc prolapse, tuberculosis of spine or any other spinal disease were being excluded from the study. Relevant investigations were done to rule out any spinal pathology.

III. Results:

Age in years	Number of patients	Percentage
20-30	63	31.5
30-40	55	27.5
40-50	66	33
>50	16	8
Total	200	100

Table 1: Age distribution

Demographic Parameters	Number of patients	Percentage
Socioeconomic status		
High	20	10
Low	123	61.5
Middle Class	57	28.5
Educational status		
Educated	157	78.5
Uneducated	43	21.5
Status of work satisfaction		
Satisfied with job	186	93
Unsatisfied with job	14	17
Obese status		
Obese patients	143	71.5
Non obese patients	57	28.5
Smoking status		
Smoker	13	6.5
Non smoker	187	93.5

Table 2: Association between pelvic inflammatory disease and socio-demographic characteristics.

Birth control methods	No of patients	Percentage
Oral contraceptive pills count		
Oral contraceptive pills	23	11.5
Non oral contraceptive pills	177	88.5
Intra uterine device status		
Present	176	88
Absent	24	12

Table 3: Association between pelvic inflammatory disease and birth control methods.

Age group	Duration of discharge			
	<3 months	<6 months	<9 months	<12 months
20-30	16	22	5	1
30-40	12	30	8	2
40-50	1	15	40	4
>50	0	1	7	7

Table 4: Duration of discharge associated with different age group.

IV. Discussion:

In our study we observed that low backache incidence increased with age which comprised 26.4% of 20-30 years age group, 28.8% of 30-40 years age group and 35.6% of 40-50 years age group. This is agreement with the study conducted by Leino P et al which stated that low backache symptoms were more prevalent in females and prevalence of low backache increases with age. 84 females (17.6%) of total patients in our study were uneducated and unemployed. Hurwitz et al, stated in his study that age 25-64 years and uneducated and unemployed population are often at higher risk having disabling back conditions.⁹

Out of 250 patients who visited our OPD with complain of low backache, 19 female patients 7.6% of total patients reported that they were unsatisfied with their job and also do not get a good social support. Hoogendoorn WE et al conducted a study stated that low social support in the workplace and low job satisfaction are risk factors for low back pain.⁵

Only 6 females' patients (2.4%) of all the 200 patients had to change their job due to complain of backache but none of them had to leave their job. Sharma SC conducted a study which stated that 25% had to change or leave their profession due to backache.⁶

32 (12.8%) females among total 200 patients gave history smoking for past few years and visited to our OPD with complains of backache. Ernst E in his study stated that smoking also contributes a risk factor to backache concluding that there is relationship between low backache and smoking.⁷

153 patients who comprised 61.2% of total patients included in the study were overweight or obese concluding a direct relation between obesity and backache. Deyo et al in 1989 and Lake JK stated in their studies that obesity is also a contributing factor or obesity increases the risk of back pain.⁸

187 females (86.4%) of the 200 patients included in the study were treated for pelvic Inflammatory disease and 34 for backache. Cypress BK et al studied the characteristics of physician visits for back pain symptoms.⁹

33 (13.2%) females among total 250 patients gave the history of using oral contraceptive pills for prolonged period and presented with complain of backache in our OPD. Martin V et al in their study examined that certain back disorders occur more frequently in oral contraceptive pills users.¹⁰

V. Conclusion:

From present study, pelvic inflammatory disease is a major risk factor for causing the low backache in patients and hampering their day to day activities. Female patients with presenting complaint of back pain along with associated complaint of vaginal discharge should be got examined and investigated for underlying gynaecological pathology and should be treated for underlying pathology (PID) along with the conventional treatment of backache.

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