

Epidemiological characteristics of women with cervical erosion in Al-Sader city, Baghdad, Iraq

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Summary:

Background: Cervical erosion (CE) is a common finding on routine pelvic examination during the fertile years. Published articles on CE in Iraq are scarce; therefore this study was carried out.

Methods: A total of 100 non pregnant women had CE attending a private clinic in Al-Sader city, Baghdad, was included in this study. Pelvic examination was done; demographic data and gynaecological history were obtained.

Results: The age of women was 27.1 ± 5.9 years with 7.3 ± 2.9 educational years. Mucopurulent vaginal discharge was a complaint in 49% of women, and a watery vaginal discharge was a complaint in a similar percent. Thirty four of women were oral contraceptive users and 11% were using intrauterine contraceptive device. Women had equal or more than 4 children constituted 90%.

Conclusion: women with CE were at fertile age, had an early marriage and a high party and with a low educational status. The symptoms were vaginal discharge (mucopurulent or watery) and backache. Women with CE were either current or recent oral contraceptives users or using IUCD

Keywords: cervical erosion, contraception, Al-Sader city, vaginal discharge

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Introduction:

Cervical erosion (CE) is a common finding on routine pelvic examination during the fertile years 1. It is one of the most common reasons for medical consultation, and an unknown number of women with cervical erosions treated as outpatients. The term erosion is misleading since there is no loss of surface tissue from the cervix 2, and the lesion is the occurrence of single layered secreting columnar epithelium (which usually covers the cervical canal i.e the endocervix), beyond the external cervical orifice. Thus, the multilayered squamous epithelium typically found in vagina and exocervix is replaced 1-3. To the best of my knowledge the articles on CE in Iraq are scarce therefore; this study was carried out to describe the characteristics of women with CE.

Materials and Methods:

A total of 100 women with CE were included in this study. They were selected from a private clinic in Al-Sader city in Baghdad. In addition to the pelvic clinical examination, demographic data (age, number of educational years, age of marriage, marital status) and gynecological history (vaginal discharge, quantity, color and odour, and use of contraceptives) were obtained.

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Results:

The age of women with cervical erosion was 27.1 ± 5.9 years and their years of education were 7.3 ± 2.9 years. Sixteen percent of women had CE with age less than 20 years. Mucopurulent vaginal discharge was the major complaint in 49 (49%) women with CE and Watery vaginal discharge was detected, also, in 49 (49%) of women with CE. Backache was a symptom in 65 (65%) of women with CE. Oral contraceptive users were constitutes 34 (34%) Of women with CE, and those who used IUCD were 11 (11%). Parity more than 4 were reported by 90 (90%) of women with CE. These findings are shown in Table 1.

Table 1: Characteristic of the studied sample

Variable	No.	%
Age		
< 20	16	16
> 20	84	84
Vaginal discharge		
Mucopurulent	49	49
Watery	49	49
Backache	65	65
Contraception		
Oral contraceptives	34	34
IUCD	11	11
Parity		
< 4	10	10
> 4	90	90

Discussion:

The finding that the age of women with CE was 27.1 ± 5.6 years confirms that some degree of CE is in women with fertile age 1, 2. Early marriage is contributory for the occurrence of CE². This study showed that 16% of women with CE were married below 20 years. Women with CE had education of 7.3 ± 2.9 years i.e low educational level. This finding is in accordance with that of other workers 1, 4. In Iran, CE was more common in illiterate and women with low literacy status as compared with to women with higher education 4. Other studies 5, 6 reported that CE among university women and attributed the finding to *chlamydial trachomatis* infection. The finding that 90% of women with CE had party of more than 4 is in agreement with that of other studies 2, 4. In agreement with other studies 2, 7, this study reported that almost all women with CE (98%) complain of vaginal discharge. Watery vaginal discharge was reported in 49% of women with CE. The vaginal discharge associated with CE is probably related to the secretory function of columnar epithelium rather than being a result of infective process. Women with CE who had abnormal vaginal discharge tended to describe it as moderate in quantity, thick and yellow or creamy is corresponded reasonably well to the doctor's tendency to describe such vaginal discharge as being heavier than normal and mucopurulent. In this study 49% of women with CE had mucopurulent vaginal discharge. Several studies 8, 9 reported a significant association between CE and mucopurulent vaginal discharge with chlamydial infection. In Iraq, Mohammed et al 9 demonstrated that the rate of chlamydial infection was significantly associated with the prevalence of CE. Genital Chlamydial infection rate in Baghdad was 9.6% 9, 10. In contrast with other studies 1, this report showed that 65% of women with CE had backache. In the line of other workers 1, 3,9,11, this study showed that 34% of women with CE were current or recent oral contraceptive users. Oral contraceptives can induce cervical ectopy (a condition where transitional zone of the cervix is moved from the endocervical canal to the ectocervix). For that women taking oral contraceptives are more prone to chlamydial infection because more susceptible cells are exposed to infection 12 (chlamydial spp. were not investigated in this study). Eleven percent of women with CE used intrauterine contraceptive device (IUCD). Several workers 12 documented that CE was significantly increased in those using IUCD. In conclusion, women with CE were at fertile age, had an early marriage and a high party and with a low educational status. The symptoms were vaginal discharge (mucopurulent or watery) and backache. Women with CE were either current or recent oral contraceptives users or using IUCD.

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