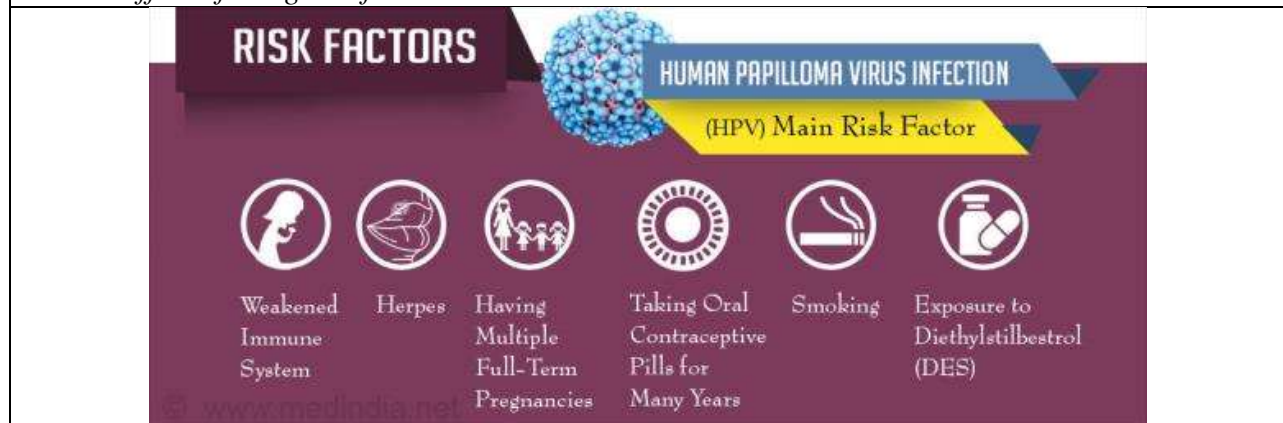


## XXI. Diseases of the Female Genital System

### Predisposing factors:

1. Carcinoma in situ.
2. Papilloma of cervix.
3. Cervical laceration and erosions (and hence, relatively uncommon in the young and in virgins).
4. Hormonal imbalance (oestrogen).
5. Effect of smegma of the non-circumcised husband.



### Risk factors for cancer cervix

1. **HPV:** 99% of cervical cancer & high grade CIN are associated with HPV  
Types 16 and 18, are responsible for 70% of all cervical cancers.
  2. **Cigarette smoking**
  3. **OCP**
  4. **Immunosuppression**
  5. **Dietary factors:** Deficiency of folic ac, vit A
  6. **Sexual factors:**  
Multiple sexual partners, Early age of first SI, Male partner
  7. **Reproductive factors:**  
Multiparity, > 4 live births, early age of first birth, No of vag deliveries
  8. **Low socioeconomic status**
- Aboubakar Elouadi

### Clinically,

- The disease starts with **surface-granularity associated with leucorrhoea** metrorrhagia (irregular intermenstrual bleeding) about the period of menopause.
- **Later on**, eccentric, firm, focal thickening → slight nodularity at the external os (or internal os) → fungation or/and ulceration → spread and deformity → intestinal and urinary symptoms → urinary obstruction.

- **Later still**, fistula, haemorrhage, pyelonephritis, peritonitis or/and uraemia.

### Sarcoma Botryoides

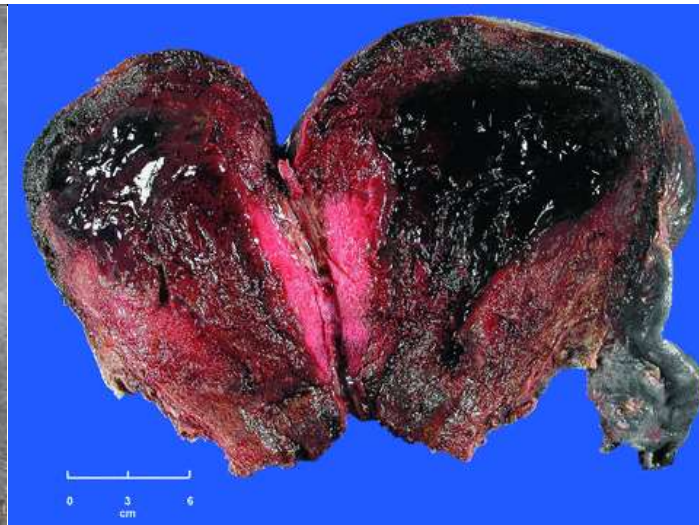
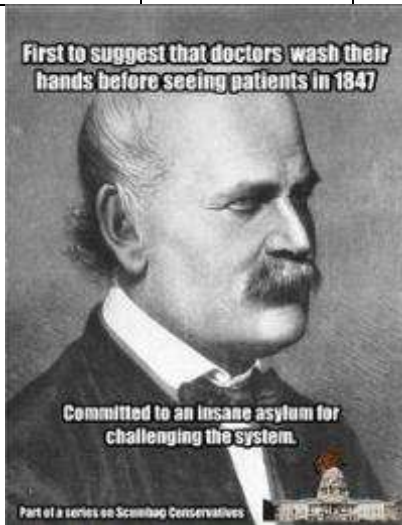
<b>Cervix:</b>	<ul style="list-style-type: none"> <li>• Is enlarged</li> <li>• Shows a mass</li> </ul>				
	<table border="1"> <tr> <td><b>The mass:</b></td> <td> <ul style="list-style-type: none"> <li>• Large</li> <li>• Bulky</li> <li>• Polypoidal</li> <li>• Nodular</li> <li>• With grape-like fringes</li> </ul> </td> </tr> <tr> <td><b>Cut surface:</b></td> <td> <ul style="list-style-type: none"> <li>• Gelatinous</li> <li>• Solid-like (in parts)</li> <li>• Foci of small haemorrhages</li> </ul> </td> </tr> </table>	<b>The mass:</b>	<ul style="list-style-type: none"> <li>• Large</li> <li>• Bulky</li> <li>• Polypoidal</li> <li>• Nodular</li> <li>• With grape-like fringes</li> </ul>	<b>Cut surface:</b>	<ul style="list-style-type: none"> <li>• Gelatinous</li> <li>• Solid-like (in parts)</li> <li>• Foci of small haemorrhages</li> </ul>
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### N.B.:

- It is considered as a **distinct form of embryonal myosarcoma**.
- It is a malignant tumour **occurring in children and projecting into the vagina** as an oedematous polypoidal mass.

### Puerperal sepsis

<b>Uterus</b>	Is larger in size than normal (sub-involution state) Softer than normal (flabby)		
<b>Endometrium:</b>	Lined by a ragged breaking down tissue Is coated with a granular membrane		
	<table border="1"> <tr> <td><b>Shows:</b></td> <td>Purulent yellowish exudate Pale yellowish shredded patches of necrosis</td> </tr> </table>	<b>Shows:</b>	Purulent yellowish exudate Pale yellowish shredded patches of necrosis
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<b>Wall:</b>	Is thickened		
	<table border="1"> <tr> <td><b>Shows:</b></td> <td>Dilated and thrombosed veins Areas of necrosis Foci of blood clots</td> </tr> </table>	<b>Shows:</b>	Dilated and thrombosed veins Areas of necrosis Foci of blood clots
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### N.B. I

This is a case of acute inflammation of the uterus (septic endometritis) following abortion.

## **PREDISPOSING FACTORS OF PUERPERAL SEPSIS:**

### **ANTEPARTUM**

- Malnutrition
- Anemia
- Preterm labor
- Early rupture/PROM/PPROM
- Precipitate delivery
- Immunocompromised (eg:AIDS)
- Diabetes
- Obesity
- Organisms of normal vaginal flora.[ details next slide]

### **INTRAPARTUM**

- Repeated vaginal examinations
- Dehydration
- Ketoacidosis during labor
- Traumatic vaginal delivery
- APH or PPH
- Retained bits of placental tissue or membranes
- Prolonged labor
- Obstructed labor
- Caesarean or Instrumental delivery.